

FAT TERRORIST BODIES

By Lorena D. Espinoza Guerrero

Submitted to

Central European University

Department of Gender Studies

*In partial fulfillment of the requirements for the Erasmus Mundus Master's Degree in
Women's and Gender Studies (GEMMA)*

Main Supervisor: Dr. Nadia Jones-Gailani (Central European University)

Second Supervisor: Dr. Adelina Sanchez Espinosa (University of Granada)

*Budapest, Hungary
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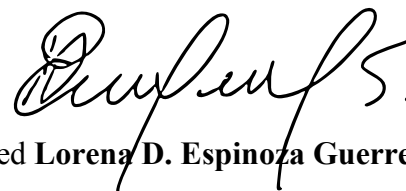
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I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

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Body of thesis (all chapters excluding notes, references, appendices, etc.): 32.527 words

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Signed **Lorena D. Espinoza Guerrero**

Abstract

Fat, as a socially imposed adjective, contains a myriad of preconceptions and prejudices that have allowed engagements with fat bodies to be problematic at best, violent at worse. Fat bodies, through the construction of the obesity epidemic and the war against fat, have been transformed into dangerous bodies that generate and experience fear. My own experience as a fat woman whose body has been medicalized has prompted me to question what is it that makes our bodies dangerous. The process of the medicalization of fatness is intrinsically linked to biopower structures that seek to regulate the body through biomedical discourse. The perpetuation of a weight/health paradigm, along with discourses that frame fatness as a direct result of individual choices and therefore as cureable, has given way to regulatory mechanisms that stigmatize and discriminate against fat bodies. Gordofatphobia, the term I use to describe said processes of stigmatization, has framed fat bodies as dangerous bodies that defiantly challenge the normalizing regulations imposed by society. Fat bodies hence become a source of fear, our refusal to conform to the norm turning us into fat terrorist bodies. For this reason, fat people, and people in general, choose to engage with what I term fatnormativity (gordonormatividad in Spanish) – behaviors and actions geared towards eliminating fatness from the body. The experience of inhabiting fat bodies that generate fear is not culturally or geographically bound; the stigmatization of fatness speaks to a transnational phenomenon deeply rooted in imperial and colonial discourses of power and body regulation. Through autoethnography and my proposed revolting methodology, I engage in a queer decolonial practice that seeks to destabilize traditional narratives of fatness. In doing so, I offer fear and terror as potential fields for action.

Key Words: fat, obesity epidemic, war, revolting methodology, gordofatphobia, fat terrorists, fatnormativity – gordonormatividad.

Resumen

Gorda, vista como un adjetivo impuesto socialmente, contiene un millar de preconcepciones y prejuicios que han permitido que el trato dado a lxs cuerpxs gordxs sea problemático y violento. Lxs cuerpxs gordxs, a través de la construcción de la epidemia de obesidad y la guerra contra la gordura, han sido encasilladxs como cuerpxs peligrosxs que causan y sienten miedo. Mi propia experiencia como mujer gorda es lo que me ha llevado a cuestionarme qué hace que nuestros cuerpxs se tornen peligrosos. El proceso de medicalización de la gordura está intrínsecamente ligado a estructuras de biopoder que buscan regular lxs cuerpxs a través de los discursos médicos. La perpetuación del paradigma peso/salud, junto con discursos que presentan la gordura como resultado directo de las acciones del individux la cual puede ser curada, han dado lugar a mecanismos reguladores que estigmatizan y discriminan a lxs cuerpxs gordxs. La gordofatphobia, término que utilizaré para referirme a estos procesos de estigmatización, ha clasificado a lxs cuerpxs gordxs como cuerpxs peligrosxs que desafían las regulaciones normalizadoras impuestas por la sociedad. De esta forma, lxs cuerpxs gordxs se convierten en cuerpxs que causan miedo; nuestro rechazo a seguir la norma, a su vez, nos convierte en cuerpxs gordxs terroristxs. Por esta razón, tanto las personas gordas como la sociedad en general eligen participar en lo que yo llamaré “fatnormativity” (o gordonormatividad en español): comportamientos y acciones direccionadas a eliminar la grasa del cuerpo. La experiencia de habitar un cuerpx gordx que causa miedo no es una experiencia ligada a un contexto cultural o geográfico. El proceso de estigmatización de la gordura responde a un fenómeno transnacional profundamente arraigado en discursos de poder imperiales y coloniales que buscan regular los cuerpos. A través del uso de la autoetnografía y mi metodología repugnante, participo en una practica queer y decolonial que busca desestabilizar los discursos tradicionales acerca de la gordura. Con esto, ofrezco el miedo y el terror como posibles campos de acción.

Palabras clave: gorda, epidemia de obesidad, guerra, metodología repugnante, gordofatphobia, terroristas gordxs, fatnormativity – gordonormatividad.

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A Note on the artwork present in this thesis:

All the images within this document are the result of a collaborative engagement between myself, the photographer Areeb Arshad, and the artists behind the @EngordArt project, Marcela Salas.

Words from the artist behind EngordArt:

“@EngordArt es una historia de identificación y rebeldía. Es la posibilidad de trazar líneas gordas, estrías, celulitis, y asimetrías corporales. @EngordArt es la posibilidad de verme en otras, en sus historias y sus resistencias. Es la desobediencia de la imagen y un pequeño aporte a la sanación individual y colectiva.”

[My own translation]

“@EngordArt represents a story of self-enunciation and rebellion. It is the possibility of drawing fat lines, stretch marks, cellulitis, and body asymmetries. @EngordArt gives me the possibility of seeing myself in the body of others, in their histories and their resistance. It is a form of disobedience through images and a small contribution towards an individual and collective healing process.”

Introduction

I have always been afraid of my body's predisposition to grow in all the wrong ways. At sixteen, I left my home country of Venezuela to pursue an academic scholarship. What was supposed to be two years of International Baccalaureate turned into life in diaspora as decades of political turmoil came to characterize Venezuela. Since then, I have had the privilege¹ to live on three continents, in nine countries with six different languages.² During this constant translocation, my identifiers have shifted based on how I am read by locals. I have seen my sexuality misread and misinterpreted, my passports changed, my gender constructed and deconstructed. However, one aspect of my identity has remained constant: my fatness. The awareness of how my body is constantly perceived never changes, in any country. I do not think there is a fat person alive who is unaware of the fact of their fatness. I constantly worry about too-small airplane seats, mentally measure if my body will fit down a narrow path, panic about finding a new pair of jeans once my only pair succumbs, debate if a romantic rejection is because of my personality or my size, fret that something may indeed be wrong with my body, wonder if I will be scrutinized at the gym – the list goes on. This cognizance of being fat has also come from my medical experiences. I have never met a medical professional who did not feel the

¹ I say privilege because, unlike many Venezuelans who have been forced into exile or who are currently living in diaspora, I have had the advantage of legal residency in said countries. I have also moved under the premise of advancing my studies (with academic scholarships) or for work. The only time I have had to move because my legal residency period was ending was in 2013, when my work visa for the USA expired. In this case, I was doubly privileged because I hold dual Venezuela/Colombian citizenship, so I could leave to the USA for Colombia and reside there with all the rights and privileges that country affords its citizens. Even though I was unemployed at the time, I did not have the concern of many Venezuelans who have no country they can return to. These migratory experiences within the Venezuelan diaspora, hence, place me in a privileged position.

² In the past fifteen years I have lived in Venezuela, Norway, USA, Italy, Mexico, Colombia, Japan, Hungary and Spain. I was able to pick up some Norwegian and very basic Japanese, but my main languages of communication have been Spanish, English, and Italian. I have also had the privilege of visiting many additional countries in Europe, Asia, and the Americas.

Hippocratic obligation to mention my obesity and catalogue the dangers of my fatness. My experience as a fat person has ultimately been a life of fear.

Health, from a western medical stance, has always been a concern of mine, especially when considering my fatness. Inhabiting a fat body for most of my life has meant experiencing narratives imposed on my body because of its fatness. *Fat*,³ as a socially imposed adjective, comes with a myriad of preconceptions and prejudices. From the automatic belief that I have unhealthy eating habits and do not exercise to the assumption that my body is sick, my fatness has been used as an excuse for people to engage with my body in ways that are problematic at best, violent at worse. The awareness of the way my body is constantly being perceived and judged never goes away. Health became the lens through which I related to my body. While I was not blind to how my physique was socially constructed as revolting,⁴ it was my health that became the primary source of fear, and which has heavily impacted how I relate to my own fatness. I am a 30-year-old, gender non-conforming, fat woman. At 1.63m, I weigh 100⁵ kilograms and have a body mass index of 37.6; in medical terms, I am *obese*. Overweight⁶ and obesity are defined by the World Health Organization (WHO) “as abnormal or excessive fat

³ For the purposes of this thesis, I will use the word ‘obese’ and ‘overweight’ solely in the context of: medical discourses, pathologizing and medicalization processes, and stigmatization. In using ‘fat’ and ‘fatness’ in other contexts, I am attempting to reclaim these words and give them a meaning that does not go beyond a mere physical characteristic.

⁴ LeBesco, Kathleen, *Revolting Bodies? The Struggle to Redefine Fat Identity* (Amherst and Boston: University of Massachusetts Press, 2004).

⁵ This was true when I first wrote these words. However, as of August 2020 I weigh 112kgs and have a body mass index of 42.1. I have kept my original measures because I will return to this specific weight-gain (while writing my thesis in the times of Covid-19) in later chapters. I also take this opportunity to share that, even when writing about fatness and trying to disrupt the truths that the western biomedical-cultural system (Victoria Fernández, "Autoetnografía de una paciente: saberes experienciales," in *Autoetnografías, Cuerpos y Emociones (II). Perspectivas feministas en la investigación en salud*, ed. Sam Fernández- Garrido and Elisa Alegre-Agís (Tarragona: Publicaciones URV, 2019)) has perpetuated to define obesity as a health issue, as a fat person I still fear revealing my weight. While it is that weight, my fatness, that motivates me to write, to understand, and to articulate how my body has been socially constructed as a body of fear and terror, the fear of betraying my fatness is deep-seated and overwhelming. Losing the privilege that the anonymity of the written word affords me is, still, terrifying.

⁶ I will use the word “obesity” to refer to the excess fat in the body that has been subject of medicalization, regardless of BMI. Hence, unless otherwise specified, I am using the term “obesity” as inclusive of “overweight” (from the definition provided by the WHO).

accumulation that presents a risk to health.”⁷ According to health practitioners and to the WHO definition,⁸ I would need to lose 21kg to be downgraded to overweight, and an additional 13kgs to be at the upper limit of my *ideal weight*. Since my fatness is the physical representation of a disease – and is in itself a disease – my body has been diagnosed within the western medical system. With this diagnosis came intervention protocols that were established on and experienced by my body.⁹ I have lived with this medical condition, obesity, nearly all my life, and have come to see and understand my body as, ultimately, a diseased body. For this reason, my weight has been a source of constant fear, the rising BMI a ticking clock that brings me closer to my unavoidable death from fatness.

The belief that you are sick and bringing yourself closer to death one bite at a time is truly traumatic and terrifying, but what makes it even more difficult is managing the fear that my body instills in others. As Jarbir Puar notes, “we learn only how it feels to fear, never how it feels to be feared.”¹⁰ The fat body has come to symbolize disease, death, and destruction. Fear, therefore, has been as ubiquitous in my life as fatness. It is in the medical practitioners and society at large who fear for my health; it is in me, fearing that I will die because of my fatness. It is in others who fear becoming me; and in myself, for I fear my ever-expanding fatness. My fatness never leaves me, nor does the fear and the worry that comes with inhabiting a fat body. This fear, both external and internal, has found ultimate expression in the discourses of the war

⁷ "Obesity and Overweight," Fact Sheets, WHO, last modified April 1st, 2020. <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>.

⁸ “A crude population measure of obesity is the body mass index (BMI), a person’s weight (in kilograms) divided by the square of his or her height (in metres). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.” "Obesity and Overweight," Fact Sheets, WHO, last modified April 1st, 2020. <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>.

⁹ Fernández, "Autoetnografía de una paciente," 61.

¹⁰ Jasbir Puar, *Terrorist Assemblages. Homonationalism in Queer Times*, (Durham and London: Duke University Press, 2007), 189.

on fat. For this reason, my work will depart from merely answering the question, “why are fat bodies so dangerous that war has been declared against our fat?” to address how that danger has made my body into a source of fear. Why is fear inherent to the embodiment of fatness? In the search for these answers, I positioned my own experiences as a fat woman within the predominant discourses surrounding obesity. In understanding itself as terrorist, my fatness has found its answer. My fatness is terrorist, for it is a source of terror and a source of destruction both for my own body and for society as a whole.

In this thesis, I expose what has been invested in the construction of fatness.¹¹ Lucrecia Masson has called for an *undressing* of the “artefacto que nos construye en tanto cuerpos, en tanto territorios donde se inscriben lecturas.”¹² I accomplish this by undressing my body and engaging in a practice that allows me to see my naked body, literally and figuratively, as holding potential for new significations. With this exercise, I hope to provide a framework through which we can think differently about our own fat bodies and recognize that “we can be different, and use those differences not to destroy [each other] but to move”¹³ together towards new ways of framing and articulating our bodily diversity. I also progress past traditional attempts to empower the fat body and come to terms with the narratives that have been constructed about us. Ultimately, my goal is to highlight how bodies are both objects of power and “sites for resistance to power.”¹⁴ By dismantling the truths that have been constructed about our fat terrorist bodies,

¹¹ Wanda Pillow, “‘Bodies are dangerous’: using feminist genealogy as policy studies methodology” *Journal of Education Policy* Vol. 18, No. 2 (2003).

¹² “device that constructs us as bodies, as territories where readings are inscribed” [my own translation] Lucrecia Masson, “El cuerpo como espacio de disidencia,” in *Cuerpos Sin Patronos. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 57.

¹³ Dagmar Schultz, *Audre Lorde - The Berlin Years 1984 to 1992*, directed by Dagmar Sultz (Germany: 2012).

¹⁴ Pillow, “‘Bodies are dangerous’,” 153.

we can understand the power in our mere existence. We can find new ways to name and position our bodies that stem *from* our fatness, not in spite of it.

The present work is both a process and a product. By using an *autoethnographic* voice, I offer a *revolting methodology* that seeks to destabilize binaries that have been created and imposed on fat bodies while humanizing the experiences of fat bodies that move across borders and cultures. I propose that the process of medicalization and pathologizing of fatness is intrinsically linked to biopower structures¹⁵ that seek to regulate the body through medical discourse.¹⁶ The perpetuation of a weight/health paradigm alongside discourses that frame fatness as a direct result of individual actions and which in turn can be cured, has given way to the stigmatization of fat bodies as a regulatory mechanism.¹⁷ This stigma, which I will refer to as gordofatphobia, is not just predicated on medical narratives; on the contrary, the process of medicalization of fatness has legitimized sociocultural and historical significations placed on the fat body which stem from the European and US American¹⁸ context. As such, I propose that a stigmatized narrative has been placed on the fat body. This has framed fat bodies as dangerous bodies that defiantly challenge the normalizing regulations imposed by society.

Fat bodies became a source of fear. By not conforming to a norm, we became *fat terrorist bodies*.¹⁹ By placing the fat body within the context of war, the obesity epidemic has been given

¹⁵ M. Foucault, *Discipline and punish: The birth of the prison* (London: Penguin, 1977); Michel Foucault, *The Will to Knowledge: The History of Sexuality Volume 1*, trans. Robert Hurley (New York: Pantheon Books, 1978).

¹⁶ Sharon Wray and Ruth Deery, "The Medicalization of Body Size and Women's Healthcare," *Health Care for Women International* Vol. 29 (2008): 227-243.

¹⁷ Claudia Sikorski et al., "The stigma of obesity in the general public and its implications for public health - a systematic review," *BMC Public Health* Vol. 11, No. 611 (2011): 1-8, <http://www.biomedcentral.com/1471-2458/11/661>

¹⁸ I resolutely insist that the term "American" has been co-opted to refer specifically to USA populations, when America is as an entire continent (the Americas is also valid). For this reason, I will refrain from using the term 'American' to refer to USA populations exclusively. I will either borrow the term "estadounidense" from Spanish or I will refer to these peoples as US Americans.

¹⁹ Articulated from Jasbir Puar's conceptualization of the "Queer Terrorist." Puar, *Terrorist Assemblages* 121-139.

a sense of urgency that has advanced a global fight against fat.²⁰ While the war on fat started in the USA, the WHO's classification of obesity as a disease and the framing of obesity as global epidemic – globesity²¹ – in 1997²² has made the fight against obesity a world-wide endeavor. As such, the experience of inhabiting bodies that generate fear is not culturally or geographically bound; the stigmatization of fatness speaks to a transnational phenomenon²³ that is deeply rooted in imperial and colonial discourses of power and body regulation.²⁴

Some of the discourses about fatness that have been instrumentalized and perpetuated over time are that fat bodies are lazy and weak. Fat people are depraved, slave to their natural instincts: sinful, gluttonous, threatening. Fatness, and by extension fat people, has become something to be feared, something destructive to both the self and the society. We have been assembled into terrorist bodies; our reluctance to conform, to be regulated within society, is a direct affront to society itself. This threat of destruction and of death that our bodies have been inscribed with has also allowed fat bodies to experience a *gordofatphobia* that is psychologically and emotionally violent, enacting mechanisms that “invaden, toturan, y hostigan de manera incesante nuestras subjetividades, afectando nuestros modos de vida”²⁵ and that force the fat body to conform. Fat bodies also serve as a source of fear for others, who fear becoming us. For

²⁰ Lux Moreno, “¿A qué edad fue tu primera dieta?” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 59-67.

²¹ “Controlling the global obesity epidemic,” Department of Nutrition for Health and Development, WHO, accessed July 2020, <https://www.who.int/nutrition/topics/obesity/en/>

²² Benjamin Caballero, “The Global Epidemic of Obesity: An Overview,” *Epidemiologic Reviews* Vol. 29 No. 1 (2007): 1–5, <https://doi.org/10.1093/epirev/mxm012>

²³ Jenny Lloyd, “Bodies over borders: The sized body and geographies of transnationalism,” *Gender, Place & Culture* Vol. 21, No. 1 (2014) 123-131.

²⁴ Lily O'Hara and Jane Taylor, “What's Wrong With the ‘War on Obesity?’ A Narrative Review of the Weight-Centered Health Paradigm and Development of the 3C Framework to Build Critical Competency for a Paradigm Shift,” *SAGE Open* (April-June 2018): 1-28.

²⁵ “invade, torment and incessantly harass our subjectivities, affecting our ways of life” [my own translation] Nicolás Cuello, “¿Podemos lxs gordxs hablar? Activismo, imaginación y resistencia desde las geografías desmesuradas de la carne,” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016).

this reason, fat people, and people in general, choose to engage with *fatnormativity* – behaviors, practices, and actions that are geared towards eliminating fatness from the body. While practicing fatnormativity cannot preclude the negative experiences that come from inhabiting a fat body, it can grant a sort of benevolence or lessening of the experience of gordofatphobia. In other words, fatnormativity tells everyone – not just fat bodies – how they are expected to behave if they wish to survive. As such, fat bodies become walking reminders of the price of fatness.

Altogether, I present an autoethnographic voice that disrupts binaries and established truths by using a revolting queer decolonial practice that recognizes the subjectivities of intersecting identities in bodies that transcend boundaries and borders, while simultaneously challenging the supremacy of the knowledge that has been legitimized. In my experiences as a fat person, this means looking at the scars left on my body by the violent experiences I suffered for being fat. Autoethnography allows me to explore how the “itinerario salud-enfermedad-atención”²⁶ has been experienced by my body and to break the silence imposed by hegemonic notions of knowledge production and by the medical industry itself.

Finally, by proposing that fat bodies have been constructed as terrorist bodies I am not trying to claim a universalized fat experience. On the contrary, I see this as a possible framework through which others can understand the fear experienced and caused by their bodies. By self-enunciating myself a fat terrorist I have found new fields of action and signification. This act does not aim to dictate behaviors or proclaim paths to empowerment. On the contrary, I propose

²⁶ “health-illness-care itinerary” [my own translation] Mari Luz Esteban, “Prólogo: Vidas que cuentan. La Dimensión autoetnográfica de la investigación,” in *Autoetnografías, Cuerpos y Emociones (II). Perspectivas feministas en la investigación en salud*, ed. Sam Fernández- Garrido and Elisa Alegre-Agís (Tarragona: Publicaciones URV, 2019) 7-20.

that there is power in the terror we produce. What we choose to do with that terror is up to the individual fat body. At the end of it all, my work is a practice: it seeks to challenge traditional ways of knowledge production, make the personal political, and allow for a truly *vulnerable writing experience*.

And so, I present here a *messy text* that traces the scars violence left on my fat body. Messy, because I will not provide a cohesive historical narrative of fatness, nor will I provide a logical progression of the process of medicalizing fatness. Engaging with an autoethnographic practice to understand some of the material and cultural consequences of the war on fat has been both a *process*, engaging with my own experiences in new, vulnerable, and critical ways, and a *product*, because by articulating why my body is dangerous I have come to understand how my body has been assembled into a terrorist body.

In Chapter One, I offer the theoretical framework in which I have grounded my work. I first engage with the process of *medicalization* and what it entails, and I place medicalization and the medical sciences under the umbrella of *biopower*. I expand on the concept of biopower to include not just sexuality but the *corporality device*²⁷ as focus of discipline and control. In Chapter Two, I define *obesity* and highlight the contradictions found in the current medical knowledge regarding the presence of fat on the body. In Chapter Three, I position myself within some of the sociocultural and historical narratives that have been imposed on the fat body. Finally, in Chapter Four, I define both *gordofatphobia* and *fatnormativity*. I explain how I have come to see and self-enunciate my body as a *fat terrorist body*. Throughout this process of writing my fatness, by using an *autoethnographic* voice to not only challenge the death sentence of my fat body but also discover novel ways to think about health in relation to the fat body, I am

²⁷ Flavia Costa, “El dispositivo fitness en la modernidad biológica. Democracia estética, just-in-time, crímenes de fealdad y contagio” (Presentation, Jornadas de Cuerpo y Cultura de la UNLP, La Plata, May 15th – 17th, 2008).

violently *revolting* against a world that has been trying to eliminate me and my fatness my entire
life

Finding a Place for my Fatness

Given that my interest in researching fatness and the fear that fat bodies produce comes from my own experiences as a fat woman, I have decided to give voice to the fatness of my body. This requires an autoethnographic practice, for we are one and the same. My body cannot be separated from my experience. Autoethnography, a process that describes and analyzes personal experience to understand cultural experience¹, allows for the vindication of silenced voices and offers a way to reformulate dominant narratives and identities.² By looking critically at my own experiences I have more fully comprehended the daily level of violence that fat bodies experience. In this attempt to understand this violence and my wounds, I developed the notion of my body as a terrorist body.

My work is as much a process as it is a product.³ Only by understanding what makes my body so dangerous have I come to grasp how we have been fashioned into fat terrorist bodies. Therefore, I present a messy text⁴ that tracks how my fatness has come to recognize itself as a source of terror and has found, within this terror, a field for action. I have focused my scrutiny on the materiality of my fatness as I sought to understand the impact these discourses of war have had on my body. In this text, I will start by positioning my work within the current literature on fatness and, in doing so, highlight how my work engages, responds to, and advances how we think and produce knowledge about fat bodies.

¹ Carolyn Ellis, Tony E. Adams, and Arthur P. Bochner, "Autoethnography: An Overview," *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research* Vol. 12, No. 1 (January 2011): 1.

² Mari Luz Esteban, "Prólogo: Vidas que cuentan. La Dimensión autoetnográfica de la investigación," in *Autoetnografías, Cuerpos y Emociones (II). Perspectivas feministas en la investigación en salud*, ed. Sam Fernández- Garrido and Elisa Alegre-Agís (Tarragona: Publicaciones URV, 2019) 9-10.

³ Ellis, Adams, and Bochner, "Autoethnography: An Overview," 1.

⁴ Jackie Wykes, "Introduction: Why Queering Fat Embodiment?" in *Queering Fat Embodiment*, ed. Cat Pausé, Jackie Wykes and Samantha Murray, (Surrey and Burlington: Ashgate, 2014), 6.

Lipoliterature Review

Until the early twenty first century, much of the literature on fatness related to eating disorders, the imposition of slenderness, or the construction of women's bodies in Western societies.⁵ An example of this, and a prime window into lipoliterature review, is Susan Bordo's *Unbearable Weight, Feminism, Western Culture, and the Body*.⁶ Lipoliteracy, a term coined by Mark Graham, refers to the cultural significations and meanings that are given to fatness and which are, in turn, read on the fat body.⁷ It also signifies the act of reading and learning about fat bodies. In her engagement with the term, Samantha Murray explores how the act of reading the body produces "bodily literacies that constitute some bodies as normal and other as deviant, aberrant, or perverse."⁸ Borrowing from both Graham and Murray, I propose a lipoliterature review to explore the knowledge that has been produced about fat bodies and that has helped frame my research. This term is especially useful as inherent to my experience as a fat woman and fear-producing body is a body literacy that has framed me as perverse.

In her work, Bordo explores how bulimia and anorexia nervosa result from the impositions of a culture that "worship[s] not merely slenderness but flableness."⁹ She outlines how Western societies have perpetuated a mind/body dichotomy, in which the body is seen as feminine while the mind – and therefore rationality and civility – is associated with maleness. This led to the concept of slenderness as the ultimate representation of rational control over the

⁵ Wykes, "Introduction: Why Queering Fat Embodiment?", 1-12.

⁶ Susan Bordo, *Unbearable Weight, Feminism, Western Culture, and the Body* (Berkeley, Los Angeles, and London: University of California Press, 1995).

⁷ Mark Graham, "Chaos," in *Fat. The Anthropology of an Obsession*, ed. Don Kulick and Anne Meneley (New York: Jeremy P. Tarcher/Penguin, 2005), 178-181.

⁸ Samantha Murray, "Pathologizing "Fatness:" Medical Authority and Popular Culture," *Sociology of Sport Journal* Vol. 25 (2008): 8.

⁹ Bordo, *Unbearable Weight*, 54.

inferior and uncivilized impulses of the body. This concept implicitly attributes inferiority to female bodies, which in turn makes us more vulnerable to a “cultural manipulation of the body.”¹⁰ For this reason, women’s bodies experience more pressure to control and regulate their appetites. While Bordo is not focusing on the embodiment of fatness per se, her work offers valuable ways to frame the pressure imposed by “dominant cultural norms.” In what she calls an “image dominated culture,”¹¹ we see a push towards the homogenization and normalization of society that continues to respond to the hegemonic discourses that view the world as “patriarcal, heterosexual, blanco, y corporalmente esbelto, fibroso y ‘saludable’.”¹²

In the beginning of the twenty first century the rise of the war against obesity, the development of the obesity epidemic, and an increased societal interest in fat bodies brought about new research and activism about fatness. I believe it is vital to emphasize that the increased interest in producing knowledge about fat bodies has been primarily a product of the last two decades. However, in keeping with the idea of my work as a messy text following my body’s journey to see itself as a body of terror, I will not follow a linear timeline through my lipoliterature review. Instead, I will outline how and in what order I personally engaged with some of the lipoliterature available, much of which has sought to question, challenge, advance, or negate the dominant discourses imposed on fat bodies. In this manner, I am seeking to position my work on fat bodies within a new but rapidly developing field of study.

¹⁰ Ibid, 124.

¹¹ Ibid, 21.

¹² “patriarcal, heterosexual and white, with slim, fit, and ‘healthy’ bodies.” [my own translation] Nicolás Cuello, “¿Podemos lxs gordxs hablar? Activismo, imaginación y resistencia desde las geografías desmesuradas de la carne,” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 42.

What We Know Might Not Be True

I began engaging with my experience inhabiting a body seen as diseased with an article by Bacon and Severson in which they outline the lack of medical evidence to support many of the health claims that funneled the obesity epidemic and the war on fat.¹³ From this article I extracted the concept that declaring war on fat bodies equates to declaring war on the embodiment of fatness: “you cannot wage war on obesity without waging war on the people who live in those ‘obese’ bodies.”¹⁴ To understand more about the medical implications of the presence of adipose tissue on my body, I looked to *The Gravity of Weight. A Clinical Guide to Weight Loss and Maintenance*¹⁵ and *Health at Every Size: The Suprising Truth About Your Weight*.¹⁶ *The Gravity of Weight* contains extensive scientific and scholarly research that the authors use to critically engage with the medical controversies surrounding obesity. In both, the authors explore the complexities behind weight loss and gain. However, while dispelling many of the myths and inaccuracies commonly perpetuated about obesity, Sylvia Karasu and Byram Karasu stop short of challenging the notion of obesity as a medical condition. Linda Bacon, on the other hand, pioneered the Health at Every Size (HAES) program which seeks to dispel the commonly established relationship between health and weight and proposes alternative ways to think about health regardless of weight. Bacon also focuses on what Peter Conrad would refer to as the “engines of medicalization:”¹⁷ the powers and discourses that informed the medicalization

¹³ Linda Bacon and Amee Severson, “Fat is not the Problem – Fat Stigma is,” *Scientific American*, July 8th, 2008, <https://blogs.scientificamerican.com/observations/fat-is-not-the-problem-fat-stigma-is/>

¹⁴ Bacon and Severson, “Fat is not the Problem.”

¹⁵ Sylvia R. Karasu and T. Byram Karasu, *The Gravity of Weight. A Clinical Guide to Weight Loss and Maintenance*, (Washington D.C. and London: American Psychiatric Publishing, Inc., 2010).

¹⁶ Linda Bacon, *Health at Every Size. The Suprising Truth About Your Weight* (Dallas: Benbella Books, 2008).

¹⁷ Peter Conrad, “The Shifting Engines of Medicalization,” *Journal of Health and Social Behavior* Vol. 46 (March 2005): 3-14.

of fatness and the perpetuation of the weight-equals-health paradigm. Both of these pieces have been instrumental in my research on obesity as a medicalized condition.

Aligning with my interest in the medicalization of fatness and the increased focus placed on fat bodies in the obesity epidemic, Paul Campos places “fat on trial,” exposing the economic interests behind obesity in *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health*.¹⁸ He raises alarms about the medical industry, the weight-loss industry, and the media’s willing complicity in obfuscating the truth about the implications of obesity. Throughout his work, Campos advances that fat “is a cultural construct, not a scientific fact.”¹⁹ Similarly, Kathleen LeBesco, in her seminal book *Revolting Bodies? The Struggle to Redefine Fat Identity*, suggests that fatness is and should be analyzed as a cultural construct.²⁰ By framing fat bodies as revolting, LeBesco suggests that fat bodies have been constructed to cause disgust, but also that these bodies can revolt and challenge conventional notions of beauty, health, and body normativity. In doing so, she recognizes the political nature of fat bodies. LeBesco also encourages “moving inquiries about fat from medical and scientific discourses to social and cultural ones”²¹ in order to engage with political discourses about fatness, but personally, I struggle with the notion that the politics of the fat body is isolated from its medical attributions. Indeed, as Eric Oliver points out, there are social, political and economic forces behind the obesity epidemic that have advanced their interests through the politicization of a medicalized fat body.²² Defending this idea of the obesity epidemic as a construct, Natalie

¹⁸ Paul Campos, *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health*, (New York: Gotham Books, 2004).

¹⁹ Ibid, xxiii.

²⁰ LeBesco, Kathleen, *Revolting Bodies? The Struggle to Redefine Fat Identity* (Amherst and Boston: University of Massachusetts Press, 2004).

²¹ Ibid, 2.

²² Eric J. Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford and New York: Oxford University Press, 2006).

Boero's work offers the term 'postmodern epidemic': "A postmodern epidemic is one in which partially and unevenly medicalized phenomena lacking a clear pathological basis get cast in the language and anxiety of more traditional epidemics."²³ The obesity epidemic has transcended medicine. I do not disavow the importance of a medicalized approach to fatness, but central to my work is the understanding of how the obesity epidemic came about and the intrinsic contradictions in the dangers attributed to the fat body from a medical perspective. Through this, I can extract an understanding of the level of fear produced by our bodies. Therefore, my next move is to unpack some of the historical and cultural narratives that have been inscribed on the fat body and which, in turn, have framed it as dangerous.

Georges Vigarello in *The Metamorphoses of Fat: A History of Obesity* and Gilman Sander in *A Cultural History of Obesity* ²⁴ both undertake this task. Their works, while focusing mostly in the USA and England (Sander) and in France (Vigarello), provide interesting historical overviews of western ideas surrounding fatness. However, Sabrina Strings in *Fearing the Black Body: The Racial Origins of Fat Phobia* ²⁵ elevates the discussion with the sociocultural and historical underpinnings of fat phobia in relationship to the Transatlantic Slave Trade and the spread of Protestantism. All three volumes provide a wealth of information about the historical narratives framing fatness and evince the immensity of this task in and of itself. I have found very little written on the history or the embodied experience of fatness outside of the contexts of Europe and the USA.

²³ Natalie Boero, *Killer Fat. Media, Medicine, and Morals in the American "Obesity Epidemic"* (New Brunswick, New Jersey and London: Rutgers University Press, 2012), 7.

²⁴ Sander L. Gilman, *A Cultural History of Obesity* (Cambridge and Malden: Polity Press, 2008)

²⁵ Sabrina Strings, *Fearing the Black Body. The Racial Origins of Fat Phobia* (New York: New York University Press, 2019).

Latinxs and sudaka fat activists and scholars have voiced their discontent with the international fat activism (encompassing social movements and academic work) that has used privileged voices to advance an ostensibly neoliberal agenda of conformity and pride. In concert with most colonialist and imperialist notions, this international fat activism has claimed to serve all the fat bodies of the world.²⁶ Even without sweeping universal claims about the experience of fatness, I have felt discomfited by lipoliterature that, ultimately, suggests ways I should regulate my behavior. For example, in *Health at Every Size*, while Linda Bacon disrupts the weight-equals-health paradigm, she nevertheless continues to impose an imperative of health on the fat body. In other words, she articulates a hierarchy in which healthy fat bodies who eat well and exercise are seen as better than those that do not. I contrast this with Virgie Tovar's *You Have The Right to Remain Fat*,²⁷ in which she encourages the reader to reject moderation in any form. Personally, I find this equally dangerous as, from my own experience in fat activist circles, it leads to the demonizing of fat bodies that *do* eat healthy and exercise. I have felt a push to choose between these two sides, both of which I consider polarizing and dangerous. On one side, the push towards a healthy lifestyle perpetuates the stratification of fat bodies based on their level of health. The other side, meanwhile, rejects any activity that could be perceived as trying to eliminate the fat on the body. Both preclude the possibility of engaging with activities outside of a notion of weight, and both chastise and silence the experiences of some fat bodies.

I have encountered a similar limitation with beauty; either the lipoliterature expands on the notion of beauty to include fat bodies or encourages fat bodies to feel good about themselves.

²⁶ Laura Contrera and Nicolás Cuello, "Introducción," in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 16-17.

²⁷ Virgie Tovar, *You have the right to remain Fat* (New York: Feminist Press, 2018).

On the expansion of beauty, Stephanie Snider, in “On the Limitations of the Rhetoric of Beauty: Embracing Ugliness in Contemporary Fat visual Representations,” explored how notions of beauty may perpetuate a binary between those fat bodies who pursue beauty and those who do not.²⁸ “By its very nature as a categorizing system, beauty is classified not only via a checklist of what one “has” (again, usually whiteness, thinness, youth, and physical, intellectual, and mental ability), but is constructed against what one is not.”²⁹ Hence, it is impossible to have a notion of beauty that welcomes all fat bodies. As an alternative, she holds up ugliness. Snider indicates how ugliness can embrace all different kinds of bodies and might “push the boundaries of the arts and society more generally to consider different ways of viewing and appreciating bodies and subjects.”³⁰ Ugliness has power; the ugly body is a spectacle to be stared at. As such, displaying our ugliness “revel[s] in the strangeness, awkwardness and ugliness of our lives”³¹ in a way that can also be appreciated and valued alongside beauty.

These pieces of lipoliterature helped me distill what makes fat bodies dangerous. This required two things: an understanding of the sociocultural and historical narratives that have been inscribed on the fat body within dominant and hegemonic cultures, and the unpacking of the interests framed within the process of medicalization. Amy Erdman Farrell accomplishes this in *Fat Shame: Stigma and the Fat Body in American Culture*,³² where she explores how the stigma associated with being fat is partially produced by the process of medicalizing fatness.

²⁸ Stefanie Snider, “On the Limitations of the Rhetoric of Beauty: Embracing Ugliness in Contemporary Fat visual Representations,” in *On the Politics of Ugliness*, ed. Sara Rodrigues and Ela Przybylo (Cham: Palgrave Macmillan, 2018), 337-365.

²⁹ Ibid, 345.

³⁰ Ibid, 346.

³¹ Ibid, 351.

³² Amy Erdman Farrell, *Fat Shame. Stigma and the Fat Body in American Culture* (New York and London: New York University Press, 2011).

This stigma is also related to the cultural and historical associations that frame the fat body as savage and uncivilized.

Erdman Farrell's work is the closest match I have found to my initial idea for this project. Still, the more I researched, the more I felt that simply deconstructing my body's dangerousness would not be sufficient for me. This feeling came into focus through the incomparable compilation by Laura Contreras and Nicolás Cuello titled *Cuerpos Sin Patrones. Resistencias desde las geografías desmesuradas de la carne*.³³ Through this work, the authors challenge hegemonic discourses imposed on fat bodies and confer value on situated knowledge and the knowledge produced by experience. Theirs is a call for new ways to articulate the body that allow for us to acknowledge similarities across experiences while diligently resisting universalizing narratives. Similarly to Stephanie Snider's proposition of ugliness as a field for action, the authors invite fat latinx bodies like mine to reclaim insult and escape the place of hurt,³⁴ of victimization,³⁵ through self-enunciation. I see this process of self-enunciation,³⁶ of naming ourselves, as a space with the potential for choice, a place where we can "construir nuevos cuerpos, nuevos deseos, nuevas bellezas."³⁷ When I answered their call, my work found its place.

³³ Laura Contrera and Nicolás Cuello, *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne* (Buenos Aires: Editorial Madreselva, 2016).

³⁴ Laura Contrera, "Cuerpos sin patrones, carne indisciplinada. Apuntes para una revuelta gorda contra la policía de la normalidad corporal," in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 24.

³⁵ Laura Contrera, "Alejandra Pizarnik y la delgadez como combate constante," in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 77-93.

³⁶ "estrategia de autoenunciación." Lucrecia Masson, "El cuerpo como espacio de disidencia," in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 56.

³⁷ "build new bodies, new desires, new beauties." [my own translation]
Ibid.

Finding a Place for My Voice

As I have attempted to outline, my engagement with the available lipoliterature both advanced my knowledge on fat bodies and revealed my personal points of contentions or potential deficiencies. Like Erdman Farrell's work, I seek to unweave some of the underlying histories and intertwined processes that constructed the category of fatness. I also seek to spotlight how the medical industry provided the context in which the stigmatized category of fatness has been cemented and perpetuated, a feat accomplished through the medicalization of fatness and obesity. I will shed light on how the medical industry, the pharmaceutical industry, and the weight-loss industry have developed and grown based on this categorization. I will use an autoethnographic voice and my own experience to guide my proposed narrative and analysis. In this manner, I will explore the subjective experiences lived by bodies that have been categorized and stigmatized on the basis of their obesity. Through this use an autoethnographic voice I can further position myself within the experience of stigma as a way to give visibility to fat bodies and remove us from a decontextualized and dehumanized field of knowledge production.

While wary of the danger of universalizing claims about fat identities, I will attempt to answer the call made by fat activists within the latinx and sudaka context of finding new ways to articulate and self-enunciate the body. My work is more than a research project seeking to understand the narratives underpinning the construction of the fat body as a dangerous body; I also intend to provide a framework that can be used by people, fat or otherwise, to understand how fat bodies both cause and experience fear. I have come to this understanding by self-enunciating my body as a terrorist body after dissecting both fear itself and the contextualization of fat bodies in war – in this case, the war against fat. In contrast to the narratives that seek to

regulate the behavior of fat bodies or to impose ways to look at or frame our own experiences, what I propose is a process of understanding our fears and seeing the potential that exists within that fear. Returning once more to Snider and the power of representing ugliness, I advance that there is power in understanding how our bodies both cause and experience terror. I am offering more than a research project on the embodied experience of fatness; I am providing a framework for terror that other fat bodies can use to find the field of action that best responds to their own scars from the violent lived experience of inhabiting a fat body. Through my own narrative, I hope to exemplify this framework's potential for action, while being careful to offer this potential as a possibility, not a regulation of behavior. It is with this intention that I have come to propose a Revolting Methodology.

A Revolting Methodology

Women of color who write from their subjectivities and emotions have been systematically kept outside academia.³⁸ Just as my body resists regulation, my work is also an attempt to challenge the strict parameters imposed by academia, which continue to silence us and to impose the imperial and colonial gatekeeping modes of knowledge production on people that no longer fit those boxes. Taking from Edward Said's idea that those who produce knowledge can actively perpetuate colonizing, dominating, and oppressing narratives,³⁹ even unconsciously, I advance the idea that methodologies, as tools of analysis and knowledge production, should stem from the research

³⁸ "When women and people of color incorporate personal experiences as a way to theorize issues of difference, their narratives are often interpreted as being of less scientific value and are noted as lacking rigorous standards of objectivity." Binaya Subedi, "Theorizing a 'halfie' researcher's identity in transnational fieldwork," *International Journal of Qualitative Studies in Education*, Vol. 19 No. 5 (September – October 2006): 575.

³⁹ Edward Said, *Orientalism* (New York: Vintage Books, 1979).

itself. In other words, rather than forcing the research to fit the methodology, we must construct methodologies that fit the needs and requirements of our subjects and our work.

In an attempt to push boundaries, I will use autoethnography as a method to both understand myself as a subject of research, and also to generate an understanding of cultural and social occurrences by critically engaging with my own experiences. In addition to academic research and medical research, I use personal narratives to create a compelling and approachable text that allows the reader to either identify similarities in their own experiences or to understand the experiences of others.⁴⁰ I will highlight the value of shared experiences and the reclamation of networks that allow resistance to the normative discourses placed on the body that transcend borders and cultures. To this end, I propose a revolting methodology – both disgusting and inspiring actionable revolt⁴¹ -- that is queer, that is decolonial, and that gives voice to transbordermetizx bodies. I seek to cause disgust within normative modes of knowledge production and, in doing so, to revolt against normalization while I am forced to exist within the limitations imposed by it. I am not attempting to position my work within one specific current of thought. On the contrary, echoing the hybridity of my own identity and experiences, I propose a hybrid methodology that responds to the needs of both an inner self that is the subject of research and an inner self that is the researcher.⁴² In the following section, I will unpack all these components of my revolting methodology.

⁴⁰ Ellis, Adams, and Bochner, "Autoethnography: An Overview," 1-15.

⁴¹ LeBesco, *Revolting Bodies?*,

⁴² Ruth Behar, *The Vulnerable Observer: Anthropology That Breaks Your Heart* (Boston: Beacon Press, 1996).

Why Queer?

The choice to include a queer practice in my methodology stems from my personal identification with a queer sexual identity that rejects both the male/female sex binary and the man/woman gender binary as objects of desire. Additionally, the term queer has the potential to build new subversive, diverse, and transgressive significations. Therefore, I recognize the revolting potential in a queer practice.⁴³

Queer theory challenges the normative social orderings that position some identities as ‘normal’ or desired and others as deviant or ‘othered,’ allowing for a queer scholarship that “is anti-normative and seeks to subvert, challenge, and critique a host of taken for granted stabilities in our social lives.”⁴⁴ In other words, queer methodology can challenge constructed ‘truths’ about fatness and the power relations that grant them validity. For my work, I see a queer practice as a way to challenge both the methodology and nature of discourses used to construct fat bodies and obesity as a category. Challenging narratives that establish binaries between those who are considered normal and those who are othered allows us to unpack the discourses of power behind said narratives. In this manner, we can bring visibility to “the potential of fat bodies to disrupt normative imperatives and stable categories in broader ways.”⁴⁵ Returning to my offering of a framework of terror as a potential tool for self-enunciation, I see a queer practice as another appropriate tool as it produces “ruminations and provocations rather than definitive theories or answers.”⁴⁶ Understanding how fat bodies disrupt hegemonic and

⁴³ Enrique Moral de Eusebio, “¿Es el sexo al género lo que la naturaleza a la cultura? Una aproximación queer para el análisis arqueológico,” *Arqueoweb: Revista sobre Arqueología en Internet* Vol. 15, No. 1 (2012): 248-269.

⁴⁴ Kath Brown and Catherine Nash, “Queer Methods and Methodologies: an introduction,” in *Queer Methods and Methodologies. Intersecting Queer Theories and Social Science Research*, ed. Kath Brown and Catherine Nash (Surrey and Burlington: Ashgate, 2010) 1.

Wykes, “Introduction: Why Queering Fat Embodiment?” 10.

⁴⁶ *Ibid*, 6.

normalizing categories provokes new ways of understanding which have allowed me to self-enunciate myself as a terrorist body.

Queering fat embodiment has the potential not just to produce new ways of thinking but also contribute to the construction of new fields in which action may take place. For example, it is through my understanding of how fat bodies disrupt hegemonic and normalizing categories that I have come to formulate my body as a body of terror and therefore challenge the “scripts of terror that [have] become taken for granted knowledge formations.”⁴⁷ Furthermore, as I will explore later, through this understanding I have discovered ways my body can choose to be disruptive: ways to engage in my own form of fat activism.⁴⁸

Why Decolonial?

My methodology must respond to needs of my research and place my research within the decolonial sphere for several reasons. Firstly, my experience as a medicalized body has been framed by a system of coloniality constitutive of modern societies.⁴⁹ Coloniality and colonialism, while intimately related, are not the same. While colonialism, in broad terms, refers to the forceful occupation and control of territories, usually by white Euro/Americans, coloniality refers to “la imposición del imaginario cultural europeo.”⁵⁰ Coloniality survives colonialism. The process of colonization goes hand in hand with the creation of new social relations through which colonized populations internalize and “*naturalizaran* el imaginario cultural europeo como forma única de

⁴⁷ Jasbir Puar, *Terrorist Assemblages. Homonationalism in Queer Times*, (Durham and London: Duke University Press, 2007), xxiii.

⁴⁸ As Wykes states, “Fat scholarship and fat activism are not necessarily distinct categories.” Wykes, “Introduction: Why Queering Fat Embodiment?” 1.

⁴⁹ Walter D. Mignolo, *La Idea de América Latina. La herida colonial y la opción decolonial* (Barcelona: Gedisa Editorial, 2007), 18.

⁵⁰ “the imposition of the European cultural imaginary.” [my own translation]
Pedro Garzón López, “Pueblos Indígenas y Decolonialidad. Sobre La Colonización Epistemológica Occidental,” *Andamios* Vol. 10, No. 22 (May – August 2013): 310.

relacionamiento con la naturaleza, con el mundo social y con la propia subjetividad.”⁵¹ Through a process of coloniality, white European and US American systems of power, culture, and knowledge production came to be seen as superior in the global south; in my work, I focus specifically on Latin America. These systems of power also use coloniality to maintain a hold on previously colonized territories, because those populations continuously strive to achieve the European social imaginary. In this manner, modernity is a product of coloniality, for it has situated modern (European and US American) capitalism, knowledge, and authority as superior and “developed.” This Eurocentric modernity, based on capitalist and racist notions, is something all must thrive for.⁵² Modernity – to say nothing of the concepts of development and globalization – is intrinsically linked to coloniality. Coloniality, by imposing hierarchical racialized systems and capitalism, articulates modern discourses.⁵³ A Eurocentric Western modernity becomes the only possible way to live rational, productive, positive lives.⁵⁴ This process of coloniality has been institutionalized not just in the previous colonies but in the world at large. Coloniality replicates not just through the powers articulated as superior, but through all systems of power relations, social relations, academic production, learning manuals, and other systems to which we are exposed daily. “En un sentido, respiramos la colonialidad en la modernidad cotidianamente.”⁵⁵ Coloniality is all-pervading.

⁵¹ “naturalize the European cultural imaginary as the sole possible way to interact with nature, with the social world and with a person’s own subjectivity.” [my own translation]
Santiago Castro-Gómez, *La Poscolonialidad explicada a los niños* (Popayán: Editorial Universidad del Cauca, Instituto Pensar, 2005), 59.

⁵² Nelson Maldonado-Torres, “Sobre la colonialidad del ser: contribuciones al desarrollo de un concepto,” in *El giro decolonial. Reflexiones para una diversidad epistémica más allá del capitalismo global*, ed. Ramón Grosfoguel and Santiago Castro Gómez (Bogotá: Siglo del Hombre Editores; Universidad Central, Instituto de Estudios Sociales Contemporáneos y Pontificia Universidad Javeriana, Instituto Pensar, 2007), 132.

⁵³ Ibid.

⁵⁴ Garzón López, “Pueblos Indígenas y Decolonialidad,” 315.

⁵⁵ “To a certain extent, we breath coloniality in quotidian modernity.” [my own translation]
Maldonado-Torres, “Sobre la colonialidad del ser,” 131.

The ways we think about health, at a global level, are also a product of coloniality. Indeed, global systems of health have emerged from systems of thought produced by Euro/US American knowledge. For example, there is no concept of health welcomed within modernity without roots based in what is considered scientific and rational⁵⁶; this would be impossible given the relationship between coloniality, modernity, and global capitalism. The ways global health agendas are set, initiatives funded, and research conducted, are directly connected to the interests of those holding the economic resources.⁵⁷ Interestingly, the idea of scientific rationality afforded to the medical sciences, predicated on the separation between subjectivity and objectivity, argues that its production of knowledge stands beyond any sort of social distinguisher and identity. In spite of this, the notions of health and illnesses that we have today, including those related to obesity, continue to respond to the economic interests and sociocultural discourses of white, heterosexual, upper class, European/US Americans.⁵⁸

Furthermore, our conception of modernity has allowed for the privileging of the knowledge produced within certain contexts, granting them validity while silencing or delegitimizing other sources of knowledge. This gives way to a sort of “epistemicide”⁵⁹ which takes place through the imposition of some knowledges as superior and discrediting other knowledge based on racial

⁵⁶ Gonzalo Basile, *La Salud Internacional Sur Sur: hacia un giro decolonial y epistemológico* (La Plata: De La Comarca, CLACSO, IDEP-ATE, and FLACSO, 2018), 8.

⁵⁷ Brady et al., “Unpacking Power and Knowledge in Global Health: some reflections from the Emerging Voices 2018 cohort,” *International Health Policies*, September 21st, 2018, <https://www.internationalhealthpolicies.org/blogs/unpacking-power-and-knowledge-in-global-health-some-reflections-from-the-emerging-voices-2018-cohort/>

⁵⁸ Garzón López, “Pueblos Indígenas y Decolonialidad,” 315.

⁵⁹ Melody Fonseca and Ari Jerrems, “Pensamiento decolonial: ¿una “nueva” apuesta en las relaciones internacionales?” *Relaciones Internacionales*, No. 19 (Febrero, 2012): 105.

divisions. This notion of epistemicide is similar to what Oyèrónké Oyeù mí has labeled a process of “racialization of knowledge.”⁶⁰

In her article “Conceptualizing Gender: The Eurocentric Foundations of Feminist Concepts and the Challenge of African Epistemologies,” Oyeù mí emphasizes that discourses dealing with modernity and development have signified an expansion of a Euro/American cultural hegemony. In other words, Euro/ US American-produced knowledge is automatically both granted validity and considered a useful tool for producing knowledge about other societies and cultures.⁶¹ She articulates how, “in one fell swoop, they assume both the category of ‘woman’ and her subordination as universal. But gender is first and foremost a socio-cultural construct.”⁶² Oyeù mí sheds light on the tendency in knowledge production to see Euro/American interests, prejudices, concerns, and social categories as both universal and valid.⁶³ Taking into account this process of the racialization of knowledge allows us to create a parallel between the category ‘woman’ and the category ‘fat’. Just as the category of ‘woman’ and woman’s subordination (based on the physicality of bodies with vaginas) has been universalized, so has the category of bodies considered to have an excess accumulation of fat. This category has been assigned a series of belief and prejudices automatically considered to be universal. In other words, we have permanently attributed certain socially constructed notions to fat bodies, when, in the same way that “women are not a homogeneous group,”⁶⁴ fat bodies are infinitely diverse. As such, the cultural norms surrounding fatness, their implications, and their social conceptions

⁶⁰ Oyèrónké Oyeù mí, “Conceptualizing Gender: The Eurocentric Foundations of Feminist Concepts and the Challenge of African Epistemologies,” *Jenda: A Journal of Culture and African Women Studies* Vol. 2, No. 1 (2002): 1.

⁶¹ Oyèrónké Oyeù mí, “Conceptualizing Gender,” 1.

⁶² Oyèrónké Oyeù mí, “Conceptualizing Gender,” 2.

⁶³ Oyèrónké Oyeù mí, “Conceptualizing Gender,” 1-2.

⁶⁴ Blystad, Haukanes, and Zeneba, “Mediating Development?” 33.

are not universal either. Regardless, mainstream and medical discourses around obesity persist in replicating the Euro/American focus. By looking at how fatness has been medicalized and pathologized, we can see how these discourses have been universalized to fit all societies and cultures even when the current narratives surrounding fatness, its emergence, and its prevention are inapplicable or incompatible.

With this in mind, I argue that a notion of global or international health deals with diseases and conditions that surpass national borders. In other words, global health systems, through a transnational biopower that responds to the needs of several different actors, seek to manage the life of global populations. I contend that there is not such a thing as a fat body defined solely by its specific geographical and cultural context; on the contrary, these local idiosyncrasies are at constant odds with globally perpetuated constructions of the fat body. In the fat body global and local contexts are at an impasse; and the process of coloniality in medical thinking about fat bodies has forced alternative significations of fatness to take a back seat.

For this reason, I see potential for decoloniality in my effort to understand how fat bodies have been constructed as bodies that produce fear. Understanding this construction requires shedding the power relations that see the fat body as a battleground and have, in turn, informed global health systems. Looking at the gears that move the process of medicalization reveals discourses that have been perpetuated as a product of coloniality. Furthermore, understanding how the western biomedical cultural system sought to impose normalizing narratives at a far-reaching global scale also allows us to understand the “eugenesia neoliberal de las industrias de la ciencia.”⁶⁵ This, of course, does not mean that we should categorically reject all knowledge produced by the modern western medical system. On the contrary, the decolonial perspective on

⁶⁵ “neoliberal eugenic practices of the scientific industries.” [my own translation] Contrera and Cuello, “Introducción,” 19.

health questions the binaries that have been imposed through our global health systems in an attempt to isolate what is valid from what is being hegemonically reproduced.⁶⁶

My engagement with decolonization goes beyond dismantling systems of power that have guided knowledge production. Similar to my engagement with queerness, the decolonial approach is a practice allowing me to challenge not just knowledge but also how knowledge is produced. Through the works of Gloria Anzaldúa, María Lugones, Cherrie Moraga, and Chela Sandoval, I have come to see decoloniality as a new way of writing that challenges modernity. Breaking with imposed modes of writing allows for the creation of hybrid academic texts wherein writing can be vulnerable. Vulnerable writing contradicts the traditionally required academic notions of distance and objectivity in research, allowing the researcher to effectively reclaim emotion as a source of knowledge and to recognize their own authorial participation in the production of knowledge.

By including queer and decolonial notions, my revolting methodology challenges both knowledge and the ways knowledge is produced. It challenges the racialization of knowledge and the impositions of coloniality. Aware of the inherent limitations of where my current work is being produced⁶⁷ and considering the requirements I am expected to meet, I present the words of María Lugones, who invites us to the decolonial fight “de una manera más vívida, no solamente imaginable sino experimentada en los caminos que estamos recorriendo.”⁶⁸ This is the path I am

⁶⁶ Brady et al., “Unpacking Power and Knowledge in Global Health,”

⁶⁷ This thesis is produced within the GEMMA - Erasmus Mundus Master in Women’s and Gender Studies. My home institution is the Central European University in Budapest, Hungary, and my mobility institution Universidad de Granada in Granada, Spain.

⁶⁸ “in a more vivid way, not only imaginable but experienced within the roads we are traveling.” [my own translation]

María Lugones, “Hacia metodologías de la decolonialidad.” In *Prácticas otras de conocimiento(s). Entre crisis, entre guerras* (Tomo III), co-authors Leyva Solano, Xochitl, Jorge Alonso, R. Aída Hernández, Arturo Escobar, Axel Köhler, Aura Cumes, Rafael Sandoval et al. (México, Cooperativa Editorial RETOS, Taller Editorial La Casa del Mago, CLACSO, 2018), 81.

on, and my present writing is a place to not only articulate a queer and decolonial methodology but also to transform that into a queer and decolonial practice. This is an opportunity to be revolting. My revolting practice is made possible, ultimately, by the autoethnographic voice.

Autoethnography as a Queer and Decolonial Practice for Revolting Bodies

The process of autoethnography uses analyses of personal experience to explain cultural experiences and phenomena.⁶⁹ An autoethnographic process challenges the traditional academic voice that seeks to exclude the ‘I’ from knowledge production.⁷⁰ This exclusion is a product of the false separation between body and mind that ranks the former as inferior. As Pathak writes, “this false binary is a result of the scientific imperialism that has penetrated the social sciences such that absence of the scholar’s voice assures its legitimacy.”⁷¹ Autoethnography is in and of itself a political practice⁷² that gives visibility and value to the knowledge of the lived experiences of the body.⁷³ I cite Cherrie Moraga’s who sees the body as a place of lived experiences that provides us with knowledge of the individual and of ourselves and which, in turn, challenges conceptions of absolute truths or essentializing narratives.⁷⁴ The practice of autoethnography requires a rigorous reflexive practice, as the researcher must understand and articulate how they are part of the process.⁷⁵

⁶⁹ Archana A. Pathak, “Opening My Voice, Claiming My Space: Theorizing the Possibilities of Postcolonial Approaches to Autoethnography,” *Journal of Research Practice* Vol. 6, No. 1 (2010): 1.

⁷⁰ Ellis, Adams, and Bochner, "Autoethnography: An Overview," 1.

⁷¹ Pathak, “Opening My Voice,” 4.

⁷² Ellis, Adams, and Bochner, "Autoethnography: An Overview," 1-15.

⁷³ Pathak, “Opening My Voice,” 4.

⁷⁴ Cherrie Moraga and Gloria Anzaldúa, ed., *This Bridge Called My Back: Writings by Radical Women of Color* (New York: Kitchen Table Women of Color Press, 1983).

⁷⁵ Subedi, “Theorizing a ‘halfie’ researcher’s identity in transnational fieldwork,” 576.

I further see autoethnography as a way to utilize oral histories emerging from the self. Oral histories allow us to bring forgotten voices to “the center of history,”⁷⁶ to recognize the importance of experience and break from traditional disciplinary boundaries. Additionally, oral histories value memory, how we construct our own stories, how we remember them, and how we narrate our experiences.⁷⁷ Autoethnography is a process of collecting personal stories and engaging with them in a critical and analytical manner. It also serves as a form of therapeutic writing, allowing me to include not just my fear, but also my rage and pain in my research.⁷⁸ It fosters a knowledge production that allows for vulnerable writing that not only questions sociocultural phenomena but is a tool to develop networks and alliances and a field to give new meanings to the body itself.⁷⁹ Including personal experiences in the process of knowledge production challenges the isolation that people with similar unspoken experiences might feel.⁸⁰ In the process of completing this thesis, I asked a member of my chosen family for feedback on one chapter. She said that reading my work felt violent, like she was “invading my private trauma.”⁸¹ However difficult, this is one of the great powers of autoethnography; it makes the private political and allows for silenced voices to find identification.

By including my own narratives, I am producing work that is not only meaningful but that, through the humanization of the experiences of fat people, offers new perspectives and fields of actions regarding bodily diversity.⁸² By giving voice to my fat body and writing in first

⁷⁶ Joan Sangster, “Telling our Stories: Feminist Debates and the Use of Oral History,” *Women’s History Review*, No. 3 Vol. 1 (1994): 5-6.

⁷⁷ Ibid.

⁷⁸ Ellis, Adams, and Bochner, “Autoethnography: An Overview,” 6.

⁷⁹ Laura Ventura García, “Sabers nascuts de la vivència. Articulacions entre la investigació, l’escriptura i la vida,” in *Autoetnografías, Cuerpos y Emociones (II). Perspectivas feministas en la investigación en salud*, ed. Sam Fernández- Garrido and Elisa Alegre-Agís (Tarragona: Publicaciones URV, 2019) 39-57.

⁸⁰ Ellis, Adams, and Bochner, “Autoethnography: An Overview,” 6-7.

⁸¹ Personal communication with Emily Rosenkrantz on September 20th, 2020.

⁸² Lux Moreno, “¿A qué edad fue tu primera dieta?” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 68.

person, I answer the call to self-enunciation I mentioned in previous sections. “Partir de nuestras trayectorias corporales, narrar en primera persona, tanto singular como plural la historia de nuestra realidad corporal es un desafío al que diferentes activismos empiezan a llamarnos.”⁸³ It is in this context that I have come to use a transbordermestizx voice to intertwine the queer and the decolonial aspects of my work.

Queer methodologies have been criticized for seeming to challenge heteronormative societal norms while continuing to fuel the white perspective. It is not sufficient to simply deconstruct heteronormative discourse; the attempt to understand how race impacts experience must be central to a queer practice.⁸⁴ With this in mind, I embrace a term proposed by Sayak Valencia: ‘transbordermestizx’, the voices of “sujetos sexual, racial, corporal y geográficamente periféricos.”⁸⁵ Building off Gloria Anzaldúa’s conceptualization of a borderland as “a vague and undetermined place created by the emotional residue of an unnatural boundary”⁸⁶ and her conceptualization of the mestiza, Valencia beautifully expands the term to include bodies who transgress more than one border, more than one culture, more than one sex, more than one gender. ‘Transbordermestizx’ allows for the inclusion of racialized bodies that are “pensados como bestias, sin género.”⁸⁷ As a person who has lived in many countries, who identifies with multiple homelands, who claims more than one language as my own, who must perform gender

⁸³ Masson, “El cuerpo como espacio de disidencia,” 55.

⁸⁴ Lorena Muñoz, “Brown, Queer and Gendered: Queering the Latino/a ‘Street-Scapes’ in Los Angeles” in *Queer Methods and Methodologies. Intersecting Queer Theories and Social Science Research*, ed. Kath Brown and Catherine Nash (Surrey and Burlington: Ashgate, 2010), 66.

⁸⁵ “sexual, racial, bodily and geographically peripheral subjects” [my own translation]
From “Lo que (todavía) puede un cuerpo,” prologue written by Sayak Valencia for the Mexican Edition of *Pornoterrorismo*. Diana Torres. *Pornoterrorismo* (Self-pub., PDF electronic format, 2014).
<https://www.bibliotecafragmentada.org/wp-content/uploads/2014/10/Pornoterrorismo.pdf>

⁸⁶ Gloria Anzaldúa, *Borderlands/La Frontera. The New Mestiza* (San Francisco: Aunt Lutte Books, 1987).

⁸⁷ “thought of as genderless beasts” [my own translation]
Lugones, “Hacia metodologías de la decolonialidad,” 87.

in different ways, the term *transbordermestizx* allows all these intersections to exist and be recognized.

However hard this process has been, I have come to see writing the fat body in the first person as crucial. Most studies of fat bodies and fatness refer to fat people as percentages, isolated narratives and experiences, weight to height ratios: almost as if fat people were a theoretical, dehumanized entity and not real bodies.⁸⁸ “Hay un gran aparato ficcional que hace que nuestros cuerpos se lean como ‘generalizados’ o ‘racializados’ o viejos, o discapacitados, o gordo, o enfermos.”⁸⁹ It is easy to theorize and talk about the other when their humanity is decontextualized, so I am using my own fatness, my own scars, my own skin as a space of dissent against the hegemonic narratives that have been imposed on our fat bodies.⁹⁰ By pulling at the threads of the discourses that have framed fat bodies as dangerous bodies, I unmask those narratives that are constructed as truths about the fat body to uncover the normative powers that have perpetuated them.

⁸⁸ Gravila, “Lesbianas Gordas, Bellas y Fuertes,

⁸⁹ “There is a great fictional apparatus that allows for our bodies to be ‘generalizable’ and read as ‘racialized’ or old, or disabled, or fat, or sick “ [my own translation] Masson, “El cuerpo como espacio de disidencia, 57.

⁹⁰ Gravila, “Lesbianas Gordas, Bellas y Fuertes, 72.

Chapter I: What does it mean to inhabit a medicalized body?

As a fat woman, I am the physical representation of a disease. In our globalized society, we attach meanings to the fat body's health and to its character and rationality, for "we are all 'lipoliterates' who 'read' fat for what we believe it tells us about a person. This includes not only their moral character but also their health."¹ Through the larger moralistic discourse, my diseased body telegraphs my personhood through its mere fatness.

Samantha Murray proposes that "the negative constructions of fat female embodiment that are articulated by our popular and medical lipoliteracies are *productive* of obesity rather than *descriptive* of it."² She advances that the process of medicalizing fatness, by conceptualizing obesity as a disease, has "entailed a collapsing of medical narratives/imperatives and historiocultural discursive formations of fatness as a moral failing and an aesthetic affront."³ Due to the conflation of meanings informing our modern lipoliteracy, obesity became a source of moral panic; beyond being dangerous to a person's health, fatness is "fraying the very (moral) fabric of society."⁴

To understand how obesity epidemic has imposed the narrative that fat bodies are dangerous bodies, we must understand the process of medicalization and how it has been productive of fat bodies. I will provide a working definition for medicalization, explore how it enables powers that seek to regulate and normalize the body, and highlight the drivers that impact this process.

¹ Mark Graham, "Chaos," in *Fat. The Anthropology of an Obsession*, ed. Don Kulick and Anne Meneley (New York: Jeremy P. Tarcher/Penguin, 2005), 178-179.

² Samantha Murray, "Pathologizing "Fatness:" Medical Authority and Popular Culture," *Sociology of Sport Journal* Vol. 25 (2008): 8.

³ Murray, "Pathologizing "Fatness," 7.

⁴ Ibid.

Unfolding Medicalization

Medicalization resolutely resists definition. The process of medicalization has become a common place, the “latest growing trend of our modern society”⁵ and “one of the most potent social transformations of the last half of the twentieth century in the West.”⁶ The decades have seen an increase of academic interest in the process of medicalization,⁷ and yet it has no single agreed-upon definition.” Scholar Peter Conrad states that “‘medicalization’ describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.”⁸ This provides a useful departure point for framing the process of medicalizing fatness; simply stated, medicalization is the process by which social phenomena – ranging from behavior to body constitution – are assigned medical diagnoses and treatment.

At the same time, I disagree with how Conrad’s definition only attributes medicalization to nonmedical problems. By his definition, the presence of adipose tissue in my body has no medical relevance to my fatness. This is, of course, problematic. As addressed in my lipoliterature review, many notions developed and perpetuated about fatness, used to define obesity as a medical condition, have no true standing or have been blown out of proportion. As a result, evidence-based claims have been silenced and obscured.⁹ The presence of adipose tissue in the body can indeed be related to medical conditions and, in some cases, increase a person’s health risks when complemented by ailments. To avoid echoing debates about whether obesity is

⁵ Sajid Hameed, “Medicalization, - A Growing Problem,” *Journal of the Scientific Society* Vol. 46, No. 3 (2019): 75.

⁶ Adele E. Clarke, et al., “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine,” *American Sociological Review* Vol. 68, No. 2 (April 2003): 161.

⁷ Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007).

⁸ Conrad, “The Shifting Engines of Medicalization,” 4.

⁹ Linda Bacon, *Health at Every Size. The Surprising Truth About Your Weight* (Dallas: Benbella Books, 2008).

a disease and instead focus on the impact the medicalization of fatness had on my body, I favor Sadler et al.'s definition of medicalization: "a process by which human problems become defined and treated as medical problems, usually in terms of illness and disorders."¹⁰

Still, medicalization is not limited to this classification of behaviors and conditions in medical terms. The power granted to the medical sciences to observe and determine healthiness and disease allows the medical system to "not only distribute advice as to the healthy life but also dictate the standards of physical and moral relations of the individual and of society."¹¹ We afford the medical sciences the authority to classify, regulate, and eliminate behaviors and conditions considered deviant "for the purpose of securing adherence to social norms."¹² This has resulted in a process that has medicalized all aspects of life, as those deviant conditions have multiplied until most aspects of life have become regulated by the medical sciences.¹³

Sadler et al. explain how medicalization "does not appear as a fully formed social phenomena"¹⁴ but rather as a process of signification validated by the jurisdiction of the medical sciences. It is a complex occurrence in which social, cultural, political, and economic factors play a role in establishing deviant conditions that are subsequently classified as illnesses and diseases.¹⁵ I will provide a framework to understand the source of this power and legitimacy afforded to the medical sciences and explain how the process of medicalization became a tool to discipline and control fat bodies.

¹⁰ John Z. Sadler et al., "Can medicalization be good? Situating medicalization within bioethics," *Theoretical Medicine and Bioethics* Vol. 30 (2009): 412, <https://link.springer.com/content/pdf/10.1007/s11017-009-9122-4.pdf>

¹¹ Michel Foucault, *The birth of the clinic: An archaeology of medical perception* (New York: Vintage Books, 1973), 34.

¹² Catherine Kohler Riessman, "Women and Medicalization: A New Perspective," *Social Policy* Vol. 14, No. 1 (1983): 48.

¹³ Riessman, "Women and Medicalization,"

¹⁴ John Z. Sadler et al., "Can medicalization be good?" 413.

¹⁵ Sajid Hameed, "Medicalization, - A Growing Problem," 76.

Understanding Medicalization as a Regulatory Mechanism

The positioning of fatness in the medical discourse is, at its heart, an exercise of power; this is central to my work, although fully defining this power could be a thesis in and of itself. By understanding my body as a source of fear, I distilled that the danger of the fat body lies in its apparent choice to reject normalization and regularization. I will provide a brief framework of the theory and language of power I am using to develop my work.

Discipline and Control

The lipoliterature provides a wealth of language with which to approach the enactment of power that inscribed fat bodies with different significations. For my purposes, I advance the importance of Foucault's concept of disciplinary societies alongside Deleuze's concept of societies of control, allowing them to coexist under the umbrella concept of biopower. Since the Enlightenment,¹⁶ medicine has been considered scientific and qualitative. Descartes' *Cogito, ergo sum* evidences the repositioning of rationality and empirical knowledge over the knowledge produced by the religious authorities that had ruled body disorders up until that point.¹⁷ Descartes views the body and the mind as separate entities, allowing for a sort of disembodiment; objectivity and rationality became a product of the mind.¹⁸ This in turn leads to the belief that bodies are sites of action where nature can be regulated through rationality. A rational mind can control the irrational and animalistic impulses of the physical body. As Gilman

¹⁶ I use this term carefully, aware of all the significations it can have. However, following Foucault I am aware of myself as a "being who [is] historically determined, to a certain extent, by the Enlightenment." (Michel Foucault, "What is Enlightenment?" in *The Foucault Reader*, ed. Paul Rabinow (New York: Pantheon Books, 1984), 43) By considering the Enlightenment as "humanity's passage to its adult status" (Foucault, "What is Enlightenment?") in the way of modernity, I cautiously embrace its usefulness in regards to the application of the idea of rationality to fat bodies and how this relationship responds to decoloniality.

¹⁷ Melody Fonseca and Ari Jerrems, "Pensamiento decolonial: ¿una "nueva" apuesta en las relaciones internacionales?" *Relaciones Internacionales*, No. 19 (Febrero, 2012): 106.

¹⁸ Fonseca and Jerrems, "Pensamiento decolonial," 106.

highlights, during the Enlightenment “the healthy body is also the body in control of its own destiny.”¹⁹ This separation of body and mind and subsequent allocation of control has shaped our thinking about modernity and permeated western modern sociocultural political thinking. Medicalization is one such process engrained in modernity, which begins with the “17th-century western modernization and the application of scientific knowledge.”²⁰

The eighteenth century takes center stage for profound transformations in the mechanisms of power in the West (initially Europe, and later the United States). Foucault watched the old forms of sovereign-judicial powers that had governed Western societies begin to transform into modern states relating to their populations in new ways. The old sovereign “right to take life and let live”²¹ transformed into a new form of dual power:²² “On pourrait dire qu’au vieux droit de faire mourir ou de laisser vivre s’est substitué un pouvoir de faire vivre ou de rejeter dans la mort.”²³ This new power to regulate life constitutes an anatomo-politics that sees the body as a machine that can and should be regulated and disciplined. A second biological

¹⁹ Sander L. Gilman, *A Cultural History of Obesity* (Cambridge and Malden: Polity Press, 2008), 7.

²⁰ Susan E. Bell and Anner E. Figert, “Gender and the Medicalization of Helthcare,” in *The Palgrave Handbook of Gender and Healthcare*, ed. Ellen Kuhlmann and Ellen Annandale (New York: Palgrave Macmillan, 2012), 128.

²¹ Translated from the Spanish “derecho de hacer morir or dejar vivir.” Michel Foucault, *Historia de la Sexualidad I. La Voluntad de Saber*, trans. Ulises Guinazú (México D.F. and Madrid: Siglo Ventuno, 1998), 81.

²² Foucault, *Historia de la Sexualidad I* 83.

²³ Translation is instrumental here. “Faire vivre ou de rejeter dans la mort” (Michel Foucault, *Historie de la Sexualité, Vol. I* (Paris: Gallimard, 1976) has been translated into English as “Making life and letting die,” (Michel Foucault, *Society Must be Defended: Lectures at the Collège De France (1975-1976)* (New York: Picador, 2003) or as “a power to foster life or disallow it to the point of death” (Michel Foucault, *The Will to Knowledge: The History of Sexuality Volume I*, trans. Robert Hurley (New York: Pantheon Books, 1978), 138) and into Spanish as “Hacer vivir o rechazar hacia la muerte.” (Foucault, *Historia de la Sexualidad I*, 83). For the purposes of my thesis, I believe the idea of “rejecting towards death” (from the French and the Spanish) better describes the treatment of fat bodies than “letting die.” “Letting die” implies that without intervention from the state or systems of power, the fat body would eventually die. While this aligns with eugenicist views of both fatness and race, it implies inaction by the sources of power; in other words, if nothing is done about fat bodies they will die on their own. Conversely, “rejecting towards death” implies the active participation of a source of power that not only lets the fat body die but also actively rejects the fat body *towards* death – by actively pushing it or by devising scenarios where death is possible. In this sense, sources of power are managing fat bodies’ right to live in a way that does not necessarily take their life but still seeks to guarantee their death. I believe the connotations of the French and Spanish “rejecting towards” are a more accurate description of the enactment of power in a Foucauldian sense, and I will use the original French or translated Spanish versions of “Faire vivre ou de rejeter dans la mort” thorough out my work to highlight this idea of “rejete dans” – rejecting towards.

component sees “the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary.”²⁴ In this manner, the eighteenth century brings techniques of power centered around the individual (both as a body and as a species) that enact devices to take control of the body in rational and economic ways. Foucault terms this new power “biopower”: a form of power that enacts control over the biological,²⁵ which becomes biopolitics when enacted by the state.

Through biopower and the pursued regulation of all aspects of life, we arrive at the creation of a disciplinary and normalizing society.²⁶ Biopower operates on two levels: “through techniques centered on disciplining the individual” and through a technique of “regularization,” which also encases discipline, centered on the man-as-species.²⁷ Hence biopower is a normalizing power located by Foucault in the regulation and disciplining of sexuality.²⁸ As Costa explains, sexuality “hizo del sexo un punto de pasaje especialmente denso en las relaciones de poder durante el capitalismo industrial.”²⁹ Biopower is articulated through many disciplines, including medicine. In the nineteenth century, medicine gained strength and validity as part of the regulatory and security mechanisms that proscribe the body and its well-being; it has maintained this strength to the present day. Medicine, or more specifically, the Western medical

²⁴ Foucault, *The Will to Knowledge* 139.

²⁵ Foucault, “*Society Must be Defended*,” 240.

²⁶ “Una Sociedad normalizadora fue el efecto histórico de una tecnología de poder centrada en la vida.”

Foucault, *Historia de la Sexualidad I*, 86.

²⁷ Clare Hanson, “Biopolitics, Biological Racism and Eugenics,” in *Foucault in an Age of Terror. Essays on Biopolitics and the Defense of Society*, ed. Stephen Morton and Stephen Bygrave (New York: Palgrave Macmillan, 2008), 106.

²⁸ Foucault, *Historia de la Sexualidad I*, 87.

²⁹ “Made sex an especially dense point of passage in power relations during industrial capitalism” [my own translation]

Flavia Costa, “El dispositivo fitness en la modernidad biológica. Democracia estética, just-in-time, crímenes de fealdad y contagio” (Presentation, Jornadas de Cuerpo y Cultura de la UNLP, La Plata, May 15th – 17th, 2008), 4.

system, became a biopolitical strategy.³⁰ It broadened its horizons from a focus on curing the individual body to seeing bodies as part of a species whose well-being is impacted by sociocultural phenomena. In other words, a medicalization process begins when something that impacts the productive and representational abilities of the body becomes part of medical science's domain.³¹

To regulate bodies, clinical knowledge imposes a normalizing gaze. The gaze engages in a disciplinary dynamic, controlling individuals and generating a discourse that differentiates and judges people.³² This normalization system does not only involve dominance from above. On the contrary, it requires those subject to it to also enact surveillance over others, and even requires that the individual participates in surveillance of the self. “[T]here is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorizing to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself.”³³ Every person becomes a tool of the body-normalizing system.

Foucault's concept of biopower falls short when asked to account for the changes in modern societies after World War II. Deleuze proposes that Foucault's disciplinary societies, starting in the early decades of the twentieth century and accelerating after WWII, changed into societies of control.³⁴ Control, in this context, differs from biopower in that it influences the economical, material, and technological rather than the regulation of life. The two also operate

³⁰ Martin De la Ravanal and Diana Aurenque Stephan, “Medicalización, prevención y cuerpos sanos: la actualidad de los aportes de Illich y Foucault,” *Topicos, Revista de Filosofía* Vol. 55 (2018): 420.

³¹ Michel Foucault, “Historia de la medicalización,” *Educación y Salud Médica* Vol. 11, No. 1 (1977): 3-25.

³² Michel Foucault, *Discipline and punish: The birth of the prison* (London: Penguin, 1977) 184.

³³ Michel Foucault, “The Eye of Power,” in *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, ed. Colin Gordon (New York: Pantheon Books, 1977), 155.

³⁴ Gilles Deleuze, “Postscript on the Societies of Control,” *October* Vol. 59 (1992): 3-7.

differently: “biopower by management vs control by modulation.”³⁵ In other words, in societies of control, the sense of physical entrapment or exclusion becomes perceived and interiorized; it happens within the individual. While I hope someday to explore more ample ways of formulating the power of control over the body, for the purposes of this thesis I propose that biopower and control are not necessarily different forms of power. Thomas Nail, in his work “Biopower and Control” proposes that “biopower and control are synonymous in both content and form.”³⁶ He suggests that biopower’s interest in the life of populations is not conditional solely to biological beings.³⁷ While I am reluctant to claim control and biopower as synonyms, I offer control as a concept within biopower, since both discipline and control are pertinent when discussing fatness.

Dispositivo de la Corporalidad

Building on biopower, Costa proposes that in the twentieth century the development of scientific devices that separated sexuality from reproduction gave way to a new focus for the enactment of power. This new focus, which she terms “dispositivo de la corporalidad,”³⁸ move from sex and sexuality to the body. Costa places her corporality device within the societies of control associated with a “capitalismo de superproducción y servicios, acciones y valores numerarios.”³⁹ The corporality device shifts the attention of control away from sex and onto biotechnologies, health, and fitness.⁴⁰ It assesses the body and how it looks and imposes the new

³⁵ Thomas Nail, “Biopower and Control,” in *Between Deleuze and Foucault*, ed. Nicolae Morar, Thomas Nail, and David Smith (Edinburgh: Edinburgh University Press, 2016), 247.

³⁶ Nail, “Biopower and Control,” 248.

³⁷ Ibid.

³⁸ For the remainder of the thesis, I will translate “dispositivo de la corporalidad” as “corporality device”. This is my own translation taken from: Costa, “El dispositivo fitness en la modernidad biológica,” 4.

³⁹ “capitalism of overproduction and services, shares and cash values.” [my own translation]

Ibid, 5.

⁴⁰ Ibid, 2.

requirements of these industries, forcing people to exercise constant self-control to fulfill them.⁴¹ Hence, the body is forced to respond to acceptable marketable bodies of desire within capitalist systems, pushing it into a constant state of self-improvement.⁴²

Since the corporality device compels individuals to maintain their bodies, those who fail fall into a gray area that I will refer to as death world in later sections. Failure to maintain the body signifies three different crimes: contagion, abandonment, and ugliness. Committing any of these exposes the individual to rejection and social punishment.⁴³ To understand the medicalization of fatness, I prefer a notion of biopower that takes both sexuality and the corporality device as a focus of control into consideration. On the one hand, this accounts for the entry of fatness in the medical discourse as a method to regulate populations through reproduction. On the other hand, it accounts for the changes in the twenty- and twenty-first century in the regulation of the body.

This combination is of particular importance when approaching how medicalization has disproportionately impacted women, whose bodies are always associated with reproduction or seen as objects of desire. “Feminist writers have described the multiple ways in which women’s health in the contemporary period is being jeopardized by a male controlled, technology-dominated medical care system.”⁴⁴ Indeed, many authors have expressed how the medical profession, a field long reserved for white men,⁴⁵ claimed women’s bodies as fields of study and labelled natural processes like menstruation, birth, and menopause as medical conditions.⁴⁶ As I will outline in future chapters, the medicalization of fatness also places a greater focus on

⁴¹ Ibid, 10.

⁴² Costa, “El dispositivo fitness en la modernidad biológica,”

⁴³ Ibid.

⁴⁴ Riessman, “Women and Medicalization,” 47.

⁴⁵ Claudia Dreifus, ed., *Seizing our bodies: The Politics of Women’s Health* (New York: vintage, 1978).

⁴⁶ Shainwald, “The Medicalization of Women,” <https://www.womenshealthadvocate.org/articles/the-medicalization-of-women/>

women's bodies as the guarantors of the reproduction of a healthy nation. Similarly, I advance that the corporality device focuses more heavily on women, more strictly regulating their bodies to maintain appropriate, attractive, and desirable femininity.⁴⁷ Indeed, "the construction of 'femininity' had not only a significant moral and sexual aspect (...) but also a class dimension."⁴⁸ In this manner, understanding the process of fatness's medicalization can reclaim agency for female fat bodies.

With this in mind, I will utilize a notion of biopower that encompasses both control and the corporality device, which also usefully highlights the forces that impact the regularization of bodies. Susan Bordo mentions how often, when exploring the ways bodies have been constructed, disciplines attempt to identify one oppressive entity, a villain responsible for specific hegemonic discourses and power discourses.⁴⁹ However, considering the conceptual framework that regulates fatness, there is no one single responsible actor. The process of the medicalization of fatness evinces how the construction of obesity as a disease answered more than just the interests of the medical profession. On the contrary, many "engines"⁵⁰ drive the process. In this next section I will explore how different actors of power impacted the process of medicalization beyond the actions and interest of the nation state.

Engines that Transcend Borders

Some proponents argue that secularization led to the medicalization of conditions and social problems that had been formerly framed under religious practices as sins, lack of morals,

⁴⁷ Susan Bordo, *Unbearable Weight, Feminism, Western Culture, and the Body* (Berkeley, Los Angeles, and London: University of California Press, 1995), 104.

⁴⁸ Bordo, *Unbearable Weight*, 104.

⁴⁹ Ibid.

⁵⁰ Peter Conrad, "The Shifting Engines of Medicalization," *Journal of Health and Social Behavior* Vol. 46 (March 2005): 3-14.

or lack of values.⁵¹ This is because they believe medicine took over for religion in the jurisprudence of social control.⁵² However, in the case of fatness, I contend that in the case of fatness, medicalization did not replace religion's social control of the body, but instead the process of medicalization and the authority given to the biomedical sciences actually validated the religious and moralistic discourses that were already presiding over the fat body.⁵³ This shows how the growing influence of medical authorities since the twentieth century has intersected with the attraction of social movements and institutions to the process of medicalization as a tool to articulate their own interests.⁵⁴

The last two decades have brought about changes in the engines that move the dynamic process of the medicalization of fatness, one of which was in the role of insurance companies and health care providers. Two additional actors that play a crucial role are modern biotechnology and the pharmaceutical industry.⁵⁵ Economic interests, therefore, are central to the articulation of obesity as a disease that can be treated.⁵⁶ Consumers, both fat and non-fat, are another factor driving the process. The general public's increased access to the internet and mass media impacted the medicalization of fatness.⁵⁷ The pharmaceutical industry, mass media, communication technologies like the internet, health care providers, modern biotechnology, and the general public itself all play a role and influence medicalization processes.⁵⁸

⁵¹ Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology* Vol. 18 (1992): 209-232.

⁵² Irving K. Zola, "Medicine as a institution of social control," *The Sociological Review* Vol. 20 (1972): 487-504, <https://doi.org/10.1111/j.1467-954X.1972.tb00220.x>

⁵³ Marie R. Griffith, *Born Again Bodies. Flesh and Spirit in American Christianity* (Berkeley, Los Angeles, and London: University of California Press, 2004).

⁵⁴ Conrad, "The Shifting Engines of Medicalization," 4.

⁵⁵ LeBesco, Kathleen, *Revolting Bodies? The Struggle to Redefine Fat Identity* (Amherst and Boston: University of Massachusetts Press, 2004), 85.

⁵⁶ As Boero points out: "It is estimated that in the United States alone weight loss is a nearly \$60 billion industry each year, and the growth of this industry shows no sign of slowing down." Natalie Boero, *Killer Fat. Media, Medicine, and Morals in the American "Obesity Epidemic"* (New Brunswick, New Jersey and London: Rutgers University Press, 2012), 3.

⁵⁷ Sajid Hameed, "Medicalization, - A Growing Problem," 77.

⁵⁸ Ibid, 76.

The changes within the engines that drive medicalization have led to questions about the relevance of the term itself. Some scholars have claimed that “medicalization” does not account for the changes that have taken place, in recent decades, in globalized health systems, transnational companies, and globalization at large.⁵⁹ Clarke et al. have offered the term “biomedicalization,”⁶⁰ which proposes that while medicalization aimed to control the body, the more recent interest in framing social phenomena as illnesses and disease is now aimed at transforming the body. Another main difference this term accounts for is scope; biomedicalization includes more social actors at a global and transnational level. Additionally, they point to a paradigm shift that attempted to provide customizable cures and treatments for people rather than universal, one-size-fits-all services and solutions. While biomedicalization has become the preferred term within feminist literature when speaking about the female body,⁶¹ I am reluctant to use the term when dealing with fatness for two reasons. Firstly, while the treatment of fatness is aimed not just at disciplining and controlling the body but also at transforming the body, this is not a recent narrative. Indeed, one of the factors that has long contributed to fatness’s medicalization is the idea that the body needs to be transformed, rid of its fatness, in order to become healthy. Secondly, the “technoscientization of biomedicine” that they refer to heavily relies on outcome/evidence-based medicine. As I have delineated, much of the perpetuated knowledge around fatness and obesity, which allowed for obesity to gain epidemic proportions, is not in fact evidence-based and has been highly contested within the medical community. Furthermore, while in recent decades obesity researchers have focused on genetics’

⁵⁹ Bell and Figert, “Gender and the Medicalization of Helthcare,” 127- 142.

⁶⁰ Clarke, et al., “Biomedicalization,” 161-194.

⁶¹ Bell and Figert, “Gender and the Medicalization of Helthcare,” 127- 142.

role in the appearance and development of adipose tissue, the treatment of obesity continues to focus on behavior. All considered, I prefer medicalization over biomedicalization as the best term to refer to and analyze the process through which fatness came, and continues, to be articulated as a disease.

The medicalization of fatness is not alien to the cultural and political changes in our world today. Society is not passive in the process; it is not a victim to it, but rather influences and informs it.⁶² The role of the medical sciences, then, is to lend legitimacy to the medicalization. Central to the process is the attempt to enact a biopower that both disciplines and controls. This biomedical biopower, through the definition of conditions and behaviors as illnesses and diseases, seeks to regulate people's bodies and behaviors, and the medical profession is crucial to legitimize said control.⁶³

With this in mind, I also advance that this biopower has taken on a transnational nature and its enactment is not only exercised by states. Hardt and Negri have attributed biopower with global hegemony. In doing so, they have established a relationship between globalization and biopower and have expressed how the latter is enacted "well outside of social institutions through flexible and floating networks."⁶⁴ What I find useful from Hardt and Negri's treatment of biopower is their removal of it from one geographically specific territory and their recognition of its influence across national borders.⁶⁵ This is pertinent to the implications of living in an

⁶² Riessman, "Women and Medicalization,"

⁶³ Conrad, "Medicalization and Social Control," 215-218.

⁶⁴ Hardt and Negri, 23.

⁶⁵ Alex Houen, "Sovereignty, Biopolitics and the Use of Literature: Michel Foucault and Kathy Acker," in *Foucault in an Age of Terror. Essays on Biopolitics and the Defense of Society*, ed. Stephen Morton and Stephen Bygrave (New York: Palgrave Macmillan, 2008), 63-87.

image-dominated world⁶⁶ in which the powers that discipline and control fat bodies are exercised by a multiplicity of actors that transcend national and physical bodies.⁶⁷

In this section I explored the concept of medicalization and the forces and powers that drive it. I have also expanded on the term biopower, elucidating how discipline and control can exist under the same conceptualization. Further, I highlighted how this inclusion allows for a new device, corporality, to share the focus of control previously exerted on sexuality. In the next chapter, I will continue my discussion of fat bodies as terrorist bodies by outlining how fatness, obesity, and the war on fat have been produced by rather than described by the medical sciences.

⁶⁶ Bordo, *Unbearable Weight*, 104.

⁶⁷ LeBesco, *Revolting Bodies?*,

Chapter II: The Diseased Body

Before I understood obesity as a disease in and of itself, I had received the underlying but constant message that my body was unhealthy. For me, the challenge was to identify what was causing me to gain weight. When I started to get fat and was labeled overweight - and subsequently obese - I felt compelled to figure out *why* was I becoming unhealthy; or better yet, *what* was making me unhealthy. It did not matter that my father was obese, just like most of his family, or that women in my family tend to be heavier and curvier. It felt like the cause of my *unhealthiness* had to be personal. It was my responsibility. Either I had an underlying medical condition that made me obese or my obesity was a choice, a result of my own actions. The prevailing message I had been exposed to, both socioculturally and by my doctors, was that my fatness was caused by overeating and a lack of physical activity, so I dedicated myself to healthy eating and exercise. However, even when I intensively trained a minimum of two hours a day at least four days a week and ate appropriately, my body just kept on growing. Every year I brought my body to a medical practitioner to be examined and to have tests performed on me; I made appointments with nutritionist specialists who would tell me to eat in the way I already did. It felt like nothing I did would help me gain control of my body. My fatness, at times, was like a separate entity, an evil that was taking over my body, and none of the regimens or treatments I followed had any effect. Desperation made me wish that there was something medically wrong with my body; if my fatness was the result of a condition, of a genetic or hormonal disorder, of *anything* medical, then it would not be my fault that dieting and exercise were ineffectual. My fatness would not be my fault, my responsibility, and moreover, it would be curable. The presence of fatness on my body felt so deadly and yet so defining of whom I was, that I wished

to be actually sick so I could relieve myself of complicity in my fatness. I wanted a diagnosis that would tell me how to get rid of my fatness, evict it from my body, kill it.

It was not until three years ago that a doctor explained to me that there is no *one* cause for obesity, that there are many things that can contribute to weight gain, and that I needed to stop trying to find a reason for the supposed unhealthiness of my body. Instead, I was told to focus on the fact that I was a fat (this as a mere indicator of physical appearance) healthy young woman. Unfortunately, I was still prey to the powerful biomedical sciences and clinical discourses which seemed to oppose my doctor. If I was indeed healthy, why was my fatness widely considered a disease? After extensive research, I have discovered that much of what I knew about obesity was wrong, from the idea that weight is an automatic indicator of a health risk to the idea that I could “cure” my obesity through weight loss. I am now attempting to present an overview of the most relevant information about obesity as a disease; a difficult task, because using my body as a source of knowledge has opened the gates for an unimaginable and rich battleground. There is so much that I thought I knew - and so much that I did not know - that it is difficult to find a beginning. For this reason, I will first engage with the definition of obesity, to attempt to provide a coherent view of fatness as framed by the modern western medical system.

Defining Obesity

Fatness is not a new phenomenon. What *is* new is the prevalence, ubiquity, and visibility of fat bodies, with an overall trend in the increase of obesity rates across the world⁶⁸ that shows

⁶⁸ Michael L. Power and Jay Schulkin, *The Evolution of Obesity* (Baltimore: The Johns Hopkins University Press, 2009), vii; Michael W. Schwartz, et al., “Obesity Pathogenesis: An Endocrine Society Scientific Statement,” *Endocrine Reviews* Vol. 38, No. 4 (2017): 1-30; George A. Bray, et al., “The Science of Obesity Management: An Endocrine Society Scientific Statement,” *Endocrine Reviews* Vol. 39, No. 2 (2018): 79-132.

no distinction across ethnicity, class, or national economic development.⁶⁹ However, fatness has always existed, and each culture and society has attributed specific meanings to the existence of adipose tissue – fat – in the body.⁷⁰ The early existence of fat bodies can be deduced from the relics of prehistoric societies. For example, given that evidence from the upper Paleolithic era shows a desire to communicate theoretical and esthetic notions, and given that certain prehistoric artifacts depict fat people, it is reasonable to conclude that the so-called paleolithic Venus statues⁷¹ are representations of actual bodies at that time.⁷² In other words, material evidence of the existence of fat bodies long predates the written word. Further, considering the importance of accessing resources during the Paleolithic era, these representations of fatness could theoretically be representations of power. The large body would represent access to resources, and therefore fatness could have been a physical demonstration of a person's power. Since our knowledge of prehistorical societies is based solely on our interpretation of their extant material culture, this theory is not aseptic.⁷³ But while it is impossible to definitively pinpoint the meaning attributed to fatness in prehistory – if there was any meaning attributed to it to begin with⁷⁴ –we can indeed claim that fat bodies have always existed, all the way back to prehistoric times.

⁶⁹ Nicole D. Ford, Shivani A. Patel and K.M. Venkat Narayan, "Obesity in Low- and Middle-Income Countries: Burden, Drivers, and Emerging Challenges," *Annu. Rev. Public Health* Vol. 38 (2017): 145-164; Michael L. Power and Jay Schulkin, *The Evolution of Obesity* (Baltimore: The Johns Hopkins University Press, 2009), 21.

⁷⁰ Sander L. Gilman, *A Cultural History of Obesity* (Cambridge and Malden: Polity Press, 2008).

⁷¹ In academia, words such as fat and obese are rarely used to describe female representations of the body during the paleolithic era, different academicians have challenged the idea that the so-called Venus statues are a representation of motherhood and fertility. See: Laszlo G. Jozsa, "Obesity in the paleolithic era," *Hormones*, Vol. 10, No. 3 (2011): 241-244.

⁷² George A. Bray, "Introduction," in *Handbook of Obesity. Etiology and Pathophysiology*, ed. George A. Bray and Claude Bouchard (New York: Marcel Dekker Inc., 2003), 2.

⁷³ Stephanie Mosser, "On Disciplinary Culture: Archeology ad Fieldwork and Its Gendered Associations," *Journal of Archeological Method Theory* Vol. 14 (2007): 235-263.

⁷⁴ Alan F. Dixson and Barnaby J. Dixson, "Venus Figurines of the European Paleolithic: Symbols of Fertility or Attractiveness?" *Journal of Anthropology* (2011): 1. <https://doi.org/10.1155/2011/569120>

Despite this, current discourses that agonize about the “obesity epidemic” present fatness as an unnatural, ahistorical, and unique product of the modern era.⁷⁵ This attempt to denaturalize fatness is part of what Gilman proposes as the “construction” of obesity as both as a disease and as an epidemic.⁷⁶ For example, the World Health Organization (WHO) classifies fatness as either “overweight” or “obesity”:

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person’s weight (in kilograms) divided by the square of his or her height (in metres). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.⁷⁷

While there is no single universally agreed upon term or definition for obesity,⁷⁸ I have found the WHO’s definition being used at the global level. Inherent to this definition is the link between weight and health, a link that has been upheld and perpetuated both medically and socially.⁷⁹ While I do not deny that weight can be a risk factor for several medical conditions⁸⁰, I maintain that the way the medical community has framed obesity by ultimately labelling it as a disease is not only erroneous⁸¹ but also potentially destructive and evermore damaging for fat bodies.⁸²

⁷⁵ Loren Cordain, *The Paleo Diet. Lose Weight and Get Healthy by Eating the Food You Were Designed to Eat* (Hoboken: John Wiley & Sons, Inc., 2002).

⁷⁶ Gilman, *A cultural History of Obesity*.

⁷⁷ "Obesity and Overweight," Fact Sheets, WHO, last modified April 1st, 2020. <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>.

⁷⁸ Eric J. Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford and New York: Oxford University Press, 2006), 15.

⁷⁹ Sharon Wray and Ruth Deery, “The Medicalization of Body Size and Women's Healthcare,” *Health Care for Women International* Vol. 29 (2008): 227-243.

⁸⁰ Sylvia Karasu, “The Medicalization of Weight: Are We “Disease Mongering?” From the moral to the medical: changing views on overweight and obesity,” *Psychology Today*, March 29th, 2013, <https://www.psychologytoday.com/us/blog/the-gravity-weight/201303/the-medicalization-weight-are-we-disease-mongering>

⁸¹ Linda Bacon and Amee Severson, “Fat is not the Problem – Fat Stigma is,” *Scientific American*, July 8th, 2008, <https://blogs.scientificamerican.com/observations/fat-is-not-the-problem-fat-stigma-is/>

⁸² Lily O’Hara and Jane Taylor, “What’s Wrong With the ‘War on Obesity?’ A Narrative Review of the Weight-Centered Health Paradigm and Development of the 3C Framework to Build Critical Competency for a Paradigm Shift,” *SAGE Open* (April-June 2018): 1-28.

The Body Mass Index (BMI) as an indicator of health is, in itself, a deeply imperfect measure,⁸³ using a static ratio that purports to defines a person's "normal" weight based on their height. Significantly, this specific need for the establishment of a "normal weight" did not even originate from medical sciences but was first developed by insurance companies in the United States.

Fatness: A Cheap and Easy Way to Classify Bodies

By the late nineteenth and early twentieth century in the United States and Europe, the medical field had come to relate fatness to food consumption and physical activity. This period concurrently sees an increased societal and governmental interest in measuring and quantifying the body.⁸⁴ In line with the rise of modern nation states, the nineteenth century sees the development of "técnicas diversas y numerosas para obtener la sujeción de los cuerpos,"⁸⁵ which will constitute "la gran tecnología del poder."⁸⁶ This new technology of power that seeks to enact control over the biological - or biopower, as denominated by Foucault - gives way to a biopolitics interested in regulating all aspects of life: what perpetuates life and what ends life. In other words, biopolitics is invested in controlling issues such as births, longevity, mortality rate, and any other aspect that impacts the population's strength or that represents an economic

⁸³ Tracy Mann, A. Janet Tomiyama, and Andrew Ward, "Promoting Public Health in the Context of the "Obesity Epidemic": False Starts and Promising New Directions," *Perspectives on Psychological Science* Vol. 10, No. 6 (2015): 708.

⁸⁴ Joyce L. Huff, "A 'Horror of Corpulence': Interrogating Bantingism and Mid-Nineteenth-Century-Fat-Phobia," in *Bodies out of Bounds. Fatness and Transgression*, ed. Jana Evans Braziel and Kathleen LeBesco (Berkeley, Los Angeles and London: University of California Press, 2001): 39-59.

⁸⁵ "diverse and numerous techniques thought of to obtain the restraint of the bodies" [my own translation] Michel Foucault, *Historia de la Sexualidad I. La Voluntad de Saber*, trans. Ulises Guinazú (México D.F. and Madrid: Siglo Veintiuno, 1998), 84.

⁸⁶ "the great technology of power" [my own translation] Foucault, *Historia de la Sexualidad I*, 84.

expense.⁸⁷ The development of these techniques of power are deeply related to Descartes' Cogito Ergo Sum and the belief that men have rational control over their bodies. Therefore, through the enactment of disciplines that aim to regulate and normalize bodies and behaviors, things like illnesses and diseases can be controlled; taken a step further, it becomes possible to reproduce normal and regulated bodies. The development of biopower goes hand in hand with the development of industrial and capitalist societies, "donde el cuerpo se torna objeto de una política médica, dirigida a controlarlo y conservarlo como fuerza productiva y/o como material disciplinable."⁸⁸

The Role of Insurance Companies

In conjunction with this desire to control and regulate populations, insurance companies grew interested in measuring bodies and developing mechanisms to predict early deaths or to determine which bodies were "a greater policy risk."⁸⁹ With fatness more present in medical discourse, and the medical considerations that had started developing around obesity, healthcare providers were interested in finding ways to differentiate bodies; specifically, they were interested in differentiating healthy from unhealthy. Since the notion that weight could be a predictor of mortality had at this time entered medical and social narratives, there came a need to establish an "ideal" weight. For this, the Metropolitan Life insurance company (now MetLife) produced their first "Standard Table of Heights and Weight" in the 1910s.⁹⁰ These tables, which

⁸⁷ Michel Foucault, *"Society Must be Defended: " Lectures at the Collège De France (1975-1976)* (New York: Picador, 2003), 243-244.

⁸⁸ "where the body becomes the object of a medical policy, aimed at controlling and conserving it as a productive force and / or as disciplinary material" [my own translation]

Martin De la Ravanal and Diana Aurenque Stephan, "Medicalización, prevención y cuerpos sanos: la actualidad de los aportes de Illich y Foucault," *Temas, Revista de Filosofía* Vol. 55 (2018): 420.

⁸⁹ Oliver, *Fat Politics*, 19.

⁹⁰ Sabrina Strings, *Fearing the Black Body. The Racial Origins of Fat Phobia* (New York: New York University Press, 2019), 194.

lacked much scientific foundation,⁹¹ proposed that fat was deadly⁹² and increasingly became tools to measure bodies. These tables also allowed for the categorization of bodies based on weight parameters. I believe that this introduction of life insurance tables was a crucial and pivotal moment in the medicalization of fatness, since it cemented the arbitrary connection between health and weight.⁹³ This is how insurance and healthcare providers became one of the main drivers of the medicalization of fatness and the defining of obesity as we know it today.⁹⁴ Indeed, there is a direct link between the establishment of ideal weights and the institutional desire to “emphasize profits over patient care.”⁹⁵ The procedural medicalization of fatness allowed healthcare providers the opportunity to both make profit and control health care costs through the management of fat bodies.

In a personal example, with my academic health insurance policy coming to an end, I had to buy a new one. I contacted an insurance provider online who gave me the standard quote and, with my agreement, drafted my insurance contract and policy. When I signed my contract and made my payment, I was asked to complete a form with my past medical history; it was all fairly standard, until a few days later I received an e-mail with an additional charge. I immediately contacted my provider who, after doing some research, informed me I was being charged a premium because of my weight, which put me at risk for a series of co-morbidities. Despite the documented fact that I have regular tests done to control for cholesterol levels, triglycerides, blood pressure, diabetes, and other conditions typically associated with being fat, my weight

⁹¹ Sylvia R. Karasu and T. Byram Karasu, *The Gravity of Weight. A Clinical Guide to Weight Loss and Maintenance*, (Washington D.C. and London: American Psychiatric Publishing, Inc., 2010), 13.

⁹² Strings, *Fearing the Black Body*, 194.

⁹³ Natalie Boero, *Killer Fat. Media, Medicine, and Morals in the American "Obesity Epidemic"* (New Brunswick, New Jersey and London: Rutgers University Press, 2012), 9.

⁹⁴ Peter Conrad, “The Shifting Engines of Medicalization,” *Journal of Health and Social Behavior* Vol. 46 (March 2005).

⁹⁵ Conrad, “The Shifting Engines of Medicalization,” 10.

alone meant that my body was automatically read as a risk. This imposition of premium rates on fat bodies, willfully ignorant of their real health conditions, is, firstly, a way for insurance companies to control healthcare costs – preemptively charging fat people for the costs of their future diseased body – and, secondly, a prime example of how they turn a profit, since weight does not automatically incur an increase in health costs. This tangentially relates to what has been called the “fat tax.” While this term has more broadly been used to refer to the tax imposed on unhealthy foods that can produce obesity,⁹⁶ it also refers to the higher prices that fat people are expected to pay in order to access the same services and resources as non-fat people.⁹⁷ One example of the “fat tax” is having to pay additional fees for things like health insurance and access to healthcare,⁹⁸ but it can also apply to needs as universal as clothing.⁹⁹

MetLife and other insurance companies used these charts for decades, continuing to tailor the concept of ‘ideal weight’ with updates that tracked body build and mortality among MetLife clients. The MetLife tables eventually received wide criticism from the medical community since they were not developed using good scientific methodology, but while these health insurance

⁹⁶ Jayne Raisborough, *Fat Bodies, Health and the Media* (London: Palgrave Macmillan, 2016), 66.

⁹⁷ Not unlike the so-called ‘pink tax,’ which refers to the additional costs women pay for personal-care products when compared to those paid by men for equivalent products. An example from personal experience would be razor blades; while those advertised to men tend to work better and last longer, those advertised to women (which are also usually pink) tend to be more expensive, lower quality, and not as long-lasting.

⁹⁸ Stefanie Snider, “On the Limitations of the Rhetoric of Beauty: Embracing Ugliness in Contemporary Fat visual Representations,” in *On the Politics of Ugliness*, ed. Sara Rodrigues and Ela Przybylo (Cham: Palgrave Macmillan, 2018), 358.

⁹⁹ Finding well-fitting clothes is particularly difficult for fat people. Not only is there a very limited selection of clothing produced for fat bodies, the price differential tends to be quite high. In February, for example, I spent an entire day attempting to find a pair of jeans that would fit my body. While most stores had options that started at 10 euros, the cheapest pair I found that would fit my body had a price tag of 45 euros. In July, when I once again had to find a new pair of pants that would fit, the one store that had pants my size – which is considered an affordable brand store – had big sales on almost every item: *except for plus size clothing*. Once again, the only pair of pants that fit came to the tune of 30 euros. Even when compared to other pieces of clothing at full price in that store, my plus-sized pants were on the expensive end.

tables are no longer used to define obesity, their legacy continues: weight is still framed as an indicator of health today, thanks to widespread use of the Body Mass Index.

A Body Mass Index...for some bodies

Despite being an imperfect measure, BMI has become a universal indicator of health.¹⁰⁰ At an early age, I remember going to the pediatrician and seeing how my weight and height were noted in a chart. Although I was too young to fully understand the significance of that chart, it made me nervous to go to the pediatrician; I learned that those numbers said something about me that was definitely not positive. I got the feeling that my body was wrong, that there was something wrong with me. This fear was also informed by my mom's anxiety; the implication being that whatever was happening to my body was also her fault. I did not comprehend the BMI chart, but I knew this was all somehow bad for my health, and even as a child, I learned to fear the scale. That fear, and the fear that BMI tables have instilled in me since childhood is doubly upsetting considering how little this number actually says about my body or my health.

Ancel Keys et al. published their Body Mass Index in the *Journal of Chronic Diseases* in 1972, catering to the perceived need for methods to define a normal or standard weight.¹⁰¹ The Body Mass Index (BMI) is a person's weight/height² (W/H^2). Keys et al.'s interest in the BMI comes from a sense of dissatisfaction with the tools that had thus far been used to determine normal weight: "Until recently, critical consideration of the simple concept of relative body weight has been relatively neglected. But there has been no lack of indices and formulas, usually bearing the names of their proponents accompanied by arbitrary proclamations about

¹⁰⁰ Mann, Tomiyama, and Ward, "Promoting Public Health," 708.

¹⁰¹ Ancel Keys et al., "Indices of relative weight and obesity," *International Journal of Epidemiology* Vol. 43, No. 3 (2014): 655-665, <https://doi.org/10.1093/ije/dyu058>

‘normality’.”¹⁰² While the Body Mass Index is often attributed to Keys et al.,¹⁰³ the BMI as a metric was first developed and published by Adolphe Jacques Quételet circa¹⁰⁴ 1835.¹⁰⁵

Originally known as the Quételet index, these first weight to height tables were not developed in association with any health considerations – *BMI was not meant to be a measure of health*.¹⁰⁶

Quételet established his ratios by measuring French men and producing averages, and the Quételet Index was originally used as a descriptor of physical appearance and as a tool to measure any excess accumulation of fat in the body.¹⁰⁷

Interestingly, Keys et al.’s. intention was to find an index that could be easily applicable to diverse populations, and it was not created to give a value judgment on people’s bodies: “The general trend to continued growth in weight may be undesirable but it has no relevance to the question of providing an objective description of relative body mass; it is scientifically indefensible to include a value judgement in that description.”¹⁰⁸ Nevertheless, the way that obesity is classified today as a deviation from the norm imposed by the BMI averages does indeed include a value judgement.¹⁰⁹

¹⁰² Keys et al., "Indices of relative weight and obesity," 663.

¹⁰³ They do mention, in their article, that Quételet was the first one to use the W/H^2 . However, they claim his purpose was different: “Because Quételet was the first to calculate that ratio, W/H^2 has sometimes been called Quételet’s index. But Quételet himself did not actually advocate that ratio as the general measure of ‘build’ or of adiposity; he merely noted that in young adults W/H^2 was more stable than W/H^3 or W/H with increasing height.” Ibid 656.

¹⁰⁴ I have found different sources that place the creation of the Quetelet index between 1832 and 1835. I will use ‘circa’ as a way to denote my own uncertainty around this date as I have not found the original document yet.

¹⁰⁵ Bacon and Severson, “Fat is not the Problem.”

¹⁰⁶ Karasu and Karasu, *The Gravity of Weight*, 13.

¹⁰⁷ Karasu, “The Medicalization of Weight.”

¹⁰⁸ Keys et al., "Indices of relative weight and obesity," 664.

¹⁰⁹ V Georges Vigarello, *The Metamorphoses of Fat. A History of Obesity*, (New York: Columbia University Press, 2013) 113.

One widely voiced criticism is that the BMI does not differentiate between the components that make up a person's body.¹¹⁰ Since its original aim was to measure body build or body mass, a person's BMI takes into account the weight of a person's muscles and bones in addition to their fat. Since the BMI does not differentiate between fatness and fat-free mass, there is an erroneous implication that a high BMI indicates excess adipose tissue and that low BMI signifies a lack of adipose tissue on the body. On the contrary, a heavily muscled person with very little fatty tissue can register a high BMI, while a person with low BMI, considered to have thin contexture, may have predominately adipose tissue at a ratio that signifies a health risk factor.¹¹¹ BMI can also give skewed and inaccurate results for people who are unusually tall or short. Furthermore, as Karasu explains, BMI charts take into account *self-reports* of weight and height, which can impact the accuracy of the charts in establishing an ideal normal weight.¹¹²

Back in 2013, I moved to Bogotá, Colombia, after having spent a number of years in the United States, where I had a consistent exercise routine and I trained multiple times a week with my Rugby team. Upon returning to Colombia I decided to join a gym to maintain that practice. The gym's policy was that costumers had to undergo a fitness test before being allowed to use the facilities. We were also given exercise plans to help us follow healthy routines based on the needs and abilities of our bodies. I remember the shocked face of their sports doctor when I informed her that I was not interested in weight loss, and intended to focus on maintaining muscle mass and strength. Her surprise only increased when she specifically measured for lean muscle mass on my body and realized that, while I was obese according to the BMI, the levels of

¹¹⁰ W.H. Pan and W.T. Yeh, "How to define obesity? Evidence-based multiple action points for public awareness, screening, and treatment: an extension of Asian-Pacific recommendations, *Asian Pacific Journal of Clinical Nutrition* Vol. 17, No. 3 (2008): 370.

¹¹¹ Power and Schulking, *The Evolution of Obesity* 25.

¹¹² Karasu and Karasu, *The Gravity of Weight*, 16.

adipose tissue on my body were not nearly as high as she expected. I was indeed fit; I indeed had muscle. Even after I started to regularly use the facility, instructors would time and again approach me to ‘warn’ me that the exercises I was engaging in might be too difficult for my body, and time and again I saw the surprise on their faces upon realizing my abilities; abilities that directly contradicted what they had come to believe about fat bodies.

The fact that the BMI does not differentiate between fatness and fat-free mass is particularly important since the relationship between body shape and adiposity differs between ethnic groups. Despite the BMI thresholds being based solely on European populations, they are used to determine the risk factors for populations across the globe, a significant flaw in the metric.¹¹³ As such, medical discourses dealing with obesity are a clear example of a process of racialization of knowledge, where Euro/American-produced standards are automatically granted validity and considered a useful tool to further produce knowledge about differently diverse societies and cultures.¹¹⁴ This is of profound significance as it evinces the western biomedical cultural system’s continued focus on privileged white bodies.

While BMI can be a useful guiding tool, the fact that it is presented as a measurement of health is problematic for bodies that already do not fit the averages that the weight-to-height tables are based on. Even now, despite scholars denoting the limitations of the BMI as a tool to measure obesity, especially when considering how different bodies are constituted, the BMI continues to be used as the primary metric for establishing a person’s weight status –normal weight, overweight, or obese – and for indicating a person’s health.

¹¹³ Ford, Patel and Venkat Narayan, "Obesity in Low- and Middle- Income Countries,"149.

¹¹⁴ Oyèrónké Oyeùní, "Conceptualizing Gender: The Eurocentric Foundations of Feminist Concepts and the Challenge of African Epistemologies," *Jenda: A Journal of Culture and African Women Studies* Vol. 2, No. 1 (2002), 1.

In order to calculate my current BMI I did a Google search for a BMI calculator. Of the ten different calculators that I tried, only four accounted for differences in gender; one took into account age; one asked for ethnicity; and one specifically asked if people were of Asian or Asian American descent. Only two included language about the fact that BMI does not account for ethnic difference in body constitution, and two included information of how BMI does not differentiate between, for example, muscle and fat. And yet, ten out of ten of these sites informed me that my BMI can be used as a tool to predict my health. The universalizing aspect of the BMI is also problematic when considering the difference between male and female bodies.

Ultimately, I advance that the BMI responds to a need for a cheap and easy – indeed, almost automatic – way to diagnose people. While establishing a body's proper level of fitness or differentiating between adipose tissue and muscle mass can be complicated and costly,¹¹⁵ diagnosing fatness is now not only simple but cost effective. The visibility of fatness makes it so that people know, just by looking at me, that I am obese. If there was any doubt of this, however, there are always BMI calculators readily available to tell me I am unhealthy.

Death by Chocolate Cake

Chocolate has always been my weakness, even as candy-averse child. Chocolate, I am sure, will be the death of me. The idea that my weight is a testament to my poor health has been presented to me as an ever-present truth in my life; even before a medical practitioner told this to me, as a child and a teenager, my mother frequently expressed her fear that I would grow up to be fat and, therefore, unhealthy. My friends' mothers also made constant remarks about my weight and the many dangers this signified, and they would persistently give me and my mother

¹¹⁵ Karasu and Karasu, *The Gravity of Weight*.

weight loss tips. I also remember being warned that the older I got the harder it would be to lose weight; I needed to lose weight before getting my first period or, worst-case scenario, before my twenties. When I reached my twenties, the warning's cut off moved to my thirties. Now, at 31, I am considered a lost cause. Even though I know that I live a healthy lifestyle, exercising regularly and eating a balanced diet, the idea that remains staunchly in my head is that I am unhealthy and at high risk of dying. This has resulted in an ever-present fear. Every bite of chocolate cake feels like a step closer to a death that I cannot control and that is imminent. My body cannot escape the ways it is constantly being read as diseased, and I cannot escape the fear that perhaps the joke is on me and I am, indeed, sick. Even as I write this, I know and I fear I will suffer a death by chocolate cake.

The more time I spend investigating the definition of obesity and the ways in which fat bodies have become medicalized the angrier I feel. It is infuriating that, even though the medical community has failed to prove a causal relationship between a person's health and their weight,¹¹⁶ my fatness is still thought of as a visible marker of my unhealthy status. As Karasu explains, other than an excess of fat in the body, there are no clinical or physical traits that are generalizable amongst fat people.¹¹⁷ It is also impossible for a medical practitioner to develop an informed vision of a person's health simply by knowing their BMI or weight.¹¹⁸ In other words, BMI and weight are not efficient or accurate measures of health; they are only suggestive.¹¹⁹

Furthermore, obesity does not kill. This is a myth. As Gilman elaborates, "No one dies from 'obesity'. One dies from those pathologies which may result from extreme over-weight.

¹¹⁶ Bacon and Severson, "Fat is not the Problem."

¹¹⁷ Karasu, "The Medicalization of Weight."

¹¹⁸ Heshka and DB Allison, "Is Obesity a Disease?" *International Journal of Obesity* Vol. 25 (2001): 1401-1404.

¹¹⁹ Karasu, "The Medicalization of Weight."

Obesity may be a tertiary cause of morbidity or mortality: it may lead to diabetes, which may lead to vascular disease.”¹²⁰ Here, Gilman highlights an important point: obesity does not cause co-morbidities. As noted by Mann, Tomiyama, and Ward, the linkages that propose a correlation between obesity and lack of health can also be explained by factors that are not exclusive to fat bodies.¹²¹ This, to me, is crucial. As Bacon further explains, there is not enough evidence to support the claim that obesity is a primary *cause* for the diseases it is most commonly associated with – such as diabetes and high blood pressure. Indeed, causality has only been established for conditions such as sleep apnea, osteoarthritis, and some types of cancer.¹²² Ironically enough, as a fat woman who is considered morbidly obese, I have never been warned or even told about these three conditions by a medical practitioner.

Follow the Money

A lot of the information regarding fatness is confusing and contradicts much of what I assumed was true for years. Indeed, a great deal of what we claim to know about obesity seems to collapse under scrutiny.¹²³ Linda Bacon suggests one way to investigate these contradictions: “To understand what’s going on and how our culture – and you – has been manipulated, just follow the money.”¹²⁴ Central to the articulation of obesity as a treatable disease are the economic interests of pharmaceutical companies and the health and weight-loss industries.¹²⁵

¹²⁰ Gilman, *A cultural History of Obesity*, 18.

¹²¹ Mann, Tomiyama, and Ward, “Promoting Public Health,”

¹²² Linda Bacon, *Health at Every Size. The Surprising Truth About Your Weight* (Dallas: Benbella Books, 2008), 128-129.

¹²³ Paul Campos, *The Obesity Myth. Why America's Obsession with Weight Is Hazardous to Your Health*, (New York: Gotham Books, 2004).

¹²⁴ Bacon, *Health at Every Size*, 102.

¹²⁵ Sajid Hameed, “Medicalization, - A Growing Problem,” *Journal of the Scientific Society* Vol. 46, No. 3 (2019): 76.

Weight loss is an ever-growing, highly profitable business.¹²⁶ The impact that pharmaceutical companies and the weight-loss industry have played in the role of framing obesity as a disease is paramount. For example, the common definition for obesity provided by the WHO was developed with the influence of the International Obesity Task Force (IOTF), who were interested in *lowering* the BMI standards used to define obesity. However, while the IOTF mission is a seemingly positive one – attempting to inform the world about obesity and encouraging governments to take action – it is mostly funded by Hoffman-La Roche and Abbott Laboratories. Ultimately and upsettingly, “the effort to establish a worldwide standard for what is overweight and obese was sponsored by a company that makes a weight-loss pill.”¹²⁷

A more recent scientific statement published in the *Endocrine Reviews* Journal¹²⁸ by Bray et al. continues to establish a relationship between a person’s weight and the risk of death.¹²⁹ These findings are in step with a prominently quoted article published in the *Journal of the American Medical Association (JAMA)* in 1999 by Allison, et al., which determined that obesity was the cause for over 300,000 deaths in the USA alone.¹³⁰ Despite the methodology of the latter article being broadly challenged, it continues to be cited by people and institutions trying to prove a relationship between weight and death.¹³¹ Two major contradictions are immediately clear upon engaging with the article by Allison et al. First, the article solely articulates a

¹²⁶ As Boero points out: “It is estimated that in the United States alone weight loss is a nearly \$60 billion industry each year, and the growth of this industry shows no sign of slowing down.” Boero, *Killer Fat*, 3.

¹²⁷ Oliver, *Fat Politics*, 29.

¹²⁸ I have decided to use this study as it is used within the Medical School curriculum of a prominent private University in Colombia. Due to privacy and safety concerns, I have decided to obviate the name of the university and of the current med student who has provided me with the information. George A. Bray, et al., “The Science of Obesity Management: An Endocrine Society Scientific Statement,” *Endocrine Reviews* Vol. 39, No. 2 (2018): 79-132.

¹²⁹ Bray, et al., “The Science of Obesity Management,” 86-87.

¹³⁰ David B. Allison, et al., “Annual Deaths Attributable to Obesity in the United States.” *Journal of the American Medical Association, JAMA* Vol. 282, No.16 (1999): 1530-1538.

¹³¹ Campos, *The Obesity Myth*.

correlation between overweight, obesity, and all-cause mortality.¹³² In other words, the conclusion that the authors propose, in which they claim an “estimated number of annual deaths attributable to obesity,”¹³³ is devious at best, incorrect at worse. For one thing, the authors are claiming a causation when only a flimsy correlation has been established. I call it flimsy because the only other physical or health-related risk factor that was accounted for in the study was smoking; in other words, the correlation between obesity and all-death mortality rates is solely based on a number of people who died and, of said number of people, the number that were overweight, and those that were obese. The second contradiction is that, while the study found that extremely high levels of adipose tissue on the body (BMIs of 30 and higher, which is considered obese) had a higher correlation to all-cause mortality, the results were similar for people with a BMIs of 20 (which is considered to be within ideal BMI levels). Furthermore, people in the overweight category (BMIs of 25-30) seem to be at *lesser* risk of all-cause mortality.¹³⁴ As Paul Campos stated, “One would never guess from the authors’ discussion of their findings, and the conclusions they reach, that their data actually showed little or no fluctuation in risk associated with differing body mass for the large majority of the people included in their study.”¹³⁵ Similar results, nonetheless, have been consistently published since the late 1990s.

Even with the evidence that has been legitimized as ‘scientific,’ problematic discrepancies in what we know about obesity keep emerging. For example, Flegal et al., published a systematic review and meta-analysis in *JAMA* in 2013 in which they spell out

¹³² All-cause mortality refers to death rates that include all causes of mortality. In other words, there is no distinction between a person who might have died from a heart attack and a person who might have died of a stroke or cancer.

¹³³ David B. Allison, et al., “Annual Deaths Attributable to Obesity in the United States.” *Journal of the American Medical Association, JAMA* Vol. 282, No.16 (1999): 1530.

¹³⁴ Allison, et al., “Annual Deaths,” 1530-1538.

¹³⁵ Campos, *The Obesity Myth*.

information that was already present in medical research, such as in the piece by Allison et al.:

“Grade 1 obesity overall was not associated with higher mortality, and overweight was associated with significantly lower all-cause mortality.”¹³⁶ In line with the contradictions between what the studies say and what our lipoliteracies tell us, the criticism voiced by the editors of the *New England Journal of Medicine* seems ever more important: “Given the enormous social pressure to lose weight, one might suppose there is clear and overwhelming evidence of the risks of obesity and the benefits of weight loss. Unfortunately, the data linking overweight and death, as well as the data showing the beneficial effects of weight loss, are limited, fragmentary, and often ambiguous.”¹³⁷

Returning to the recently published scientific statement by Bray et al. in the *Endocrine Review*,¹³⁸ the authors echo the idea of a causal relationship between health and mortality rates, but base this once again on a questionable correlation between fatness and all-cause mortality. The question remains; given the ambiguous benefits of weight loss, why are physicians and public health officials joined in the general enthusiasm for losing weight? As Linda Bacon suggested, we must follow the money. Eric Oliver,¹³⁹ Linda Bacon,¹⁴⁰ and Natalie Boero¹⁴¹ have done extensive research on the impact that pharmaceutical companies, the medical industry, and the weight-loss industry as a whole have had on the scientific research that is used to express “truths” about fatness. In other words, looking a little deeper into research about obesity and how said research is funded might reveal the beneficiaries of the researchers’ conclusions. In the case

¹³⁶ Katherine M. Flegal, et al., “Association of All-Cause Mortality with Overweight and Obesity Using Standard Body Mass Index Categories,” *Journal of the American medical Association*, *Jama* Vol. 309, No.1 (2013): 71.

¹³⁷ Jerome P. Kassier and Marcia Angell, “Losing Weight—An Ill-Fated New Year’s Resolution,” *New England Journal of Medicine* Vol. 338, No. 1 (1998): 52-54.

¹³⁸ Bray, et al., “The Science of Obesity Management,” 79-132.

¹³⁹ Oliver, *Fat Politics*.

¹⁴⁰ Bacon, *Health at Every Size*.

¹⁴¹ Boero, *Killer Fat*.

of the Allison et al. 1999 article, the financial disclosure informs us that “Dr Allison has received grants, honoraria, monetary and product donations, was a consultant to, and had contracts or other commitments with numerous organizations involving weight control products and services.”¹⁴² Similarly, the authors of the aforementioned recent publication by Bray et al. “The Science of Obesity Management: An Endocrine Society Scientific Statement,”¹⁴³ have also reported conflict-of-interest connections to the weight-loss and pharmaceutical industry.¹⁴⁴

Following the money thus reveals that many of the contradictions regarding obesity and the ‘obesity epidemic’ can be directly tied to the economic interests of the weight-loss and pharmaceutical industry.¹⁴⁵ I want to highlight, however, that the major focus of criticism should be placed on these parties, rather than on the medical practitioners and researchers themselves, who are hamstrung by their ability to access funding and grants.¹⁴⁶ It is unsurprising that authors such as Allison et al. might oversimplify their conclusions and/or overlook some of the information present in their study in order to cater to the parties that funded them. Going against institutions can be problematic for individual researchers as both their research and their careers may suffer if they report information that goes against the interests of large corporations. An example of this is the Flegal et al. article; the authors received no external funding for their work and there was no conflict of interest reported, but the article was still published with a disclaimer informing readers that the information presented was not in line with “the official views of the Centers for Disease Control,” even though the CDC reviewed and approved the article in the first

¹⁴² Allison, et al., “Annual Deaths,” 1530

¹⁴³ Bray, et al., “The Science of Obesity Management,” 79-132.

¹⁴⁴ From the Disclosure Summary we learn that the authors serve as consultants and/or are members of the advisory boards of companies such as Herbalife, Medifast, Merck, Weight Watchers International, Sanofi, Novo Nordisk, and other companies connected to the weight loss industry.

¹⁴⁵ Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007).

¹⁴⁶ Bacon, *Health at Every Size*.

place. Flegal and her team also came under fire from health professionals, pharmaceutical companies and academic medical institutions alike, such as one symposium held by the Harvard School of Public Health which, as Sabrina Strings pointed out, had as its main goal explaining why the conclusions presented by Flegal et al. were wrong.¹⁴⁷

My Diseased Body

Even after all the information provided in this section, the question remains: “Do I have a disease?” The answer depends on who you ask.

In 2013, the American Medical Association recognized obesity as a disease, even after its own committee on Science and Public Health analyzed the issue and recommended that obesity *not* be classified a disease. The committee’s opposition included that obesity does not fit the definition of what is considered a disease; that this new categorization would further stigmatize obese and overweight people; and that it would push people to seek unnecessary treatments in search of a cure. Central to their opposition was also the notion that while a correlation can be established between obesity and negative health conditions, no study has been able to establish a causal relationship. In other words, as I have previously detailed, there is no evidence of fatness being the cause of any one disease or being a direct cause for mortality.¹⁴⁸ And yet, the American Medical Association moved forward with their classification.

The erroneous causal relationship between fatness and health has had a great hand in leading to the highly debated articulation of obesity as a disease.¹⁴⁹ Heshka and Allison¹⁵⁰

¹⁴⁷ Strings, *Fearing the Black Body* 215.

¹⁴⁸ Bacon and Severson, “Fat is not the Problem.”

¹⁴⁹ Wray and Deery, “The Medicalization of Body Size and Women's Healthcare,” 230.

¹⁵⁰ Interestingly, David B. Allison is also the coauthor of the 1999 article which established a causality between obesity and all-cause mortality. Allison, et al., “Annual Deaths,” 1530

analyzed different ways diseases are defined, trying to find commonalities or trends which can then be contrasted with the conceptualization of obesity as a disease.¹⁵¹ In their work, one of the features typically associated with diseases is “having characteristic, identifiable, marked group symptoms or signs.”¹⁵² However, as the authors note, fat people do not share any distinct or specific characteristics other than an excess of fat, which is the definition of obesity in and of itself.

Another characteristic identified by Heshka and Allison is a “deviation from normal structure or function.”¹⁵³ While obesity can lead to different impairments, this is not true for all obese people. Additionally, not all obese bodies behave the same way, which further makes it difficult to predict when and if a situation of impairment would become the case. Fitness, and arbitrary fitness standards, is another category that has been imposed on obese bodies as a sign of lack of health.¹⁵⁴ In other words, BMI and weight are not efficient or accurate measures of health.¹⁵⁵ It is important to note that the authors still consider obesity “clearly a threat to health and longevity,” but feel that obesity “lacks a concomitant group of symptoms or signs and the impairment of function which characterize disease according to traditional definitions.”¹⁵⁶ Even as they insist that obesity should not be quantified as a disease, they still feel compelled to qualify its inherent unhealthiness.

My personal fatness has been referred to as a disease, a condition, a risk factor, and a medical issue by medical practitioners and society at large, and the literature that deals with both fatness and obesity reveals more of the same. “Interestingly, neither writers who refer to obesity

¹⁵¹ Heshka and Allison, “Is Obesity a Disease?” 1401-1402.

¹⁵² Ibid, 1402.

¹⁵³ Ibid.

¹⁵⁴ Ibid, 1403.

¹⁵⁵ Karasu, “The Medicalization of Weight.”

¹⁵⁶ Heshka and Allison, “Is Obesity a Disease?” 1401.

as a disease, nor those who question whether it is a disease have generally provided a definition of disease and then offered evidence that obesity does or does not fit this definition.”¹⁵⁷

Regardless, the dominant discourse continues to be that weight is an indicator of health. In fact, this has resulted in the creation of weight centered health paradigms (WCHP), health discourses that position weight as a central factor when talking and thinking about health.¹⁵⁸ Notably, WCHPs have been proven to have iatrogenic effects, causing psychological, social, behavioral, and physical harm.¹⁵⁹ Unsurprisingly, framing fatness as a disease and developing WCHPs has implications beyond the flawed causal relationship between weight and height.

The fact that obesity is considered a medical condition that results from an individual’s actions, has also led to public policies that are limited, individualizing, and ineffective. As demonstrated by Sikorski et al., a focus has been placed on the individual rather than on external or sociocultural aspects as reasons for obesity, and the idea that fatness can and needs to be cured leads to a belief that obesity is somehow voluntary, framing fatness as a choice which brings into question the individual’s moral character. Furthermore, associating obesity with internal factors “leads to negative reactions and less empathy and willingness to help the affected individuals.”¹⁶⁰

My goal is not to simply echo debates that question whether obesity is a disease, but to explore how obesity has been framed within the medical sciences as a human condition that needs to be regulated, control, and treated, and I have sought to explore what this medical knowledge symbolizes for fat bodies. In this chapter I have attempted to outline some of the

¹⁵⁷ Ibid, 1401.

¹⁵⁸ Lily O’Hara and Jane Taylor, “What’s Wrong With the ‘War on Obesity?’ A Narrative Review of the Weight-Centered Health Paradigm and Development of the 3C Framework to Build Critical Competency for a Paradigm Shift,” *SAGE Open* (April-June 2018): 1.

¹⁵⁹ O’hara and Taylor, “What’s Wrong With the ‘War on Obesity?’,” 6.

¹⁶⁰ Claudia Sikorski et al., “The stigma of obesity in the general public and its implications for public health - a systematic review,” *BMC Public Health* Vol. 11, No. 611 (2011): 6, <http://www.biomedcentral.com/1471-2458/11/661>

contradictions that exist within the medical field regarding obesity. Ultimately, the question that remains unanswered is what makes fat bodies so dangerous that they must be pathologized. To answer this question, I quote Kassirer and Angell and propose that one “reason for the medical campaign against obesity might have to do with a tendency to medicalize behavior we do not approve of.”¹⁶¹ With this in mind, my next chapter will explore some of the narratives of danger that have socioculturally and historically been inscribed on the fat body and our behaviors.

¹⁶¹ Kassirer and Angell, “Losing Weight,” 52-54.

Chapter III: The Danger Inscribed on the Fat Body

In my very early life I was thin, but beyond memories afforded to me by pictures, I do not remember this materiality of my body. I only know I was thin because it was the only time in my life that my body was not an object of discussion. To a certain extent, to inhabit a fat body as a woman is to renounce privacy and bodily autonomy. Even as a child, fatness was like something unhealthy taking over my body - and, even worse, I was *allowing* the takeover. Everyone seemed to have a moral imperative to warn me of the dangers of my body and to tell me how I should regulate my behavior to prevent the fat from continuing to invade. Thinking back, it felt like my body was not truly mine. From a tender young age, my fatness positioned my body in the public sphere. My body was touched and poked in ways that were invasive and violating but always excused because, ultimately, people just wanted the best for me. Indeed, there is no private way to be fat. Fatness is hysterical. It is visible; it is loud. From childhood, fat bodies encounter negative messaging about their fatness. “Se nos dice, educa, señala, que los gordos son feos, no seducen, no desean, no importan.”¹ My fatness, since childhood, has been my business card, the inescapable and everpresent introduction preceding me: Hello, I have a physical condition that is a product of my own actions. My fatness was and is a choice; a choice that equates to deviant moral character, weakness and laziness.

This is one of many contradictions I experience as a fat woman whose body has been medicalized within the western medical system: the belief that my fatness results from my own actions. The idea that the presence of fat corresponds to an imbalance between energy

¹ “We are told, educated, it is pointed out to us, that fat people are ugly, they are not seductive, they don't cause desire, they don't matter.” [my own translation]

Lux Moreno, “¿A qué edad fue tu primera dieta?” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 66.

consumption and expenditure has allowed for the oversimplification of the causes of obesity down to two: overeating, and lack of physical activity. An imbalance of caloric intake does indeed produce fat in the body, but the reasons impacting that imbalance are varied and significantly more complicated. Adipose tissue responds to both biological and psychological forces that concurrently influence the body.² Bacon explains that while the food we eat does impact our weight, things like sleep deprivation, genetics, gut microbes, hormonal imbalances, other diseases, and stress all also cause weight gain.³ Nonetheless, the oversimplified narrative that most of us – fat people and people in general – have internalized is that fatness is caused by overeating and under-exercising, and said fat makes us unhealthy. Our current ‘lipoliteracy’ has perpetuated a “biomedical individualism that provides an incomplete picture of the influences on health and illness;”⁴ the tendency to focus on the individual rather than on the external or sociocultural is demonstrated by the framing of obesity as an individual disease. Correspondingly, most obesity prevention and management initiatives end up falling short by myopically concentrating on the individual’s responsibility for engaging in risky behaviors, without considering the socio-economic and cultural factors that influence or motivate said behaviors.⁵ In response, diligent authors – Scott et al., Bacon, Renzaho, Karasu – have attempted

² Sylvia R. Karasu and T. Byram Karasu, *The Gravity of Weight. A Clinical Guide to Weight Loss and Maintenance*, (Washington D.C. and London: American Psychiatric Publishing, Inc., 2010), 4.

³ Linda Bacon, *Health at Every Size. The Suprising Truth About Your Weight* (Dallas: Benbella Books, 2008), 54-57.

⁴ Sara Glasgow and Ted Schrecker, "The double burden of neoliberalism? Noncommunicable disease policies and the global political economy of risk," *Health & Place* Vol. 39 (2016): 205.

⁵ Nicole D. Ford, Shivani A. Patel and K.M. Venkat Narayan, "Obesity in Low- and Middle-Income Countries: Burden, Drivers, and Emerging Challenges," *Annu. Rev. Public Health* Vol. 38 (2017): 145-164; Linda Bacon, *Health at Every Size. The Suprising Truth About Your Weight* (Dallas: Benbella Books, 2008).

to expand the literature dealing with the causes of obesity by stressing the impact that culture, urbanization, and economic systems have on increasing obesity rates.⁶

The fatness-based messages about my body and my character are that I overindulge in food, I am lazy and weak, and I do not exercise. Ironically, of course, I have very healthy eating habits and exercise regularly. Nonetheless, as I mentioned earlier, these behaviors have had little control of the fatness of my body, so I sought to unpack the roots of the negative messages perpetuated about obesity, hoping to apprehend why the focus of obesity discourses has been placed on the individual. In this chapter I position my experience within historical and cultural constructions of fatness to explore the danger ascribed to my body. I highlight how the negative messages that associate fatness with individual physical and moral failure come from racialized, classed, normalizing discourses that have been placed on fat bodies within modern societies.

Culo de Negra: Fatness as a sign of the racialized other

Starting in the sixteenth and seventeenth centuries in Europe, closer interactions with racialized others facilitated the construction of value and moral discourses based on body constitution.⁷ Fatness became associated with the racialized other - especially black bodies - and an indicator of a lack of civility, and savagery. During the eighteenth century, ideas relating racial

⁶ Alison Scott et al., "Obesity in sub-Saharan Africa: development of an ecological theoretical framework," *Health Promotion International* Vol. 28, No. 1 (2012): 4-16; Bridget Adeboye, Giovanna Bermano, and Catherine Rolland, "Obesity and its health impact in Africa: a systematic review," *Cardiovascular journal of Africa* Vol. 23, No. 9 (2012): 512-521; André Renzaho, "Fat, rich and beautiful: changing socio-cultural paradigms associated with obesity risk, nutritional status and refugee children from sub-Saharan Africa," *Health and Place* Vol. 10 (2004): 105 - 113.

⁷ Scholars have proposed that during the Elizabethan era there was not an understanding of race as we have today, but that social and religious distinctions that were related to geographic origin and skin color did exist. Peter Erickson, "Representations of Blacks and Blackness in the Renaissance," *Criticism* Vol. 35, No. 4 (Fall, 1993): 503, <https://www.jstor.org/stable/pdf/23116561.pdf>. As Strings mentions, an attraction towards paler whiter skins was already in the English social imagination, and was cemented during the Elizabethan Era. Sabrina Strings, *Fearing the Black Body. The Racial Origins of Fat Phobia* (New York: New York University Press, 2019), 57.

superiority, rationality, and control over the body became intertwined with narratives seeking to validate the superiority of white bodies over the otherness of black people within the European context. This profoundly impacted how we think about fatness to this day. Race science and academic texts routinely established relationships between fatness and blackness, or between black bodies and gluttony. For example, Comte de Buffon declared idleness or laziness as the reason for black people's fatness,⁸ while Diderot's Encyclopedia attributed the shape of black bodies to the vice of gluttony,⁹ implicitly condemning their moral and spiritual character.

The levels of adipose tissue that race scientists observed on black bodies were held up as physical representations of overindulgence, their overflowing fat bodies a manifestation of overflowing savagery. Fatness was the result of giving in to savage and animalistic impulses: a failure of the mind to control the body, a lack of rationality. Non-white people are thus implicitly irrational; under the influence of many Enlightenment thinkers, the rational body was imagined as white and male.¹⁰ The white body – sole possessor of rationality – was uniquely in control of its own individual embodiment, since only a rational mind can control the body and its savage, uncivilized appetites.¹¹

While this racist relationship between fatness and blackness was developed within the European and US/American contexts, I argue that today it has spread to other regions of the world, such as Venezuela and Colombia.¹² I am afro-descendant on my father's side - my Venezuelan side - but I am not black.¹³ Even before I started to be labeled as fat, my ass was

⁸ Strings, *Fearing the Black Body*, 80.

⁹ Ibid, 85.

¹⁰ Ibid, 64-68.

¹¹ Sander L. Gilman, *A Cultural History of Obesity* (Cambridge and Malden: Polity Press, 2008), 7.

¹² Esther Pineda G., "El Racismo como estigma: Experiencias de las mujeres afrodescendientes en la sociedad venezolana," *Contra Relatos desde el Sur* Vol. 14 (2016): 36-72.

¹³ It is vital for me to be clear that while I identify as a Latina woman of color, and while I have a deep connection to my afro-Venezuelan roots, *I am not black*. I have not been exposed to the stigma that other people in my family, and

seen as an oddity for how big and perky it is; it protrudes, disproportionately big even for my fat body today. This ‘oddity’ was ‘explained’ by my afro-descendance. Even though my racial ancestry was not evident in my skin color, my ass betrayed me, for I had a *culo de negra*.¹⁴ As I grew older and my weight started to trigger my reclassification as overweight and then obese, I remember feeling impotent because most of my fat was on my legs and my ass. I remember not understanding why my weight was such a problem when, other than my ass and legs, I was relatively small sized with an hourglass figure. I remember feeling uncomfortable that the size of my ass seemed to grant people permission to comment about it and even touch it, even when I was a child. This, undoubtedly, is the reason I felt an instant sense of connection with Saartjie Baartman.

As Zoë Wicomb states: “One cannot write nowadays (...) without a little monograph on Baartman; it would be like excluding history itself.”¹⁵ Indeed, in my attempt to deconstruct the racial discourses that have been placed on my body, leaving Saartjie Baartman aside would be a gross omission. Saartjie Baartman was a Khoikhoi woman¹⁶ born and raised in Cape Town, South Africa. Baartman is thought to have had steatopygia, a condition where large amounts of adipose tissue present in the buttocks and upper leg regions. She became famous for her size and her large buttocks, and was taken to the United Kingdom and France to be exhibited like a mere animal.¹⁷ During the nineteenth century, black women were a prime example of the racialized

black bodies in general, experience every day solely because of the color of their skin. In recounting my own experiences with my *culo de negra* I aim to highlight how my body has been racialized, while understanding that this does not negate the privileges my skin color affords me.

¹⁴ “Black woman’s ass.”

¹⁵ Zoë Wicomb, *David's Story*, (New York: The Feminist Press, 2000), 1.

¹⁶ At the time, Khoi people were referred to as Hottentot. The use of the word ‘Hottentot,’ however, can be considered offensive, and the terms ‘Khoi people’ or ‘Khoikhoi’ are, to my understanding, preferred. As such, despite the conflicting information on the matter, I choose to eschew use of ‘Hottentot’.

¹⁷ “She was simultaneously grotesque and exotic: a sexual specimen with a peculiar racial identity. For these reasons exhibit goers came both to gawk at her proportions, especially her posterior, and to experience the sensory pleasure of touching her, which they could do for an additional fee.” Strings, *Fearing the Black Body*, 96.

other, which was considered lustful and lascivious, and therefore their existence had to be exposed and shamed.¹⁸ As a black woman, Saartjie Baartman was therefore besieged by sexualizing discourses that labelled her as concupiscent; her extreme size was a representation of her excess and her barbaric and uncivilized nature. Her body overflowed with significance. It was her lustfulness, her abundant body, the immensity of her savagery, and her racial inferiority that made her body commodifiable. Just like an animal at a petting zoo, Baartman's body was something that could be experienced, both visually and tactilely, for a price. Reading about Baartman for the first time, and still today, gives me an eerie sense of connection and identification. While I would never attempt to claim Baartman's experience as my own, understanding the racialized implication of fatness and its association to black bodies gave me some context for everyone's fixation with my own body's distribution of adipose tissue. The context of her experience illuminated the roots of the belief that framed my ass as a source of entertainment, mockery, and pleasure for others, an exhibit that could even be touched when desired. Furthermore, recalling my aforementioned craving for a medical diagnosis that would absolve me of responsibility for my own fatness, learning about Baartman's possible steatopygia gave me a perverse sense of comfort. If my fatness was due to my racial ancestry then perhaps my fatness was, after all, not my fault.

The association between blackness and fatness has been employed for centuries to perpetuate negative notions about the fat body that are based on racist notions imposed on the black body.¹⁹ Today, my fatness is more dangerous because it betrays the natural savagery of my body, given by its racial ancestry: my *culo de negra*.

¹⁸ Sander L. Gilman, "Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature," *Critical Inquiry* Vol. 12, No. 1 (1985): 204-42, <http://www.jstor.org/stable/1343468>.

¹⁹ Pineda G., "El Racismo como estigma," 36-72.

A Failed Venezuelan Body

In the eighteenth and nineteenth centuries, the rise of modern nation states enacting biopolitical control over their populations and perpetuating the establishments of modern capitalist systems incurred the necessity to define who those considered to be members of society. The development of a normalizing and disciplinary society in both Europe and in the United States in turn demarcated appropriate behaviors and appropriate body constitution. Since fatness had been articulated as a reflection of gluttony, moral deficiency, laziness, low intelligence, and, due to its association with black bodies, primal savagery and lack of control, it became a physical characteristic to be renounced. In both England and the United States, drinking and eating less became associated with refinement. Since the physical body mirrored a person's morals and values, standards of beauty developed to reflect a preference for white skin and thinner bodies.²⁰

These behavioral norms and beauty standards served to elevate the social elite, and so the exaltation of whiteness and thinness did not only correspond to racial but also to class discourse. If we take into account Bourdieu's concept of "habitus" as the embodiment of cultural capital, we can see how social elites developed practices to establish the idea of a natural social order based on the possession of said capital.²¹ In this way, "elites are constantly working to differentiate themselves from the lower classes."²² With the onset of the Industrial Revolution, food became more abundant and less expensive. Since most people, not just the elite, could

²⁰ In 1752, Joseph Spence publishes *Crito – A Dialogue on Beauty*, he offers what is considered today as "an index of eighteenth-century English aesthetic tastes." Spence produces a hierarchy of beauty, which pays close attention to both body shape and skin color. Strings, *Fearing the Black Body*, 117-118.

²¹ Enrique Moral de Eusebio, "¿Es el sexo al género lo que la naturaleza a la cultura? Una aproximación queer para el análisis arqueológico," *Arqueoweb: Revista sobre Arqueología en Internet* Vol. 15, No. 1 (2012): 257-258.

²² Strings, *Fearing the Black Body*, 10.

access a wealth of food,²³ the Medieval attraction towards fat bodies as bodies that held power was forced out of the social imaginary. As Oliver articulates, “the value of fatness, like any commodity, is a function of its scarcity: when food is limited, body fat is rare; when food is plentiful, fat becomes common and less precious.”²⁴ For this reason, we see a shift during the Victorian Era where elites begin to methodically deprive themselves of food, seeking what Strings has called an “ascetic aesthetic:” the slim and refined bodies that were archetypical and which were supposed to result from renouncing excessive consumption.²⁵ The implied religious aspect of the ascetic aesthetic comes from abstention, an action consistent with Christian ideals of temperance.²⁶ As Bordo highlights, the Victorian Era presents a change in behavior as the ability to abstain from food and other indulgences becomes a luxury that those who can afford food engage in.²⁷ Further, this abstention becomes a signifier of their superior nature and spirit. While thinness still carries the previous racial and religious connotations, it sheds its Medieval association with poverty and becomes the opposite, an indicator of higher social status. Notably, women were uniquely burdened with the physical representation of the racial and moral quality of the nation.²⁸ A proper and beautiful English or US/American – and Christian – lady was expected to show temperance and restraint, signified by her slender body; she was also expected to embody, through her white skin, the nation’s racial supremacy.

²³ Susan Bordo, *Unbearable Weight, Feminism, Western Culture, and the Body* (Berkeley, Los Angeles, and London: University of California Press, 1995), 63.

²⁴ Eric J. Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford and New York: Oxford University Press, 2006), 66.

²⁵ Strings, *Fearing the Black Body*, 104.

²⁶ Marie R. Griffith, *Born Again Bodies. Flesh and Spirit in American Christianity* (Berkeley, Los Angeles, and London: University of California Press, 2004).

²⁷ Bordo, *Unbearable Weight*, 102.

²⁸ Strings, *Fearing the Black Body*, 112.

In tandem with the idea that a nation's ethos can be embodied in the bodies of its population, conduct manuals and magazines regulating all aspects of life became popular. Typically, these manuals dealt with the "cultural containment of female appetite."²⁹ Since the rational individual has control over their body, women must be contrite and renounce excess. Fatness and slenderness were codified as indicators of a woman's status or position in the societal hierarchy. Fatness was seen as a lack of fortitude or moral standing that, in turn, meant the person was unable to succeed in society. A fat body did not have a space within the higher spheres of US American society.³⁰ Moreover, the need for moderation at the table was widely imposed on women in particular, since the sin of over-eating and the inferred resulting fatness not only implied an immoral and unhealthy lifestyle but also potentially harmed women's beauty.³¹

Within the United States, the attempt to regulate what was considered the appropriate behavior of US American citizens and elites was heavily racialized. From the nineteenth century onward, new race theories proposed divisions within the white race.³² These new racial theories, along with the pursuit of an idealized depiction of female beauty, became part of the narrative that the USA was a melting pot of superior races, and that US Americans were becoming the ultimate representation of Aryan and Anglo-Saxon beauty. The increased levels of migration from southern and eastern European countries that took place during the end of the nineteenth century furthered this need to redefine who belonged in US American society.³³ A slender body

²⁹ Bordo, *Unbearable Weigh*,

³⁰ Oliver, *Fat Politics*,

³¹ Strings, *Fearing the Black Body*, 133-136.

³² Gobineau's system, which proposed three races – white, black, and yellow – placed white races at the top of the hierarchy. He argued that all other races stemmed from white races and that white people were, therefore, responsible for the emergence of civilizations. Gobineau's racial theory not only implied that there was an absolute superior race – the Aryan race – but also that other races depended on the white superior races to develop and survive. Strings, *Fearing the Black Body*.

³³ Ibid, 136.

was only considered possible, and hence expected, from the superior white races – excluding these newcomers. By the end of the nineteenth century, “since the US was viewed as the melting pot per excellence of the Nordic/Aryan races, thinness came to be viewed as a form of US American exceptionalism.”³⁴ It comes as no surprise that the US American exceptionalist narrative extended to standards of beauty.³⁵ However, this exceptionalism only allowed for certain bodies to be included: those of northern and western European descent.³⁶

These narratives of US American beauty as exceptional and archetypal, much like the nationalist exceptionalism discourses and racialized discourses, offer interesting parallels to the realities in Venezuelan territory. The Venezuelan society, after the War of Independence, was framed as exceptional.³⁷ It was, after all, the land that birthed Simon Bolívar, the man who would bring freedom to five nations in the South American territory. However, while Venezuela’s was a process of independence from Spanish colonialism, it was not a decolonial process. The Venezuelan Independence was spearheaded by white criollo elites. Criollos, the white people of Spanish descent that had been born in the colonies, were not opposed to white superiority. Their claim to rationality as white people was part of their demand for self-governance and for the establishment of a modern independent nation state modeled after the European nations.³⁸

³⁴ Strings, *Fearing the Black Body*, 154.

³⁵ Peter Onuf claims that these ideas of exceptionalism emerge from the US American Revolution and the articulation of US Americans as some form of chosen exceptional people. However, he highlights that this need to feature themselves as exceptional came parallel with the question of who constituted the aforementioned peoples. Interestingly, this question was influenced by Victorian views and notions of class and social hierarchies. Onuf claims: “what makes [US] Americans exceptional is not their institutions or democratic way of life or frontier experience but rather their self-conscious and self-defining embrace of [US] American exceptionalism throughout their history.” Peter S. Onuf, “American Exceptionalism and National Identity,” *American Political Thought* Vol. 1, No. 1 (Spring 2012): 79, <https://www.jstor.org/stable/pdf/10.1086/664594.pdf?refreqid=excelsior%3Ab9554c0366f4c416f2809c5494492334>

³⁶ Strings, *Fearing the Black Body*, 166.

³⁷ Alejandro Cardozo Uzcategui, “El excepcionalismo venezolano. Tres singularidades entorno a la Independencia de Venezuela: frontera, estamento y semántica,” *Ensayos Históricos. Anuario del Instituto de Estudios Hispanoamericanos* No. 23 (2011): 1-19.

³⁸ Cardozo Uzcategui, “El excepcionalismo venezolano,” 1-19.

Indeed, as a Venezuelan I was taught how Bolívar took inspiration from the US American Revolution, the French Revolution, and his experiences in Europe, and his oath to liberate Venezuela and other South American territories was actually first proclaimed in Rome, Italy.³⁹ Venezuela was modeled to match the parameters of what were considered civilized and modern states; in this manner, the United States, France, and England became role models to follow into the realm of the civilized.⁴⁰

For this reason, in parallel with Victorian England and the USA, Manuel Carreño published his *Manual de Urbanidad y Buenas Maneras* in 1853 in Venezuela. Modeled after what was considered polite, civilized, upper class society in Europe, Carreño's *Manual de Urbanidad* would come to dictate behavior not just in Venezuela, but across the continent.⁴¹ Its pages contained a call for moderation at the table and an attempt to regulate women's behaviors. The instructions in the *Manual* nod to the social status of Carreño's intended audience. Both its explanations for how to behave with servants and the fact that the intended audience was expected to know how to read at all reveal how Carreño, in his attempt to regulate and established polite behaviors within Venezuelan society, was also establishing a class differential. The influence of Carreño's *Manual* is still visible today across the Spanish speaking world. Growing up, many of the behavioral guidelines established by Carreño, including moderation at the table, were treated like commandments in my home. Implicit in the notion of regulating my behavior was a need to fulfill the sociocultural expectations of middle class Venezuelan women. The notion that my fatness betrayed our status and that I needed to hide my belly was so constant

³⁹ This event is commonly known as the Oath on Monte Sacro, referring to the moment in which Bolívar, while in Rome's Monte Sacro hill, promises to liberate Venezuela from Spanish oppression.

⁴⁰ María Fernanda Lander, "El *Manual de Urbanidad y buenas maneras* de Manuel Antonio Carreño: reglas para la construcción del ciudadano ideal," *Arizona Journal of Hispanic Cultural Studies* Vol. 6 (2002): 83-96.

⁴¹ Martin Riepl, "Manuel Carreño, el venezolano que le enseñó buenos modales a América Latina (y a España)," *BBC News Mundo*, November 5th, 2018, <https://www.bbc.com/mundo/noticias-46039565>

that my mom, many times, offered to enroll me in “Mi pequeña Damita,” an academy for “little ladies” to learn how to behave appropriately, eat appropriately (not in excess), and walk appropriately (hiding their belly).

The notion of Venezuelan exceptionalism carried over into the twentieth century because of the status my country held within the region for its democracy and capitalism.⁴² Venezuela “tuvo un excepcionalismo hasta la década de 1990, como la democracia capitalista modelo.”⁴³ It was not only our country that was exceptional; we, the people, were exceptional too, always trying as a population to modernize the nation and ourselves. For Venezuelans it was only possible to be a modern nation if there were “hombres y mujeres modernos.”⁴⁴ Of course, implicit in this need for modernization was a normalizing project shaped at emulating the image of European nations and the United States.

The notion of Venezuelan exceptionalism, framed as a modern, democratic, capitalist country with values that were to be embodied by its citizens, was reflected in Venezuela’s migratory policies and its construction of beauty ideals. Since the late nineteenth century, Venezuela had begun receiving migrants from around the world. I grew up thinking of my country as ‘the melting pot of the south.’ The image of Venezuela as a nation of migrants is deeply engrained in me. However, access to our nation of migrants was predicated on racist beliefs. In the early twentieth century, for example, the Venezuelan State enacted policies and reforms that facilitated migration and nationalization for people coming from Europe and North America, while barring entry to migrants from Asia, Africa, and other Latin American

⁴² Tomás Straka, “Vida y Muerte en un país de Excepción,” *Debates IESA* Vol. 22, No. 3-4 (2017): 74-76.

⁴³ “held a notion of exceptionalism until the 1990s as the model capitalist democracy.” [my own translation] Straka, “Vida y Muerte en un país de Excepción,” 75.

⁴⁴ “modern men and women” [my own translation] Ibid, 74.

countries.⁴⁵ This effort created a clear stratification of the bodies that were racially allowed within the narratives of Venezuelan exceptionalism and the land of migrants; the selections were based on discourses that sought to ‘improve the race.’⁴⁶ This desire for whiteness as part of our exceptionalism was further institutionalized in women’s bodies and the idea of beauty.

Venezuelan women are supposedly known worldwide for our extraordinary beauty, as proven by all the global beauty pageants we won through the decades.⁴⁷ Our exceptionalism has perfectly selected the best races to mix together to produce the prettiest women in the world. We are mixed enough to be exotic, but still white enough to be considered modern and exceptional. Venezuelan standards of beauty therefore heavily parallel those imposed by the United States.⁴⁸ The concept of beauty in Venezuela, like other western nations, became a tool to impose regulations on women’s bodies that then impacted the way we thought about health and life.⁴⁹ It also permitted racialized discourses to be positioned within the parameters that measure our place and worth within society.⁵⁰ Indeed, in Venezuela, the value of a woman’s beauty is directly

⁴⁵ Leonardo Favio Osorio Bohórquez, “El racismo de Estado en tiempos de Gómez,” *Cuestiones Políticas* Vol. 32, No. 57 (2016) 30-45.

⁴⁶ Traditionally, Venezuelans would use the phrase “mejorar la raza [improving the race]” to refer to black, indigenous, and mestizx people reproducing with White and European populations. I myself am a product of a process to “mejorar la raza,” since my father is afro-descendant and my mother has white skin color and green eyes. Indeed, my father would joke about marrying her as a process of improving the race, and despite his joking intentions, the racist implication was ever present. Osorio Bohórquez, “El racismo de Estado en tiempos de Gómez,” 30-45.

⁴⁷ Samuel Hurtado S., “Obsesión por la belleza femenina en Venezuela,” *Espacio Abierto, Cuaderno Venezolano de Sociología* Vol. 27, No. 2 (April – June 2018): 191-208.

⁴⁸ Edward Rangel, Dariana Rengifo and Vicente Fung. “¿Ha Existido algún canon o prototipo de belleza en la sociedad venezolana? ¿Cuál?” *Venezuela: ¿Cómo percibimos la Belleza?*, accessed July 2020, <https://sites.google.com/a/correo.unimet.edu.ve/fung-rangel-y-rengifo/tema-principal/-ha-existido-algun-canon-o-prototipo-de-belleza-en-la-sociedad-venezolana-cual>

⁴⁹ Zoila Rosa Amaya, “Ideología de la belleza. Una aproximación a lo real-imaginario-simbólico de las venezolanas” (Phd diss., Universidad de Carabobo, 2016).

⁵⁰ María Elena Garassini Chávez and Valeria Valle Manso, “Aprecio a la Belleza como Fortaleza del Carácter y Creencias Asociadas en Adultos Venezolanos,” *Psicogente* Vol.18, No. 34 (July – Dec. 2015): 278-292.

related to the value of her moral character.⁵¹ And so in sum, our physical bodies are expected to represent all aspects of the exceptionalism of our nation.

This context sheds a harsh light on the experience of growing up fat in Venezuela. I experienced my fatness as the one insurmountable barrier preventing me from engaging at all in conversations on how beauty was socially constructed around me. Inscribed on my fatness was not just an affront to the notion of beauty, but an affront to my country, an affront that was then inscribed on my psyche. Venezuela is a country that births beautiful woman, and this is part of what makes us exceptional; this is a narrative that I have encountered worldwide, unconfined by my country's geographical borders. Ever since I left Venezuela at age sixteen, I have met people from around the world who hear my nationality and respond, "oh Venezuela, beautiful women!" The narrative of thinness that is indelibly part of our sense of exceptionalism is so engrained that I, more often than not, feel like an affront to this statement.

In this manner, my body becomes dangerous. In this manner, our fatness makes us terrorists. The fact that fat bodies exist, the fact that we as fat people exist, contradicts social imaginaries of beauty and challenges socially imposed beauty norms. When narratives of beauty become part of the normalizing discourses enacted by states to establish a sense of superiority, the presence of our bodies becomes a threat to the discourses that the state and society at large have sought to perpetuate. By existing, our fatness question those discourses that have framed our populations as exceptional.

⁵¹ Garassini Chávez and Valle Manso, "Aprecio a la Belleza."

The Oxymoron of the Fit Fat Body

I have previously outlined that the idea that fatness is produced by a lack of physical activity has associated fatness with being lazy, lacking character, and being unfit. The inherent message within the association between fatness and unfitness perpetuates the relationship between weight and health. However, in the same way that the presence of adipose tissue on the body cannot predict health, it also cannot predict physical fitness or metabolic health. While for some obese people the difficulty of certain physical tasks might feel like an impairment (e.g. jogging or going up a flight of stairs), this is not generalizable to all obese people, nor does it exclude non-obese people from facing those same challenges.⁵² With this in mind and in line with Costa's corporality device, I advance that fitness, in relationship to fatness, has been given two different meanings. On the one hand, it refers to the proper functioning of the physical mechanisms of the body, which can be improved with physical activity. On the other hand, it denotes the body's ability to 'fit' within the socially constructed vision of appropriate and healthy bodies. At the heart of the associations between fitness and fatness lies a history of capitalist and eugenicist discourses that have sought to make bodies productive and to regulate the economic needs of the population.

No 'Fat' in Fitness

One of the main ideas I have sought to outline in my research and by offering my own experiences is that my fatness is nothing more than a physical trait of my body. It says nothing about who I am or how I behave: or at least it shouldn't. This, however, is not my lived

⁵² S. Heshka and David B. Allison, "Is Obesity a Disease?" *International Journal of Obesity* Vol. 25 (2001): 1401-1404.

experienced. I love hiking and I love the outdoors. Four years ago, I was living in Japan through a Teaching Fellowship at an international IB school. Since the school was fairly new – I joined two years after it opened – there was room for innovation and program development, so I started to work with the Outdoor Education (OEd) Coordinator developing the OEd program. Given the privileged geographical location of the school⁵³ my co-worker and I spent a lot of time hiking, rock-climbing, snowshoeing, skiing, and engaging in other outdoor physical activities as we attempted to identify appropriate venues for students. However, the fact of my interest and participation in the program at times seemed to illicit a stronger sense of awe from coworkers than the possibilities the program itself had to offer. The amazement had to do with the fact that I was fat. How could a person who looked like me climb Mount Mizugaki?⁵⁴ The outdoor education coordinator was a thin, white, fit, cisgender man, and it was a foregone conclusion that he could engage in all the activities we were proposing. On the other hand, I – because of my body – was placed under scrutiny. Thinking back, I remember how lucky I felt that the OEd coordinator agreed to work with me, that he believed me when I spoke about my experience with outdoor activities. Nonetheless, the air of disbelief that emanated from my other co-workers was so pervasive, the significance of my fatness so monumental, that it felt like I always had to prove something. Our first time hiking Mizugaki, we faced a couple of unexpected difficulties and had

⁵³ Our surroundings offered diverse and rich outdoor opportunities. On one occasion in April I went snowshoeing on a frozen lake; hiked along the snow-covered safe trails surrounding the Mount Asama volcano; went outdoor rock climbing while wearing nothing but a t-shirt under a beautiful sunny sky; and went hiking to practice *hanami* (the act of contemplating *sakura* – cherry blossom and other flowers) – all of this in a one-week period no more than three hours from the school grounds.

⁵⁴ Mount Mizugaki was the first outdoor location that the outdoor education coordinator and I explored as a team. Mount Mizugaki is part of the Nihon Hyakumeizan (what have become the Japanese 100 Most Famous Mountains based on the selection made by Kyuya Fukada) and its peak surpasses an altitude of 2000mts. While I have also hiked other mountains in the Nihon Hyakumeizan, Mizugaki is, by far, the most beautiful place I have ever hiked in my life.

to change our plans on the spot, which delayed our descent from the peak.⁵⁵ On our way down to the campsite where we parked the car in the early morning, it started getting dark. Since we had planned to be off the mountain long before dark, we were left with only one head lamp with a low battery. We ended up in a dangerous situation with limited visibility, on difficult terrain, and without cellphone service. Both of us were experienced hikers, and we managed to keep calm, so despite losing our way multiple times and even falling down a mud slide, we made it back to our car safely. Even after this terrifying experience resolved, I remember the nagging feeling that if something had gone really wrong, they might have blamed my fatness.⁵⁶

Fitness, as a term that includes cardiovascular and aerobic endurance, muscle condition, flexibility, and metabolic condition, has been proven to have a direct impact on a person's health. In other words, unlike fatness, a person's level of fitness can indeed tell us about their health status.⁵⁷ Cardiovascular and metabolic fitness, for example, can reduce a person's all-cause mortality risk.⁵⁸ Since fitness is directly related to physical activity, and since fatness is considered the result of a lack of physical activity, the automatic assumption made about fat bodies is that not only are we lazy and weak, we are also not fit. Researchers have challenged this notion by proposing the metabolically healthy obese phenotype (MHO), which is placed in a binary with metabolically abnormal obese (OA) bodies,⁵⁹ and which remains in line with what

⁵⁵ We had initially thought we would only rock climb the base of the mountain and, due to less than optimal climbing conditions, we decided to drop our climbing gear and hike to the peak of the mountain instead.

⁵⁶ I want to highlight that the danger only had to do with us being on a mountain, on precarious trails, with limited visibility and wildlife at night.

⁵⁷ Karasu and Karasu, *The Gravity of Weight*,

⁵⁸ George A. Bray, et al., "The Science of Obesity Management: An Endocrine Society Scientific Statement," *Endocrine Reviews* Vol. 39, No. 2 (2018): 82-83.

⁵⁹ Sarah M. Camhi and Peter T. Katzmarzyk, "Differences in Body Composition Between Metabolically Healthy Obese and Metabolically Abnormal Obese Adults," *International Journal of Obesity* Vol. 38, No. 8 (2014): 1142-1145.

authors such as Brown⁶⁰ have reported; fitness is indeed an indicator of physical health regardless of weight. A person who is obese might have high levels of fitness and be metabolically healthy, while a person who is thin might be unfit and unhealthy.⁶¹ However, even with a mountain of evidence suggesting it is not weight but fitness that serves as the best indicator of a person's health, and even while recognizing the existence of MHO people, the messaging remains that "clinicians should view MHO as a transient or intermediary state that may progress over time to an unhealthy phenotype in many people."⁶² The medical community continues to perpetuate the message that fat people cannot be fit and that we are still in danger of becoming unhealthy.

This also significantly affects fat people as, time and again, they get denied appropriate medical care because they do not fit the categories of what is considered "fit" – medical care which might, in turn, affect their health. For example, in 2018 I suffered a sports-related injury. While playing volleyball⁶³ I made a mistaken executing a jump and landed wrongly on my foot. As I was in the air, I could feel that I was not following proper form, and I could sense I would fall, and I ended up suffering a hairline fracture in my right heel. When I went to the ER, I was met, not for the first time, by disbelief that I had suffered a sports-related injury and was informed the pain was actually coming from the fact that I was too heavy and my feet could not sustain my weight. Because the doctors thought I was lying about my description of the accident, they did not perform the appropriate tests and I was sent home in a cast with an incorrect diagnosis. When I had the cast removed weeks later and my condition had not improved, the on-

⁶⁰ Harriet Brown, *Body of Truth. How science, History, and Culture Drive our Obsession with Weight - and What We can Do about It* (Boston: Da Capo Press, 2015) 44-45.

⁶¹ Marilyn Wann, *Fat! So?: Because You Don't Have to Apologise for Your Size* (Berkeley: Ten Speed Press, 1998) 52-53.

⁶² Bray, et al., "The Science of Obesity Management," 82-83.

⁶³ I was part of an adult volleyball team in my place of employment at the time and we would train three times a week.

call doctor referred me to a specialist. I saw three different doctors before I was given the appropriate test, which led to an accurate diagnosis of my injury and to the physical therapy I would need in order to walk again pain-free. While my final doctor still felt obliged to inform me that the damage I sustained could have been made worse due to my weight, she also told me that my injury perfectly aligned with a sports injury, underscoring that I should have been diagnosed a month earlier when I first visited the ER and described the incident. In other words, I spent a month unable or struggling to walk because the medical professionals I had seen simply did not believe a body like mine could play a sport, and that disbelief fundamentally altered their medical decisions.

Herein lies the double meaning of the word “fitness” when it relates to fat bodies. The danger inscribed on my body does not respond, necessarily, to a lack of fitness medically speaking, but to an inability to ‘fit’ within the parameters that have been established to regulate bodies and behaviors. Hence, even if I am physically fit, my fatness will bring my fitness into question. There can be no ‘fit’ in fatness.

Not Fit to Survive

In the late nineteenth century, new considerations about race and fatness emerged with the dawn of eugenics.⁶⁴ The central notion of eugenics is that controlling breeding by only allowing those with superior bodies – or genes – to reproduce will improve the human race. Eugenicists propose that only certain bodies (those considered of good health) should reproduce, while other bodies should be prevented from doing so to avoid the reproduction of diseases and

⁶⁴ British scientist Francis Galton is considered the pioneer of eugenics. Galton believed that certain human traits were hereditary. Galton’s work was inherently classist, as he considered traits such as poverty to be inherited. Sara Goering, “Eugenics,” *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (Stanford: The Metaphysics Research Lab, Stanford University, 2014), <https://plato.stanford.edu/entries/eugenics/>

disabilities.⁶⁵ Furthermore, controlling reproduction would allow for the preferential breeding of more suitable races, eventually eliminating inferior or underdeveloped peoples.⁶⁶ Since fatness had been associated with inferior races and was seen as a sign of physical and mental decay, and since obesity has a hereditary nature, preventing fat bodies from reproducing could eliminate multiple unchecked threats against the populations' moral and physical caliber.⁶⁷ Eventually, under eugenicist guidance, all fat bodies would die out. This conceptualization of fatness continues to impact how we think about fatness today and our desire to kill it.

With fatness associated with the racialized other, eugenics guaranteed slimness if only superior white races reproduced. The association of obesity with a lack of character and corrupt morals was touted by eugenicist Charles Davenport, who associated "good 'mental and moral qualities' with Caucasians."⁶⁸ Preventing the fat body from reproducing directly facilitated the perpetuation of superior white bodies; as Strings highlights, "Their tendency to slimness was seen as indication of such fitness."⁶⁹ Beyond the racial connotations of fatness, fat bodies are dangerous because they reproduce into more fat bodies; said another way, fat women give birth to fat bodies. Here, the eugenicist medical discourse turns its focus on women.

As I have previously explored, the rise of biopower brought about an interest within modern societies to regulate and normalize bodies. Part of this push aligns with the rise and development of capitalism and the association of an individual's productivity with their ability to produce wealth for the nation and reproduce the nation.⁷⁰ Conditions that threaten a population's

⁶⁵ Goering, "Eugenics,"

⁶⁶ Strings, *Fearing the Black Body*, 165-166.

⁶⁷ Strings, *Fearing the Black Body*, 165.

⁶⁸ Maynard V. Olson, "Davenport's Dream," in *Davenport's Dream. 21st Century Reflections on Hereditary and Eugenics*, ed. Jan A. Witkowski and John R. Inglis (New York: Cold Springs Harbor Laboratory Press, 2008), 80.

⁶⁹ Strings, *Fearing the Black Body*, 161.

⁷⁰ Michel Foucault, *The Will to Knowledge: The History of Sexuality Volume 1*, trans. Robert Hurley (New York: Pantheon Books, 1978).

strength and cost money to the state became conditions that needed to be regulated. Since fatness was culturally and historically articulated as a condition that jeopardizes a person's character and morals and negatively impacts the population, it became framed as evidence of a lack of procreative fitness. If fatness, as an affront to the capitalist interests of the states, needed to be eradicated, the best method would be to control women's bodies, the bodies responsible for perpetuating the species. This aligns with the late nineteenth and early twentieth century association of maleness with rationality and femaleness with bodily desires.⁷¹ Since "the prevailing cultural idea was that women lack sufficient rational qualities and were therefore especially weak in will, unable to control their impulses of corporal desires,"⁷² the female body had to be regulated and controlled to preserve civilization. This idea of civilization and of the civilized was, of course, modeled after white, European/US American male bodies.

The possibility that my fatness is hereditary, that it can reproduce, scares me to my very core, but for very different reasons than seen above. While I do not think I, or any woman, should ever have to explain why I do not want to have children, I will share one reason: the fear that my fatness could somehow harm my potential children. I do not mean I worry they would be unhealthy; as I have laid out, this would be possible regardless of their weight. What scares me is that my children could be fat and have to endure society's punishment for it. What scares me is that my children will also be deemed too unfit to survive.

⁷¹ Bordo, *Unbearable Weight*.

⁷² Amy Erdman Farrell, *Fat Shame. Stigma and the Fat Body in American Culture* (New York and London: New York University Press, 2011), 49.

Women, You Have the Right to Remain Hungry

As I have delineated, the concept of fitness holds a dual meaning: physical health, and the ability to ‘fit’ within the social norms imposed by modern, capitalist, globalized societies. “[E]l dispositivo fitness que recoge las exigencias de un cuerpo ‘adecuado’, que ‘encaje’.”⁷³ The ability to fit not only speaks to a person’s morals and intellect, but also to their status in society at large. Furthermore, this burden is disproportionately placed on women. Since rationality and the mind are coded as male arenas, and the body and its animalistic nature are female, women are locked into a system of discipline and control: due to their naturally weak characters and inability to control their body’s base impulses, they must be regulated.⁷⁴ Fatness is additional evidence of women’s savagery and inferiority, which further validates the need to control their bodies.⁷⁵ And finally, in the coup de grace of this system, the association between fatness and a lack of civility and rationality has historically been spearheaded by women themselves.

First wave feminists and the suffragette movement are a prime example of this cycle. As Erdman Farrell explores, anti-suffragette rhetoric in the United States aimed to undermine the women’s request for self-governance by depicting suffragist women as fat. “These were large, strong women, out-of-control beasts who threatened to suffocate the men in their midst. They were simultaneously comically ugly and threateningly dangerous.”⁷⁶ These depictions tried to characterize women as incapable of managing the abundance of new capitalist societies; women were slave to impulses and hence “unfit for public citizenship.”⁷⁷ Given the racial implications

⁷³ “[T]he fitness device that encompasses the demands of a ‘suitable’ body that ‘fits’.” [my own translation] Flavia Costa, “El dispositivo fitness en la modernidad biológica. Democracia estética, just-in-time, crímenes de fealdad y contagio” (Presentation, Jornadas de Cuerpo y Cultura de la UNLP, La Plata, May 15th – 17th, 2008), http://www.fuentesmemoria.fahce.unlp.edu.ar/trab_eventos/ev.647/ev.647.pdf

⁷⁴ Bordo, *Unbearable Weight*.

⁷⁵ Erdman Farrell, *Fat Shame*,

⁷⁶ Ibid, 88.

⁷⁷ Ibid.

associated with fatness at the time, the implicit idea is that suffragist women, an affront to civilized society, would degrade modern and civilized peoples to a more primitive state. Suffragists in both the USA and England upheld this idea that the body said something about the person, and sought to represent female voters as white, beautiful, and thin: “all these were part of a campaign to demonstrate the bodily fitness of women for the full rights of citizenship.”⁷⁸ In this manner women became instrumental in the articulation of thin bodies as bodies that transcended the primitive connotations of female bodies, for they have autonomously and individually conquered and regulated their desires.⁷⁹ In sum, “the ‘relentless pursuit of excessive thinness’ is an attempt to embody certain values to create a body that will speak for the self.”⁸⁰ This insidious notion of a body that speaks for the self and that can validate a person, especially a female person, as a citizen or member of society has remained until today.⁸¹

Controlling women’s bodies is also a capitalist mentality. The thin body, particularly the thin female body, has become the ultimate goal of consumer capitalism. “Consider that consumer capitalism depends in large part on the ability to regularly acerbate our sense of desire. As consumers, we must be constantly hungering for ‘more,’ whatever more might be.”⁸² In capitalist society bodies must not only be productive, but also in a constant state of consumption. With the previously analyzed modern notions of control and rationality in mind, consumption must also be controlled in the service of the socially regulated and normalized body.⁸³ In other words, hunger, or the ability to choose to be hungry, becomes a virtue within capitalist societies. A satisfied (fat) body is a body out of control, unforgivably vulnerable to its impulses, to its savagery. A thin

⁷⁸ Ibid, 97.

⁷⁹ Bordo, *Unbearable Weigh*, 64.

⁸⁰ Ibid, 63.

⁸¹ Costa, “El dispositivo fitness en la modernidad biológica,”

⁸² Paul Campos, *The Obesity Myth. Why America's Obsession with Weight Is Hazardous to Your Health*, (New York: Gotham Books, 2004), 231.

⁸³ Erdman Farrell, *Fat Shame*.

body is a body capable of controlling its appetites and, therefore, a body that is constantly hungering and consuming.⁸⁴ Since the burden of proof has been socially and historically placed on women in modern patriarchal societies to disprove their inferiority to men, and since women's bodies have been framed as the embodiment of national values, the result is that social and behavioral norms are disproportionately placed on women's bodies to make us fit societal standards.

A perfect example of this regulation of women's bodies as consumers is commercial that portray women consuming bite-sized candy. We are never shown indulging in large amounts of foods and drink. Even our indulgences must be regulated and controlled, and "the 'bitesize' candy genre represents female hunger as successfully contained within the bounds of appropriate feminine behavior."⁸⁵ In other words, as women, the ability to fit within societal norms of behavior, beauty, and consumer culture depends on our ability to remain hungry. Anything we eat can and will be used against us.

Unregulated, Uncivilized, Ugly and Dangerous

In this chapter I have sought to tease apart sociocultural and historical threats to comprehend the danger that has been inscribed on the fat body. The idea that bodies are, in and of themselves, objects of culture is central to my work.⁸⁶ Even if we could separate the rational subject from the body, the ways we read the physical body are embedded with cultural signifiers. As Pillow mentions: "Culture, power, inscribes both on and in the body. Bodies are sites and

⁸⁴ Campos, *The Obesity Myth*.

⁸⁵ Bordo, *Unbearable Weight*, 113.

⁸⁶ Michel Foucault, *Historia de la Sexualidad I. La Voluntad de Saber*, trans. Ulises Guiñazú (México D.F. and Madrid: Siglo Veintiuno, 1998).

centers of struggles between different power formations.”⁸⁷ There is no such thing as a generic body. On the contrary, the physical body is a battleground for discursive and physical representations of culture and power. On this battleground we find significations regarding the presence of fatness that answer to racialized, gendered and class discourses imposed on the body. I have explored above how the medicalization of fatness responds not just to a need to medicalize behaviors but also bodies that are not approved within the imaginaries of dominant societies.⁸⁸ With this in mind, I also reposition my current work within a geographical context that recognizes the impact of the transnational and globalizing enactments of power that seek to regulate the body, while also attempting to reject a notion of universalized experience.

At age sixteen, newly settled at an international school in Norway, I was sitting in an ESL conversational class when the professor asked us to describe beauty standards in our countries. It was a United World College,⁸⁹ so our class contained over a dozen nationalities. Still, most of everyone described a universalized image of beauty – thin, paler skinned, straight hair, light eye color. When it was my Angolese peer’s turn to speak, he tried to explain how in his culture, larger women were considered more beautiful. In a shy and broken English, he used my shape, my body, as an example. To this day, I have no words to describe my feelings in that moment; nor do I think I realized the significance of the moment as I was living it. I remember feeling

⁸⁷ Wanda Pillow, “‘Bodies are dangerous’: using feminist genealogy as policy studies methodology” *Journal of Education Policy* Vol. 18, No. 2 (2003): 148.

⁸⁸ Jerome P. Kassier and Marcia Angell, “Losing Weight—An Ill-Fated New Year’s Resolution,” *New England Journal of Medicine* Vol. 338, No. 1 (1998): 52-54.

⁸⁹ The United World College movement is made up of 18 schools spread across four continents. Admittance to the schools are regulated by ‘National Committees’ in more than 150 countries or through the Global Selection Programme (which is more limited). In Venezuela, the selection process involves a written test, a two-day immersion camp, and a final round of interviews. When I applied in 2005 I was one of hundreds of tenth and eleventh graders from all over the country competing for 9 spots, one three of which were full scholarships. I was selected to represent Venezuela in the United World College Red Cross Nordic 2005-2007. For more information on the UWC movement: www.uwc.org

embarrassed but also shocked. Was there a place in the world where beauty could be attributed to my body? Was there a place where my fatness did not classify me as ugly?

Indeed, as noted by Renzaho, “There is not such a definition for obesity in developing countries such as those in sub-Saharan Africa nor is obesity seen as a disease.”⁹⁰ Adeboye, Bermano, and Rolland address how fatness is associated with positive attributes such as beauty, health, and a good life.⁹¹ On the African continent, fatness has been associated with both privilege and power.⁹² With this I want to circle back to the idea of a biopower that has a transnational reach enacted through a globalized and technological system. I am not negating the cultural diversity in how fatness has been signified across geographies. Nevertheless, since fat people “have historically been seen as monstrous, excessive, and dangerous, to themselves and others, in Western culture,”⁹³ I advance that through a process of coloniality, transnational biopower, and empire establishment (in the sense of Hardt and Negri⁹⁴), and under the legitimacy granted to western medicine as global medicine, western discourses that inscribe the fat body are no longer geographically bound to the West or the Euro/US American context. As control that is not bound but evolving, some discourses might impact various cultures and regions of the world differently. Returning to my high school experience, one of the reasons that this is such a seminal memory in the history of my fatness is the fact that, while I have lived in several regions of the world, this was the singular time I felt I was not being considered beautiful *in spite of* my fatness.

⁹⁰ Renzaho, “Fat, rich and beautiful,” 106.

⁹¹ Adeboye, Bermano and Rolland, “Obesity and its health impact in Africa,” 517.

⁹² Scott et al., “Obesity in sub-Saharan Africa,” 12.

⁹³ Stefanie Snider, “On the Limitations of the Rhetoric of Beauty: Embracing Ugliness in Contemporary Fat visual Representations,” in *On the Politics of Ugliness*, ed. Sara Rodrigues and Ela Przybylo (Cham: Palgrave Macmillan, 2018), 337.

⁹⁴ Michael Hardt and Antonio Negri, *Empire* (Cambridge, MA: Harvard University Press, 2000), 23.

While we had over 80 nationalities represented at the school, weight gain was still one of the biggest concerns we had as girls. In fact, when I visited for my 1 ten year high school reunion, I saw a poster in one of the hallways reminding students about the benefits of drinking water and staying hydrated. The first benefit: weight loss. Ten years later, and in one of the most international and culturally diverse institutions, students were being explicitly encouraged to lose weight. I do not attempt to claim that living in a fat body has been the same from one country to the other, some countries have been more violent than others. But what has not changed for me is the fact that my fatness always says something about me: something negative.

Understanding the medicalization of fatness as an enactment of biopower, or as the conflation of different power discourses, systems, and technologies that seek to normalize and regulate the body, allows us to see how certain myths about fatness have been perpetuated through the western biomedical systems. In other words, critically engaging with the process of medicalization allows us to see “the fat body as a site of numerous discursive intersections, the effect of normative feminine beauty, health, gendered (hetero)sexual appeal, self-authorship, moral fortitude, fears of excess, and addiction.”⁹⁵ Through the jurisprudence of clinical knowledge⁹⁶ fatness is articulated as a disease, leading to prejudicial notions that are placed on the individual’s moral values.

Since the causes for obesity have been framed as derivative of a person’s actions, the individual ought to be in control of its own impulses and hence its own fatness. This is part of the way medicine disciplines and controls the body. As Murray explains, “Disciplinary medicine relies on

⁹⁵ Samantha Murray, “Pathologizing “Fatness:” Medical Authority and Popular Culture,” *Sociology of Sport Journal* Vol. 25 (2008): 9.

⁹⁶ M. Foucault, *Power/knowledge: Selected interviews and other writings* (New York: Pantheon Books, 1980).

the individual's belief in autonomy."⁹⁷ The individual – and here I am talking about all members of society, not just the fat ones – must believe that they can choose to regulate their fatness and, in doing so, improve their self. Through discipline, individuals can advance their bodies' "process of becoming."⁹⁸ In this manner, taking care of the body and maintaining its health is articulated through the power of disciplinary medicine as a responsibility and a moral imperative of the individual. Hence, fat people are in control of our fatness by virtue of our rationality, of our ability to control our actions. This means our fatness is our choice. The fat body's refusal to conform with the imposed norms make it an example of a lack of rationality, unable to control its impulses. So, fat bodies become dangerous because they stand outside of the status quo in a way that seems voluntary. The fat body, by choosing to act irrationally, is a threat to the moral fabric of modern societies. In choosing to act irrationally, the fat body is also a danger to modernity.⁹⁹ With this in mind, I contend that the process of medicalization, responding to the needs of body normalization systems and more recent socio-economic and cultural drivers, has been enacted in a way that has transformed fat bodies into bodies of terror that must, ultimately, be eradicated for the benefit of society.

⁹⁷ Murray, "Pathologizing "Fatness,"12.

⁹⁸ Chris Shilling, *The Body and Social Theory* (London: Sage, 1993).

⁹⁹ "it is on the basis of a distinction between reason and unreason (passion, fantasy) that late-modern criticism has been able to articulate a certain idea of the political, the community, the subject—or, more fundamentally, of what the good life is all about, how to achieve it, and, in the process, to become a fully moral agent." Achille Mbembe, "Necropolitics," *Public Culture* Vol. 15, No. 1 (2003): 13.

Chapter IV: Killing the Fat Body

I have normalized the violence experienced by fat bodies to such a point that it was only when people reacted so strongly to the stories in this work that I really understood the scope. Sometimes, by allowing my fatness to guide my work, I have experienced solitary moments of “embodied surprised”¹ at the hurt, the rage, and the pain that my fatness has been carrying all these years. By writing vulnerably, I expose my own complicity in perpetuating negative notions about fatness. We who inhabit fatness can be active participants in our own othering. I propose, however, that there is no shame in this realization. I believe that a truly revolting autoethnographic practice requires exploration of my complicity in the systems that seek to regulate my fatness. I must admit how I have replicated hierarchies that position healthy and metabolically fit bodies above others. Too many times have I heard myself say “*gordita pero saludable*,”² with the word *healthy* implying superiority. I was not just articulating that health was important for me, but that this differentiated me from *other, unhealthy* fat bodies. Returning to Costa and the corporality device, by enunciating my healthiness I was attempting to remove my body from narratives of contagion and abandonment and to make space for my fatness within a strict notion of beauty. My behavior was made all the more urgent because of the obesity epidemic looming over us.

The so-called “obesity epidemic” began to gain popularity and media attention in the early 1990s.³ “Fat people have been blamed for everything, including the crisis in health care,

¹ Laia Ventura García explores how one of the virtues of autoethnography is the ability to give visibility to the relationship between research and the “asombro vivido [embodied surprise]” that is experienced in and from our own bodies. Laura Ventura García, “Sabers nascuts de la vivència. Articulacions entre la investigació, l’escriptura i la vida,” in *Autoetnografias, Cuerpos y Emociones (II). Perspectivas feministas en la investigación en salud*, ed. Sam Fernández-Garrido and Elisa Alegre-Agís (Tarragona: Publicaciones URV, 2019) 39.

² “Gordita pero saludable” translates into “Fat but healthy.”

³ Natalie Boero, *Killer Fat. Media, Medicine, and Morals in the American “Obesity Epidemic”* (New Brunswick, New Jersey and London: Rutgers University Press, 2012), 2.

higher gas and airline prices, and global warming.”⁴ Fatness today is considered a global danger. Gilman advances that the construction of the obesity epidemic sought to produce a moral panic⁵ “that defines those ‘diseases’ we openly fear and those ‘infected’ persons we openly disdain.”⁶ Karasu and Karasu’s explanation of a “classic epidemic” proposes a first phase recognizing the problem, a second phase developing an explanatory framework for the problem at hand, and a third phase pressuring the development of some form of intervention.⁷

Following this order, the first phase of the obesity epidemic was recognizing obesity as a disease that has specific and negative impacts on the body, and the second phase was the laying out the frameworks that have defined the causes of the obesity epidemic. I would locate what Paul Campos has referred to as the “obesity myth” within these two phases: “The obesity myth is based on three claims: that ‘excess’ weight causes illness and early death; that losing weight improves health and extends life; and that we know how to make fat people thin.”⁸ These claims are, however, not straightforward facts. As I have explained, no causal relationship has been established between fatness and death or morbidities. Additionally, the paradox lived by most fat bodies is that most treatments for weight loss do not work and, even worse, can lead to negative physical, psychological, and weight outcomes.⁹ Research has shown that weight loss is difficult for most fat people to maintain and is even considered a predictor of weight gain.¹⁰ Mann

⁴ Boero, *Killer Fat*, 3.

⁵ “moral panic describes the role of mass media in creating alarm and moral indignation towards already discrete marginalized Others (folk devils), defined as such because they pose a ‘threat to societal values and interests’ (2002: 9). As ideological mechanisms, panics work to cast Others as scapegoats for social anxieties, which often rest elsewhere, in order to re-assert and extend order and control.” Jayne Raisborough, *Fat Bodies, Health and the Media* (London: Palgrave Macmillan, 2016), 159.

⁶ Sander L. Gilman, *A Cultural History of Obesity* (Cambridge and Malden: Polity Press, 2008) 21.

⁷ Sylvia R. Karasu and T. Byram Karasu, *The Gravity of Weight. A Clinical Guide to Weight Loss and Maintenance*, (Washington D.C. and London: American Psychiatric Publishing, Inc., 2010), 3.

⁸ Paul Campos, *The Obesity Myth. Why America's Obsession with Weight Is Hazardous to Your Health*, (New York: Gotham Books, 2004), 25.

⁹ Karasu and Karasu, *The Gravity of Weight*.

¹⁰ O’hara and Taylor, “What’s Wrong With the ‘War on Obesity?’,” 11-12; Linda Bacon, *Health at Every Size. The Surprising Truth About Your Weight* (Dallas: Benbella Books, 2008); Karasu and Karasu, *The Gravity of Weight*,

Tomiyama and Ward reiterate how restrictive diets, the most commonly associated practice with weight loss, do not guarantee weight loss in the long run,¹¹ and more often than not, the weight returns when the dieting period stops. Restrictive or low-calorie diets can have adverse effects on a person's health or lead to nutrient deficiencies.¹² Despite all of this, dieting continues to be one of the most prescribed methods for weight loss.¹³ Even while the adverse effects of weight loss programs and weight loss strategies have been extensively documented,¹⁴ this knowledge has not permeated medical and societal discourses surrounding obesity; perpetuating the idea that obesity can be cured.

Labeling obesity as an epidemic carries additional problematic messages. Firstly, there is a metaphoric connection between epidemic and contagion¹⁵ that implies that obesity can somehow spread, the presence of fat bodies bringing about more fat bodies. It also positions the danger on the individual as the carrier of that which is contagious: fat. Furthermore, it frames obesity as temporal; epidemics are expected to 'whimper out.'¹⁶ As such, the third of Karasu and Karasu's phases – the push for interventions - has already resulted worldwide, seeking to eradicate obesity. If what is causing the epidemic is the presence of fatness on people's bodies, then eradicating obesity means eradicating, or killing, the fat body.

Accepting all this, I advance that the term "postmodern epidemic," as proposed by Natalie Boero, is a better way to refer to obesity.¹⁷ Indeed, one of my own questions from

¹¹ Tracy Mann, A. Janet Tomiyama, and Andrew Ward, "Promoting Public Health in the Context of the "Obesity Epidemic": False Starts and Promising New Directions," *Perspectives on Psychological Science* Vol. 10, No. 6 (2015): 706–710.

¹² Frances M. Berg, "Health Risks Associated with Weight Loss and Obesity Treatment Programs," *Journal of Social Issues* Vol. 55, No. 2 (1999): 277–297.

¹³ Bacon, *Health at Every Size*

¹⁴ Berg, "Health Risks," 278.

¹⁵ Gilman, *A cultural History of Obesity*, 19.

¹⁶ "Eventually epidemics tend to end with a 'whimper' rather than a 'bang.'" Karasu and Karasu, *The Gravity of Weight*, 3.

¹⁷ Boero, *Killer Fat*, 7.

reading about obesity was: if there is so much debate surrounding obesity as a disease and as a condition that kills or harm the body, why do we still consider obesity an epidemic? Framing obesity as a postmodern epidemic helps by emphasizing that postmodern epidemics do not result in lasting solutions; through them, the focus is placed on individual responsibility and risk, and the media is depended on to generate a sort of moral panic.¹⁸

In *Revolting Bodies*,¹⁹ Kathleen LeBesco explored how “obesity embodies the characteristics of a moral panic.”²⁰ As Boero outlines, “a moral panic occurs when a phenomenon, occurrence, individual, or group of people comes to be seen as a threat to social values and interests.”²¹ The media played a crucial role in constructing the obesity epidemic: “the threat of fatness portrayed in the media and by experts is far greater than that experienced by actual fat people.”²² The media also fed chaos, a “necessary step in the development of methods to contain the epidemic.”²³ This sense of urgency bred on the quick spread of news framing obesity as a disease spreading at epidemic rates and carrying the risk of death.²⁴ Media-perpetuated chaos allowed for the formulation of solutions that focused on discipline and control. In doing so, as Bacon explores in length, it privileged the transmission of news and information that aided the creation of the moral panic while silencing evidence-based information that might have shifted how obesity was treated or portrayed.²⁵

Treating obesity as a disease or a medical condition, and especially as an epidemic, implies that fat bodies are pathological. Most narratives associated with weight gain put the

¹⁸ Ibid.

¹⁹ LeBesco, Kathleen, *Revolting Bodies? The Struggle to Redefine Fat Identity* (Amherst and Boston: University of Massachusetts Press, 2004).

²⁰ Boero, *Killer Fat*, 6.

²¹ Ibid.

²² Ibid 7.

²³ Ibid 45.

²⁴ Campos, *The Obesity Myth*.

²⁵ Bacon, *Health at Every Size*, 123-140.

blame and the responsibility on the individual. People become fat due to laziness, irresponsibility, weakness, and lack of fitness.²⁶ This can be evinced from the very definition of the word obese – “having eaten until fat.”²⁷ The pathologizing of fat bodies carries meanings of self-indulgence and individual moral failure.²⁸ This is how WCHPs create adipophobiogenic environments, defined as an “environment that creates and sustains fat phobia and oppression, including weight stigma, discrimination, bullying, violence and cultural imperialism.”²⁹ Hence, the pathologizing of fatness has directly contributed to weight stigmatization.³⁰ In the following section, I explore how fat stigma impacts the lives of fat people.

GordoFatphobia

In my chapter “The Diseased Body” I mentioned my unique encounter with a medical practitioner who explained there was not one *cause* for obesity and that I should focus on my healthiness. This moment saved my life. It came after an appointment I had with an endocrinologist who, after informing me there was nothing medically wrong with my body, told me I was still obese. He considered my ‘medical condition’ of obesity alongside my weight, age, and lack of children, and said I was a perfect candidate for bariatric surgery. I admit I considered it; after all, if I had a medical condition, why not cure it and allow my body the privilege of thinness?

²⁶ Wray and Deery, “The Medicalization of Body Size and Women's Healthcare,” 229.

²⁷ Harriet Brown, “How Obesity Became a Disease. And, as a consequence, how weight loss became an industry,” *The Atlantic*, March 24th, 2015, <https://www.theatlantic.com/health/archive/2015/03/how-obesity-became-a-disease/388300/>

²⁸ Wray and Deery, “The Medicalization of Body Size and Women's Healthcare,” 229-231.

²⁹ O'hara and Taylor, “What's Wrong With the ‘War on Obesity?’,” 14.

³⁰ Daniel S. Goldberg, “Fatness, Medicalization, and Stigma: On the Need to Do Better,” *Narrative Inquiry in Bioethics* Vol. 2, No. 2 (Summer 2014): 220.

I did not realize how violent this was until I went to my family doctor. Every year she would tell me that I was healthy and would laugh when I still asked her for a complete physical check-up of everything and anything related to my fatness. She always consented and, ultimately, reiterated that I was healthy and there was nothing wrong with me. When I informed her about the endocrinologist's suggestion, she was enraged. It was through her rage that I finally saw the violence of his suggestion. Even though there was nothing wrong with me, the endocrinologist thought that my fatness alone was worth having my body cut open and modified. Bariatric surgery has been found to severely increase mortality.³¹ The complications associated with bariatric surgery are severe and can impact a patient's everyday life.³² In spite of all this, to him, my fatness was so dangerous, so destructive, that mutilating my body to eliminate it was a benign, almost easy solution. The more I read, the more I understood my family doctor's rage and the ensuing lecture on obesity that she gave me. She would only even consider recommending the surgery if my fatness was severely impacting my mental health. It took her rage and her deep concern for me to finally accept that I was indeed healthy.

³¹Bacon, *Health at Every Size* 62-66.

³² "A few other complications that the ads usually forget to mention, as compiled by Dr. Paul Erns-Berger and Sandy Swarcz: adhesions and polyps, massive scar tissue, advanced aging, anemia, arthritis, blackouts/fainting, bloating, body secretions (odor like rotten meat), bowel/fecal impaction, cancer (of the stomach, esophagus, pancreas, and bowel), chest pain from vomiting, circulation impairment, cold intolerance, constipation, depression, diarrhea, digestive impairment due to heavy mucus, digestive irregularities, diverticulitis, drainage problems at incision, early onset of diabetes, early onset of hypertension, electrolyte imbalance, erosion of tooth enamel, excessive dry skin, excessive stomach acid, esophageal contractions, esophageal erosion and scarring, feeling ill, gallbladder distress, gynecological complications, hair loss, hemorrhoids, hernia, hormone imbalances, impaired mobility, infection from leakage into body cavities (peritonitis), infertility, intestinal atrophy, intestinal gas, involuntary anorexia, irregular body fat distribution (lumpy body), iron deficiency, kidney impairment and failure, liver impairment and failure, loss of energy, loss of muscle control, loss of skin integrity, low hemoglobin, lowered immunity and increased susceptibility to illnesses, malfunction of the pituitary gland, muscle cramps, nausea, neural tube defects in your children, neurological impairment (nerve and brain damage), osteoporosis, pancreas impairment, pain along the left side, pain on digestion, pain on evacuation, peeling of fingernails, potassium loss, pulmonary embolus, putrid breath and stomach odor, rectal bleeding, shrinking of intestines, stomach pain, sleep irregularities, suicidal thoughts, thyroid malfunction, urinary tract infection, vitamin and mineral deficiency, vitamin and mineral malabsorption, violent hiccups that persist daily, vomiting from blockage, vomiting from drinking too fast, vomiting from eating too fast, vomiting from eating too much (more than 2 ounces) and best of all - weight regain." Ibid 64.

Belief later turn to rage when I started understanding how my body has been treated, been given the status of diseased, unhealthy, ugly, out of control, contagious. This rage also comes from the knowing that I perpetuated my own body's oppression by believing that there was something unhealthy about myself. I perpetuated the stigma that notions of health have on any kind of bodies. The stigma experienced by fat bodies is violent and it is ever present.

Othering the Fat Body

Stigmatization is a process that combines several factors. As Link and Phelan have explored, in order for a condition of stigma to be generated, there needs to be a manner of differentiation based on societally agreed upon characteristics that create divisions.³³ In this case, the establishment of the categories overweight and obese have made weight the relevant differential characteristic. The process of stigmatization is accompanied by the need to associate negative characteristics with those who have been identified as different. In the case of fat people, fatness tends to be presented as a condition that responds to individual actions (laziness, lack of exercise, over-eating, overindulging); this allows for the generalization of negative characteristics that impact all fat bodies.³⁴ Finally, Link and Phelan explain how stigmatized people enter a binary that creates an 'us' vs. 'them' narrative, which in turn leads to discrimination and loss of status.³⁵ An *othered* body is created. The pathologizing of fatness and the negative characteristics imposed on fat bodies create the opportunity for stigma to be placed on the individual, who becomes labeled as undesirable. This, in turn, leads to discrimination.³⁶

³³ Bruce G. Link and Jo C. Phelan, "Stigma and its Public Health Implications," *The Lancet* Vol. 367 (February 11, 2006): 528.

³⁴ Claudia Sikorski et al., "The stigma of obesity in the general public and its implications for public health - a systematic review," *BMC Public Health* Vol. 11, No. 611 (2011): 1-8, <http://www.biomedcentral.com/1471-2458/11/661> ; Wray and Deery, "The Medicalization of Body Size and Women's Healthcare," 230.

³⁵ Link and Phelan, Stigma and its Public Health Implications," 528.

³⁶ Sikorski et al., "The stigma of obesity," 1-2.

Biopower is the enactment of disciplines and controls that seek to regulate and normalize the body determines the ways fat bodies get to live and die. Being able to regulate life implies a deadly form of power. Since biopower has, at its core, the power to take over and police life, it also has the power to reject people towards death. This means, through the enactment of biopower, entire populations can be exposed to death under the pretense of defending or protecting other populations.³⁷ Therefore, biopower's weapon becomes death, or the threat of death.³⁸ Indeed, since biopower's ultimate goal is the protection, strength, and survival of the population, entire populations of others can be exposed to death if this is needed for the original population's protection.³⁹

Here, I bring to the table Clare Hanson's treatment of biological racism. Biopower serves the establishment of modern racism which, through the state's enactment of "intervenciones permanentes a nivel del cuerpo, las conductas, la salud y la vida cotidiana"⁴⁰ is able to execute mechanisms that protect the purity of the blood and guarantee racial success. Clare Hanson has elaborated on the mobile nature of race as a category in Foucault's work. In the case of fatness, the Foucauldian idea of biological racism is very pertinent. As Hanson explained, biological racism introduces the notion that there are "external and internal threats to the health of the population,"⁴¹ and that these biological threats must be eliminated to guarantee the improvement and well-being of the species. Fatness is one of these biological differences informed by

³⁷ Michel Foucault, *The Will to Knowledge: The History of Sexuality Volume 1*, trans. Robert Hurley (New York: Pantheon Books, 1978) 137-140.

³⁸ Michel Foucault, *Historia de la Sexualidad I. La Voluntad de Saber*, trans. Ulises Guiñazú (México D.F. and Madrid: Siglo Veintiuno, 1998), 86.

³⁹ Michel Foucault, "Society Must be Defended:" *Lectures at the Collège De France (1975-1976)* (New York: Picador, 2003).

⁴⁰ "permanent interventions on the body, behaviors, health and daily life" [my own translation] Foucault, *Historia de la Sexualidad I*, 89.

⁴¹ Clare Hanson, "Biopolitics, Biological Racism and Eugenics," in *Foucault in an Age of Terror. Essays on Biopolitics and the Defense of Society*, ed. Stephen Morton and Stephen Bygrave (New York: Palgrave Macmillan, 2008), 108.

biological racism; it poses a threat to the population, and it must be eliminated. In this sense, biological racism is interconnected with eugenic currents⁴² seeking to eliminate deviance and degeneracy.⁴³ Stemming from claims of scientific interest and rationality, the medicalization of fatness responds to disciplinary and control systems that have established a biopolitical management of life through which deviant bodies must be killed to preserve the stability of the population.⁴⁴

By understanding the stigma experienced by fat bodies as a process of othering the body under a notion of biological racism, we begin to comprehend the violent and murderous shape this stigma takes. Biopower divides populations by biological factors determining which bodies belong and which do not, which bodies are worth protecting and which are not. As Achille Mbembe asserts, “In the economy of biopower, the function of racism is to regulate the distribution of death and to make possible the murderous functions of the state.”⁴⁵ The biological division of the population makes deadly force acceptable against *others*. In this case, however, the biological difference is not skin color, but presence of adipose tissue. I propose a term for this stigmatization and discrimination experienced by the fat body that stems from a Foucauldian sense of biological racism: gordofatphobia.

Lenguas habladas, lived experiences

I have realized that there is no one term for the stigma, discrimination, and fear of fatness. Fatphobia, a term commonly used in English is defined as “the social rejection and devaluation that occurs to those who do not comply with prevailing social norms of adequate

⁴² Hanson, “Biopolitics,” 113.

⁴³ Foucault, “*Society Must be Defended*,” 252.

⁴⁴ Hanson, “Biopolitics,” 116.

⁴⁵ Achille Mbembe, “Necropolitics,” *Public Culture* Vol. 15, No. 1 (2003): 17.

body weight and shape,”⁴⁶ it is used as a synonym for weight or fat stigma, and to refer to any discrimination experienced by fat bodies. Gordofobia, a Spanish term, is defined as:

la discriminación a la que nos vemos sometidas las personas gordas por el hecho de serlo. Hablamos de humillación, invisibilización, maltrato, inferiorización, ridiculización, patologización, marginación, exclusión y hasta ejercicio de violencia física ejercida contra un grupo de personas por tener una determinada característica física: la gordura ⁴⁷

It almost seems that one term is simply a translation of the other. However, I invoke Lucrecia Masson’s words: “Gordofobia es la palabra/concepto/herramienta que los activismos gordos en las lenguas habladas en estas regiones se han dado para sí.”⁴⁸ Gordofobia is a word chosen by Spanish-speaking fat bodies and activists to name their experiences with stigma and discrimination. Recalling my use of a transbordermestizx voice, I hesitate to use either gordofobia or fatphobia; my experiences have been as much located in the Spanish-speaking and South American context as they have outside it. Therefore, I propose the term ‘gordofatphobia’ as a way to position my body at the border of fatphobia and gordofobia. At the heart of gordofatphobia is ““una compleja matriz de opresión que involucra una multiplicidad de aparatos de control biopolíticos que tienen por objetivo la eliminación material de las corporalidades gordas.”⁴⁹ Gordofatphobia is an accepted, socially-enacted system of prejudice and oppression

⁴⁶ A. Janet Tomiyama et al., “How and why weight stigma drives the obesity ‘epidemic’ and harms health,” *BMC Medicine* Vol. 16 (2018), <https://doi.org/10.1186/s12916-018-1116-5>

⁴⁷ “the discrimination to which we are subjected as fat people because we exist. We are speaking about humiliation, invisibility, abuse, inferiorization, ridicule, pathologization, marginalization, exclusion, and even exercise of physical violence against a group of people for having one physical determining characteristic: fatness.” [my own translation]

Lucrecia Masson, “Gordofobia,” *Barbarismos Queer y Otras Esdrújulas* (2017): 210.

⁴⁸ “Gordofobia is the word / concept / tool that the fat activisms in the languages spoken in these regions [Spanish speaking Americas] have given themselves.” [my own translation]
Masson, “Gordofobia,” 213.

⁴⁹ “a complex matrix of oppression that involves a multiplicity of biopolitical control apparatuses whose objective is the material elimination of fat bodies.” [my own translation]

Nicolás Cuello, “¿Podemos lxs gordxs hablar? Activismo, imaginación y resistencia desde las geografías desmesuradas de la carne,” in *Cuerpos Sin Patrones. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 38.

which is experienced by fat bodies at higher rates than other forms of discrimination, such as those related to race or ethnic differences.⁵⁰ Gordofatphobia has found its maximum expression through the war on fat.

The fear of the fat body has placed obesity in the context of war. Predominant discourses surrounding efforts to combat fatness are framed as waging a war against the obesity epidemic. Obesity has been referred to as the “Terror Within;” its threat compared to some of the most heinous terrorist acts of our times.⁵¹ “Ser gordo se ha convertido en un problema de estado, se ha vuelto una preocupación al considerárselo una patología de tipo sanitaria, cultural y social.”⁵² It is impossible, however, to wage a war against obesity without being at war with fat bodies.⁵³ In other words, declaring war on obesity declares war on the embodiment of obesity, which declares war on people that dare inhabit fat bodies. This shows that the problem is not the social, cultural, and physical causes of obesity; the danger is the body itself.

The war against fat is in line with “practices of modern warfare”⁵⁴ which excuse war as a matter of necessity for survival. Through biopower a hierarchy of bodies is established, and the idea of a “terminal”⁵⁵ species arises. Within modernity, this superior species is thought of as

⁵⁰ Tomiyama, “How and why weight stigma drives the obesity ‘epidemic’ and harms health.”

⁵¹ Abigail C. Saguy and Rene Almelin, “Making the ‘Obesity Epidemic’: The Role of Science and the News Media,” in *Obesity, Eating Disorders and the Media*, ed. Karin Eli and Stanley Ulijaszek (Surrey and Burlington: Ashgate, 2014) 107.

⁵² “Being fat has become a state problem, considered [fatness] as a health, cultural and social pathology it has become a concern.” [my own translation]

Lux Moreno, “¿A qué edad fue tu primera dieta?” in *Cuerpos Sin Patronos. Resistencia desde las geografías desmesuradas de la carne*, ed. Laura Contrera and Nicolás Cuello (Buenos Aires: Editorial Madreselva, 2016), 61.

⁵³ Linda Bacon and Amee Severson, “Fat is not the Problem – Fat Stigma is,” *Scientific American*, July 8th, 2008, <https://blogs.scientificamerican.com/observations/fat-is-not-the-problem-fat-stigma-is/>

⁵⁴ Julian Reid, “Life Struggles: War, Discipline and Biopolitics in the Thought of Michel Foucault,” in *Foucault in an Age of Terror. Essays on Biopolitics and the Defense of Society*, ed. Stephen Morton and Stephen Bygrave (New York: Palgrave Macmillan, 2008), 15.

⁵⁵ Ahmed Ragab, “Monsters and Patients: an Archeology of Medicine, Islam, and Modernity,” *History and Theory* Vol. 55 (2016): 114.

rational, white, and male.⁵⁶ Biopower seeks to create an inter-social war⁵⁷ aimed at “fostering a uniform docility of individualized bodies.”⁵⁸ The way this takes place, of course, depends on the interests of the discursive forces impacting the enactment of biopower. “[W]ar is the source of the individuating techniques of discipline, it is also the source of the forces that constitute power relations within modern societies.” This need to expose the fat body to death; the drive to eradicate fatness, to kill it; this is how I have arrived at what I call a fat terrorist body.

Fat Terrorists

A war has been declared on my body, on my fatness. A war has been declared on my body and my whole being, as my fatness is not separate from me – it constitutes me. My body is a dangerous body, a diseased body; my danger lies within. My fatness is a weapon of mass destruction, capable of both killing myself and destroying society as we know it. My diseased body is a battleground between my fatness and the forces seeking to regulate it, seeking to regulate me.

Gordofatphobia – as a form of biological racism –allowed for the articulation of fat bodies as diseased degenerates, an internal threat to the population. For this reason, through the enactment of a transnational biopower and state biopolitics, a war has been declared on the fat body. Here, I present Achille Mbembe’s concept of necropolitics. By understanding necropolitics as “a closed entrenchment of political, economic and military devices, oriented towards the eliminations of human populations,”⁵⁹ we can understand how the war against obesity went

⁵⁶ Ragab, “Monsters and Patients.”

⁵⁷ Reid, “Life Struggles,” 22.

⁵⁸ Ibid.

⁵⁹ Antonio Pele, “Achille Mbembe: Necropolitics.” *Critical Legal Thinking - Law and the Political*, March 2nd, 2020, <https://criticallegalthinking.com/2020/03/02/achille-mbembe-necropolitics/>

beyond the realm of the military and traditional physical violence. Instead, the war against fat, informed as it is by the construction of an obesity epidemic that presented fatness as an ever-growing enemy to a transnational population, has, by using of adipophobiogenic environments, deployed weapons that expose fat bodies to death and confer on them the status of “living dead.”⁶⁰ In other words, by developing environments that sustain gordofatphobia ⁶¹ and legitimize it with the medical sciences, we have subjugated fat bodies to a “death-world”⁶² where we are always in pain and under the threat of death.⁶³ In this death-world, the fat body is assembled as a terrorist.

My jumping off point for the fat terrorist body is José Esteban Muñoz’s treatment of the word terrorist. In his piece “*The White to be Angry*,”⁶⁴ Muñoz problematizes commercial drag performance and contrasts it with Vaginal Crème Davis’s drag routine. He criticizes commercial drag as a “sanitized and desexualized performance”⁶⁵ produced for the mere enjoyment of the masses, and categorizes Davis’s performance as a ‘terrorist drag’, since she becomes a representation of the nation’s fears by depicting a person unintelligibly gendered and racialized. A terrorist drag embodies the nightmares of the members of the nation state as a whole, not just those of dominant or oppressed populations. This is congruous with Diana Torres’ conceptualization of how the word terrorist can be applied to “cualquier persona etiquetada por la Sociedad como monstruosa, peligrosa, o molesta.”⁶⁶ Inherent in both Vaginal Crème Davis’s terrorist drag and

⁶⁰ Mbembe, “Necropolitics,” 39-40

⁶¹ O’hara and Taylor, “What’s Wrong With the ‘War on Obesity?’,” 14.

⁶² Mbembe, “Necropolitics,” 39-40

⁶³ Mbembe, “Necropolitics,” 39

⁶⁴ José Esteban Muñoz, “‘The White to Be Angry’: Vaginal Davis’s Terrorist Drag,” *Social Text* Vol. 52-53 (1997): 81-103.

⁶⁵ Muñoz, “‘The White to Be Angry,’” 85.

⁶⁶ “anyone labeled by the Society as monstrous, dangerous, or annoying” [my own translation] Diana Torres. *Pornoterrorismo* (Self-pub., PDF electronic format , 2014). <https://www.bibliotecafragmentada.org/wp-content/uploads/2014/10/Pornoterrorismo.pdf> , 53.

Torres' concept of a terrorist is the same idea: that the terror comes from within. The danger is within the body and within the nation. Following up on Muñoz's work, Jasbir Puar, in her work *Terrorist Assemblages*, associates Muñoz's treatment of the word 'terrorist' with 'queerness' through the conceptualization of a "queer terrorist."⁶⁷

With the War on Terror, terrorism has been constructed as a monster without origin that is far reaching, "unfathomable, unknowable, and hysterical."⁶⁸ Like a virus, the terrorist body is deadly. The War on Terror requires the articulation of bodies normalized as alien, standing against normativity and nationalist discourses. For this reason, Puar asks "what is queer about the terrorist?"⁶⁹ and offers a juxtaposition of the homosexual as a 'domestic terrorist' to explain the queering of the terrorist body. Homosexual men are seen as traitors to the nation, for their masculinity is considered weak and feminized. When considering the HIV pandemic, much like the suicide bomber, homosexuals die and bring death. The betrayal and threat to the nation brings together the concept of queerness and the body of the terrorist. This is further informed by a phobic Orientalizing discourse placed on Muslim bodies, which are seen as terrorist bodies with humiliated, weakened, or feminized masculinities. Puar utilizes queerness to explain how an identity that is normalized as alien to sexuality might contain sexualizing notions at its core. As such, the national threat of queerness is related to the threat of the terrorist body that represents an erroneous sexual illusion, a deviation of the norm, and an unregulated formation of the body.⁷⁰ This same logic can, in turn, be applied to fat bodies.

⁶⁷ Jasbir Puar, *Terrorist Assemblages. Homonationalism in Queer Times*, (Durham and London: Duke University Press, 2007).

⁶⁸ Jasbir Puar, "Queer Times, Queer Assemblages," *Social Text*, Vol. 23 (2005): 127.

⁶⁹ Puar, "Queer Times," 127.

⁷⁰ Ibid.

Kathleen LeBesco explored the similarities between fatness and queerness. Both fatness and queerness have been medicalized, pathologized, and stigmatized. They have also both been the sources of moral panics and have been placed within frameworks that seek to ‘cure’ their pathologies. Further, “While both queers and fat folk are understood as manifesting symptoms to mask a more difficult underlying problem, they also share a reputation for sexual deviance.”⁷¹ Using the same logic that the idea of deviance is already inherent in the terrorist body, I propose that we have assembled a fat terrorist body that represents a danger to society through its deviation from the norm and its refusal to be regulated. At this juncture, I also want to invoke Puar’s treatment of assemblages.

Understanding the fat body as an assembled terrorist body allows us to comprehend how interwoven forces have impacted how we constitute fatness and have, in doing so, imposed discourses upon bodies that are fat, regardless of their other identities. By articulating the fat body as dangerous, as the terror within, we have assembled a fat terrorist body which must be contained, regulated, and killed. Similarly to the turbaned body, as Puar addresses, fatness “both reveals and hides the terrorist, a constant sliding between that which can be disciplined and that which must be outlawed.”⁷²

In this relationship between what can be disciplined and what can be outlawed – and therefore killed –we find the relevance of Mbembe’s death-worlds in the treatment of fatness. Puar says that “queer bodies may be the temporary recipients of the ‘measures of benevolence’ that are afforded by liberal discourses of multicultural tolerance and diversity,”⁷³ a benevolence

⁷¹ LeBesco, *Revolting Bodies?*, 86.

⁷² Puar, *Terrorist Assemblages*, 175

⁷³ Ibid xx.

predicated on the queer subject's ability to engage in "ever-narrowing parameters of white racial privilege, consumption capabilities, gender and kinship normativity, and bodily integrity."⁷⁴ This sense of benevolence, hence, is afforded to the queer body only with their engagement in what Puar has coined as "homonationalism."⁷⁵ Puar contends that "biopolitics delineates not only which queers live and which queers die – a variable and contestable demarcation – but also *how* queers live and die."⁷⁶ I extend this by claiming that biopolitics delineates both which *fat bodies* live and which fat bodies get to die, and *how* fat bodies get to live and die. Puar sees how queer subjecthoods both have emerged and been sanctioned within the USA context. On the one hand, there has been "cultivation of homosexual subjects folded into life,"⁷⁷ meaning that through arguments of market virility and regenerative reproductivity, queers have been offered parameters through which their deviance can be tolerated within society. Thus, their subjecthood has received benevolences that have allowed them to turn towards life rather than to be rejected towards death. This act of benevolence afforded to the queer, on the other hand, is based on a constant disciplining and normalizing of their bodies and behaviors. In parallel, queerness has operated as "the optic through which perverse populations are called into nominalization for control."⁷⁸ In other words, a queer subjecthood has been imposed on bodies, regardless of their identification. This placement has, in turn, positioned queer subjects in a sort of death-world. They can choose to engage in the normalizing disciplines and coercions afforded to queerness in order to "turn to life,"⁷⁹ or they can walk the pathway towards death. I contend that in the case of

⁷⁴ Ibid.

⁷⁵ Puar, *Terrorist Assemblages*.

⁷⁶ Ibid, xx.

⁷⁷ Ibid.

⁷⁸ Ibid, xxi.

⁷⁹ Ibid.

fatness, a similar process to homonationalism has taken place, a process which I will call “fatnormativity.”

Fatnormativity – Gordonormatividad

Fatness as a condition that results from an individual’s actions, that is dangerous, and that can (and must) be cured is so prevalent that I was 10 years old the first time I was put on a highly restrictive diet.⁸⁰ It was a combination of acupuncture and dieting marketed as the ultimate solution for weight loss. Three-centimeter acupuncture needles were pushed inside of my stomach and left there for one to two weeks. I was only allowed to eat a few foods, and carbohydrates and sugar were strictly forbidden. I followed this diet for the *recommended* period of time for my age, and I did lose weight. I lost a lot of weight; and while losing it was hard, regaining it was effortless, even while maintaining a low carb diet. Thinking back, I am appalled that, at age 10, my body was considered so unhealthy, so out of the norm, that it was medically acceptable for me to be stabbed by needles that then remained inside of me. It was violent. I feel powerless thinking about what my body went through. And still, I understand how it must have felt for my mother. If the responsibility of being fat lies on the individual then, when I was a minor, it also fell on my mother, the person expected to keep me healthy and provide me with adequate nutrition and an active lifestyle. It did not matter that my mother did all of this; when society and the medical community have labelled your child as unhealthy, as undesirable, you logically attempt to provide them with a *cure*.

Gordofatphobia, ultimately, is a way to discipline and control bodies. Prof. Sayak Valencia, during her lecture at the Universidad de Granada on Oct. 1st, 2020, proposed that in the

⁸⁰ Not my first diet, just the most restrictive.

fusion between biopower and necropower we find the necroadministration. In current societies, bodies are not directly killed. Nonetheless, the systems of power point us towards death through the administration of suffering. In other words, the administration of suffering imposed on fat bodies produces a monetary value based on their engagement with techniques that seek to eradicate fatness. Similarly, capitalist systems play a role in the perpetuation of gordofatphobia as a tool to produce consumers that will seek to kill their fatness through consumption. Failing to consume the tools offered, choosing not to consume them, leads to the punishment of the body through the enactment of suffering. This suffering, which places the body in a sort of death-world – or as Costa might say, in a ‘grey area’ – is also the punishment given to bodies that fail to conform with the corporality device and are labeled as contagious, ugly bodies of fear.

This imperative placed on the fat body to engage as a way to lessen its suffering is what I call fatnormativity. Fatnormativity refers to the behaviors and actions a fat person must engage in to receive any form of benevolence that will reduce the pain they experience within the socially constructed death-world. While homonationalism might be seen as a sort of escape from the death-world towards life, fatnormativity offers a ‘way out’ but does not guarantee life. The only way to be “folded (back) into life”⁸¹ is with the complete eradication of fatness from the body.

To explain why fatnormativity is not enough to fold the fat body back into life, I return to Torres’ association of the terrorist with the monster. Fat bodies are monstrous bodies. Fat bodies are thought of as irrational. Rationality and modernity have been predicated as dependent on each other, and rationality has long been attributed to the white European and US/American body. In this sense, modernity is representative of a “terminal species”⁸² which is inherently

⁸¹ Puar, *Terrorist Assemblages*, 35.

⁸² Ragab, “Monsters and Patients,” 11.

rational and inherently white. The fat body as monstrous serves as a point of reference for that which is in the process of becoming the terminal species but is not quite there. In this way, “the lives of monsters, whether alive or dead, are useful only as tools for understanding the terminal species and how it came to exist.”⁸³ The monster, I contend, also serves as a warning. The monster – the fat body – is constructed as a terrorist because it serves as warning of what a body out of control looks like, how it lives, and how it dies. As a result, the terrorist fat body produces fear because of the threat of danger it embodies and because everyone is at constant risk of becoming it. The fat terrorist is a reminder of the monstrosity that exists outside of what has been deemed the terminal species; monstrosity which results in death and to which we are all just one too many bites away from. Hence, the fat terrorist body also serves as a normalizing and disciplining tool for the very fear produced by becoming one. Engaging in fatnormativity is not enough; the only way to return back to life is to possess a docile, normalized, regularized body. Benevolences are granted to the fat person who engages in practices that not only control but eradicate their fatness. However, life is only possible upon the complete killing of the fat body.

Why do we engage?

I believe in two reasons that fat bodies choose to engage in fatnormativity: disinformation and gordofatphobia. Much of the information we take for granted about obesity is untrue or has been manipulated to serve specific interests. Our lipoliteracies obviate the negative health outcomes associated with weight-loss treatments included, but not limited to, the regaining of lost weight. Dieting is not the only weight loss treatment that has been correlated with negative health outcomes; prescription medications for weight loss have been reported to cause serious health conditions such as pulmonary hypertension, heart valve disease, higher blood pressure,

⁸³ Ibid, 2.

and death. Nonetheless, these are widely used and, in some cases, still prescribed.⁸⁴ Over-the-counter weight-loss drugs are another arena for misleading information, since their positive and negative effects have not necessarily been studied. The use of these drugs is also more prevalent amongst girls and women. A USA-based study found that 40% of adult women, in comparison to 20% of adult men, were actively trying to lose weight. This statistic is even more shocking considering that 62% of those women did not have an overweight BMI. These percentages are even more terrifying for adolescent girls. Berg exposes that in a study of 8th to 10th graders, 61% of girls and 28% of boys were trying to lose weight by engaging in unhealthy methods.⁸⁵ Some of the hazardous mechanisms used across all ages are purging, vomiting, laxatives, diuretics, and plastic wraps, among others, all which can lead to serious health conditions.⁸⁶

One of the most shocking personal revelations I have had is that “In 1985 the Food and Drug Administration documented more than 100 cases of adverse reactions to Herbalife weight loss products, including nausea, headaches, diarrhea, constipation, and vomiting and investigating several fatalities.”⁸⁷ At age 21, I began using Herbalife’s weight loss products. I experienced some of these side effects, but felt motivated by the fact that, for the first time in a very long time, I was consistently losing weight. I lost over 20 kilograms in six months. And, of course, I regained it easily when I suspended use of the product. Years later, I considered restarting the Herbalife routine, but my doctor objected that it would be like voluntarily poisoning myself. I have come to realize that the negative experiences of being fat have led me to choose unhealthy weight loss mechanisms and, consciously or unconsciously, to engage in a

⁸⁴ Berg, “Heath Risks,” 278-281.

⁸⁵ Ibid, 277-278.

⁸⁶ Ibid, 289-290.

⁸⁷ Ibid.

negotiation between health and weight loss. While I would like to attribute these choices to disinformation, even now, the fear of gordofatphobia is so pervasive that in the back of my mind I still think about going on a diet almost daily.

This was an example of the first reason, disinformation, that fat bodies choose to engage in fatnormativity. The second reason is gordofatphobia. My present work has been developed in the era of the Covid-19 pandemic, which has exacerbated gordofatphobia. With lockdowns and quarantines imposed globally, one of the world's biggest concerns was getting fat. People were literally dying due to Covid-19 but our biggest concern, and the biggest joke, was the fear of becoming fat. This message pervaded social media. I saw memes of "before and after" quarantine, where one body is thin and one body is fat. I took part in WhatsApp group messages where members expressed fear of their growing fatness from inactivity and over-eating. I have been flooded by advertisements for home exercise sessions and healthy eating during the pandemic. The list goes on and on and on. The fear inscribed in the fat body, our unhealthiness, is so dangerous that cities such as Bogotá, Colombia recommended that fat people stay isolated and not go out in public: Decree 176 of 2020, enacted by the Mayor's Office of Bogotá, recommended voluntary confinement for obese people.⁸⁸ Parroting ideas that dubiously equated fatness with unhealthiness, the Bogotá Mayor's Office managed to articulate fatness as such a danger that it required confinement, it required being kept away for our own safety. While the motivation behind recommended confinement might seem benign, even protective of fat people,

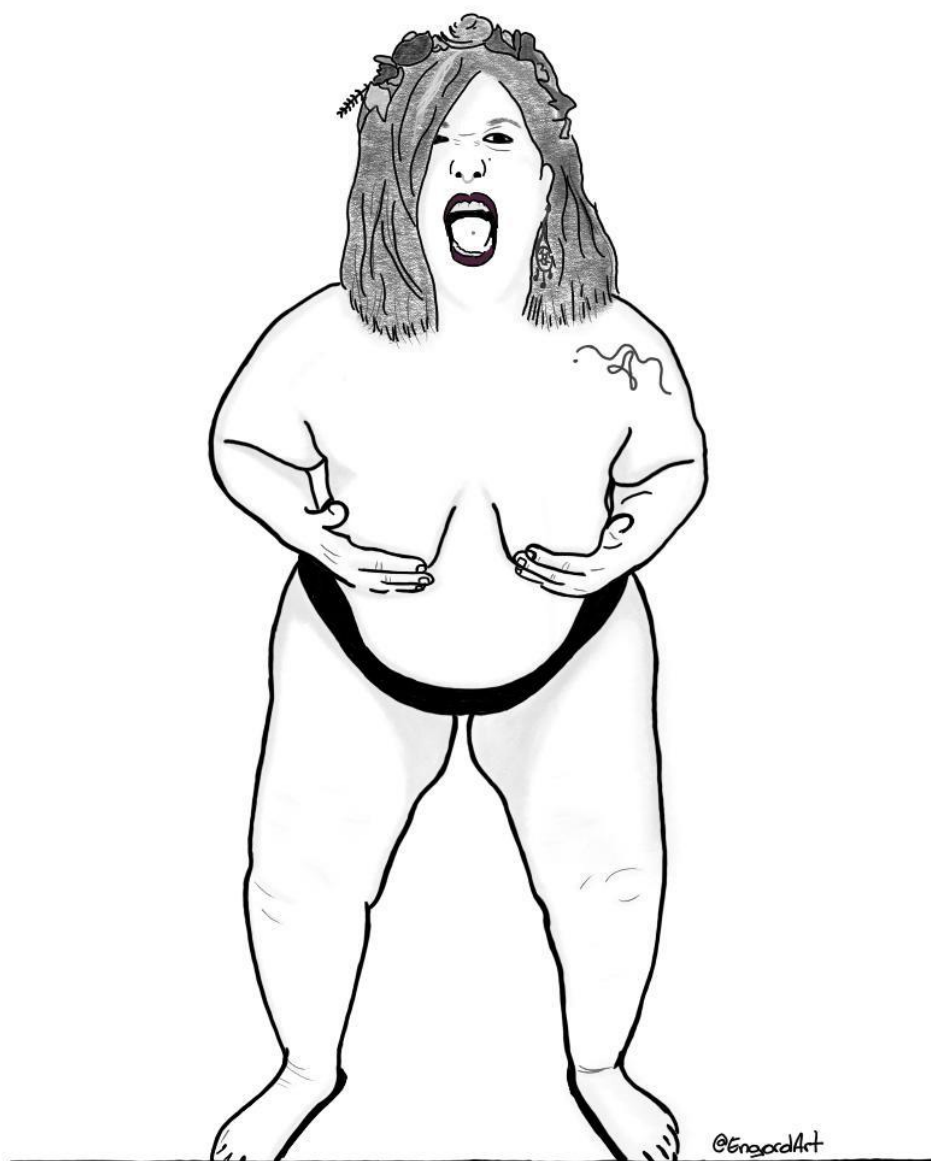
⁸⁸ "Las personas que padezcan de hipertensión, algún tipo diabetes, o que presenten obesidad, procurarán no salir de sus domicilios y guardar cuarentena como medida para evitar su contagio con COVID-19 ante las cifras que reflejan un mayor riesgo de morbi mortalidad para la población con ese tipo de antecedentes médicos [People with hypertension, some types of diabetes, or who have obesity, must try not to leave home and keep quarantine as a measure to avoid infection with covid-19 given the figures that reflect a greater risk of morbidity and mortality for populations with these kinds of medical background]." From Decree 176 of 2020, enacted by the Mayor's Office of Bogotá.

it perpetuates the stigma and vigilance that is experience daily by fat bodies. Not only that, it begs the question of who decides which bodies are thin enough to circulate and which are not. Ultimately, the message we continue to receive as fat bodies is that we are dangerous and that there is no space for us; we are synonymous of destruction, we are sources of terror.

Gordofatphobia is everywhere, and it is for this reason that we also choose to engage.

Even as I write these words, while eating a homemade chocolate chip cookie, I struggle with the competing fear and desire to step outside of my house with my fatness that has grown during the past months. Even now, I consider going on a diet every day. After all this research I am not foolish enough to believe the diet would make me thin or make me weight less, but I consider it nonetheless for the benevolence that would be bestowed on me by fatnormativity. If the constant message that I receive is that there is something wrong with my body, the positive messages from losing weight feel like cold water in the desert. It is astonishing, the support, encouragement, positive feedback, and love that a fat person receives when we lose weight. It feels like the biggest accomplishment of our lives. Fatnormativity is also a public exercise. It is not enough to be on a diet, it must be physically visible through weight loss or be verbally articulated. The same goes for exercise. It is not enough to go on a run or go to the gym; there must be evidence of an effort, evidence that we are behaving appropriately even while fat. Evidence means we are seeing our bodies as bodies in transition. We are transitioning into the ideal body. For this reason, benevolences are given to lessen the experience of gordofatphobia.

Proclaiming Myself a Fat Terrorist



*Image 1: My Terrorist Body.
Drawing by Marcela Salas @EngordarArt*

This work has been a process of undressing my body, literally and figuratively. It started with my attempt to comprehend what makes fat bodies dangerous, and went on to demonstrate the magnitude of the medical knowledge perpetuated and legitimized about fatness and obesity that does not hold up under scrutiny. I explored some of the sociocultural and historical narratives that have influenced the process of medicalization of fatness, which has in turn deepened and informed the stigma experienced by fat bodies. By positioning myself within my research, I used my body to exemplify the violent implications of the perpetuation of stigmatizing notions regarding fatness. Given the transbordermestizx nature of my body, I termed the stigma and discrimination that my body has experienced as gordofatphobia to acknowledge how these experiences have taken place within different borderlands inhabited by my body.

By allowing myself to be vulnerable, to be naked to the eyes of my readers, I expressed the violence I have experienced by a gordofatphobia that has become legitimized and embodied through the medical system. By proposing the term fatnormativity, I have also explored how gordofatphobia serves as a mechanism to discipline and control fat bodies. The violence inscribed in gordofatphobia and the fear produced by said violence has pushed fat bodies, has pushed my body and continues to push my body, into engaging with practices that seek to kill our fatness. This engagement, fueled by the promise of life through weight loss, is a desperate attempt to receive some form of benevolence: to lessen the experiences of hate and fear lived through and by our bodies. I offer the fledgling term fatnormativity as an opportunity to further engage with the experiences fat bodies have with gordofatphobia and as a tool to further understand how and why fat people are disciplined, controlled, and ultimately coerced into the

desire to eradicate their fatness. Through fatnormativity, I see the power of proclaiming myself a fat terrorist.

Understanding myself as a body that both produces and experiences fear, understanding and feeling the danger inscribed on my body, has felt lonely; it has left me in the “soledad y opresión de una existencia incómoda.”¹ Ironically, there is no private way to be fat. The process of medicalization of fatness exemplifies how the personal is political. The epidemic proportions of obesity confiscated the right to privacy for the fat body. Our fatness has been framed as a window into our personal lives and the private, individual behaviors of our bodies; our fatness makes our bodies a matter of public opinion and concern. We cannot limit the ways we combat the impact of the normalizing body system that seeks to eradicate our fat to a personal realm, because our fatness has already positioned our bodies outside of what is considered personal. The terrorist body can thus be instrumentalized not to generate fear, but to demonstrate how fatness has been ironically presented as a public matter while still being framed as a consequence of individual action.

I have come to believe that my body will never be in agreement with the normalizing powers that seek to control it. The more I understand the socio-cultural and economic forces that impact the western medical system, the more certain I am of this. My fatness is not only the physical trait of a diseased body, it is the acceptable articulation of all the otherness that my body represents. Even if I were to achieve the dream of thinness, my body of terror would remain. For

¹ “loneliness and oppression of an existence that causes discomfort” [my own translation]
 Lucrecia Masson, “Gordofobia,” *Barbarismos Queer y Otras Esdrújulas* (2017): 211.



*Image 2: Reclaiming my Narrative.
Drawing by Marcela Salas @EngordArt*

this reason, thinking of my body as a fat terrorist becomes “una excitante manera de estar en el mundo, encontrándonos con otras incómodas que andan por ahí (y son muchas) y rechazando los discursos que promueven el exterminio de nuestras corporalidades, abriendo así posibilidades a la vida.”² I see it as imperative to expose and articulate the terrorist meanings that have been imposed on me. By naming my body as terrorist, I not only highlight the violence and fear that has been imposed on

my fatness, but also wrest power away from the forces that have othered my body. By naming the treatment that my body has experienced, I can reclaim it. By reclaiming my terrorism, I can create the possibility of enacting my terrorist power in unforeseeable and unthinkable ways.

In a true revolting practice, this work was not an exhaustive exploration of the process of medicalization of fatness. I did not attempt to propose a totalizing conceptualization of the fat

² “an exciting way of being in the world, meeting other bodies who cause discomfort and who are out there (and there are many) and rejecting the discourses that promote the extermination of our corporeality, thus opening possibilities to life” [my own translation] Masson, “Gordofobia,” 211.

body that might be applicable to all fat bodies and experiences. The work was, however, a political terrorist declaration. I cannot separate my personal experience of fatness and of the fear fatness has experienced and produced from the ways my body has been framed by the western medical system as a threat, a weapon of mass destruction, and a death sentence. Therefore, I allow my fatness to be vulnerable, allow my voice to offer an alternative name for my body and enact its power by taking the ways it has been assembled and repositioning them as sources of power. I am not endeavoring to change the ways fatness is thought of or articulated, but seeking new ways we can resist from within and eventually enact the very destruction that has been attributed to our bodies to change the ways we think about our own bodies and the violence we accept. My work is simply a first step toward fomenting change, change that originates in our selves.

Since I see my work as a practice that tries to create change and to find new ways to articulate our bodies, I have partnered it with the visual image of my personal fatness. I offer no idealized, thin, archetypical body. I offer the terror produced by my naked fat body. Writing myself in these pages, undressing myself and sharing my lived experience and my literal body, has been harrowing. My body is something I have tried to keep hidden all my life: “*Mete la barriga!*”³ echoes through the years, and I am constantly repositioning myself, constantly checking that I am holding in my belly as much as I can. I no longer need the verbal reminder; it is imposed by a system of fatnormativity which has instilled that hiding my belly is necessary. If I cannot kill it, I must at least hide it. My work, therefore, is a reclamation of the power that lies in my body and in my ability to represent it, to represent myself. Since the ugly body, the dangerous body, has become a body to be stared at, through this work – through my text and

³ “Suck in your tummy!”

through my image – I recapture control of how I am exposed. Writing and picturing our experiences as fat bodies, finding new ways to name ourselves, to understand our own experiences, resisting the fact of our oppression: this can set in motion forms of resistance that can help us collectively survive. Instead of fearing that someone will uncover the ‘ugly’ truth about my body, through this exposure of my body and my lived experience I take the power away from those who seek to impose their narrative on me.

Finally, I propose that the death of the fat body might be needed. Not a literal death, but a figurative death of the obese body as it has been socially constructed. Not the death of the living body, of that flesh and bone body that breathes, but the death of the constructed and stigmatized body which is ascribed to the living bodies bestowed with significant adiposity in their physical composition. If the war against obesity centers around the elimination of fatness, of the adiposity of living human bodies and, as such, the literal elimination of the *living* fat body, then our goal is to kill the *constructed* fat body. Reclaiming our fatness is, to a certain extent, reclaiming the indigenous territories of our bodies, of our adiposity; it is resisting the colonizing process we have suffered at the hands of gordofatphobia. This process of reclamation and resistance must be, in itself, a decolonial process.

Approaching the fat body as a fat terrorist from a decolonial perspective offers up tantalizing possibilities. The body can be thought of as the territory which was colonized and on which normalizing and disciplining rules were imposed by colonial masters through gordofatphobia. Our fat – indigenous to our bodies – must be controlled and eventually eradicated. As Frantz Fanon explained, in our colonized societies an atmosphere of submission is established, in which violence can destroy the autochthonous knowledges and sociocultural

discourses seen as lacking morals, as evil, as monstrous.⁴ Our fat must be destroyed because it is the representation of our indigeneity, the savagery of the colonized territories of our bodies. In the same manner “que el colonizado es un histérico”⁵ for seeking to survive, our fatness is hysterical for being loud and visible in our bodies and for refusing to release the territory it inhabits. Indeed, our fatness “es el mal absoluto. Elemento corrosivo destructor de todo lo que está cerca, elemento deformador, capaz de desfigurar todo lo que se refiere a la estética o a la moral.”⁶ The fat terrorist body, from a decolonial perspective, causes terror because its fatness exposes the indigeneity of the body. By resisting normalization, it becomes a site for alternative ideations and conceptualizations to occur which are, in turn, dangerous. By being indigenous to the body itself, these alternative ideations and conceptualizations make the body a site of contested morals and values. The body becomes a site from which new narratives can emerge.

It is not enough to merely banish gordofatphobia from our bodies and replace it with a self-identity that replicates formally-imposed morals and values. On the contrary, our bodies must reject all morals and values imposed by gordofatphobia and create new imaginaries and new vocabularies with which to proclaim ourselves. The fat body must undergo a decolonial process that is, in itself, violent, because it must tear from the root all that has been imposed on the body and that, like a weed, has propagated within it. Only by tearing out the roots of the obese identity that has colonized our bodies can we give our bodies space to sprout, grow, and bloom with their own signifiers, indigenous to themselves.

⁴ Frantz Fanon, *Los Condenados de la Tierra*, trans. by Julieta Campos (México, D.F.: Fondo de Cultura Económica, 1963).

⁵ “the colonized is hysterical” [my own translation]
Fanon, *Los Condenados de la Tierra*, 27.

⁶ “is the absolute evil. A corrosive element that destroys everything that is close, a deforming element, capable of disfiguring everything that refers to aesthetics or morals.” [my own translation]
Ibid, 20.



*Image 3: Basking in My Terror.
Drawing by Marcela Salas @EngordArt*

This is one of the many ways we can reclaim being terrorists. As fat bodies, we cause terror by challenging the imposed social order, that which has colonized us; our existence evinces the possibility that the fat body might rebel against the authority. It is not just our body's presumed zeal to preserve our indigeneity, our fatness, that makes us terrorist. The mere fact that our bodies represent a living field where an indigenous identity may

flourish is already a source of terror.

This text is my first step toward reclaiming the indigeneity of my fatness and finding new monstrous and terrorist ways to exist.

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