# The Fat Acceptance Movement

## Contesting Fatness as Illness, 1969-1998

By

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# ABSTRACT

Since the late 1990s, medical researchers have proclaimed the existence of an "obesity epidemic." Yet, not everyone agrees that obesity constitutes a disease. Since the 1960s, self-proclaimed "fat activists" have argued that high body weight was not pathological or, at least, that its negative health consequences had been greatly exaggerated. The fat acceptance movement formally began in 1969 with the founding of the National Association to Aid Fat Americans (NAAFA), and later expanded to include fat feminists. To what extent did the movement shape medical and lay knowledge about fatness? How did laypersons and experts within the movement work to change scientific and popular knowledge of fatness? What can the movement tell us about processes of medicalization and demedicalization?

Fat activists – both laypersons and experts – have shaped what we know about large bodies. Lay fat feminists contributed to chapters in the foundational text, *Our Bodies, Ourselves* and helped to popularize two arguments: "diets don't work," and "fat can be fit." In 1991, NAAFA helped initiate the largest ever series of Federal Trade Commission inquiries into the multi-billion dollar diet industry. In part responding to fat activists, in 1992 the National Institutes of Health convened a consensus conference on weight loss methods and concluded that no therapy had proven effective. Laypersons powerfully shaped feminist thought on fatness, while experts had more influence among scientists and clinicians.

Fat activists struggled against the medicalization of large body size in an attempt to create positive fat identity, and fat community. In their eyes, depathologization was essential to the destigmatization of fatness. Challenging common understandings of obesity, they argued that their own health was at stake. They claimed the pathologization of fatness increased stigma in the medical community, preventing fat people from seeking care and exposing them to such dangerous weight loss interventions as amphetamines, very low calorie diets, and untested weight loss surgeries. Fat activism provided highly marginalized people with a voice, serving as a critical means of communicating health needs and sharing experiences of fatness. The fat acceptance movement illustrates the complex dynamics of medicalization in modern American society.

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# Introduction

## The Origins of Fat Empowerment

According to medical researchers and media pundits the United States is in the midst of an "obesity epidemic." Commentators argue that obesity – spreading rapidly and inexorably through the U.S. population – increases morbidity and mortality.[1] By referring to excess body fat as obesity and using a metaphor commonly reserved for infectious diseases – epidemic – researchers strengthen a medical conceptualization of high body weight. This model dominates medical writings and media coverage, serving as a justification for wide ranging anti-obesity policies and the allocation of financial resources for obesity treatment and prevention. Fatness has become a disease, and a national health priority.[2]

It was not always so. Fatness has undergone a process of medicalization, defined by sociologist Peter Conrad as "a process by which nonmedical problems become defined

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[1] Natalie Boero, "All the News that's Fat to Print: The American 'Obesity Epidemic' and the Media," *Qualitative Sociology* 30, (2007): 41-60; Abigail C. Saguy and Rene Almeling, "Fat in the Fire? Science, the News Media, and the 'Obesity Epidemic'," *Sociological Forum* 23, no. 1 (2008): 53-83; Jeffery Sobal, "The Medicalization and Demedicalization of Obesity," in *Eating Agendas: Food and Nutrition as Social Problems*, ed. Donna Maurer and Jeffery Sobal (New York: Aldine de Gruyter, 1995), 67-90; U.S. Department of Health and Human Services Office of the Surgeon General, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," http://www.surgeongeneral.gov/topics/obesity/ (accessed October 28 2011).

[2] Other conceptualizations of obesity – including moral, religious, and aesthetic understandings of the condition – persist, but the medical model has become increasingly dominant in the 20th century. Some groups, such as religious diet groups, combine medical and religious understandings of obesity. R. Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004); Sobal, "Medicalization and Demedicalization," 67-90.

and treated as medical problems, usually in terms of illness or disorders."[3] In medieval times, gluttony was regarded as sinful but not necessarily unhealthy. The very large person might be regarded as monstrous or deformed, but the problem did not draw extensive medical attention. Inability to move well was more of a concern than body fat in and of itself.[4] Over the course of centuries, but especially the 19th and 20th centuries, corpulence was transformed into obesity. The fat body came to be understood as pathological, associated with increased mortality and a wide array of dangerous medical conditions, including diabetes and coronary heart disease.[5] The medical definitions of overweight and obesity changed many times during the 20th century, but most physicians consistently associated excess fat, however defined, with pathology.[6]

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

[4] Ken Albala, "Weight Loss in the Age of Reason," in *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World*, ed. Christopher E. Forth and Ana Carden-Coyne (New York: Palgrave MacMillan, 2005); Georges Vigarello, *The Metamorphoses of Fat: A History of Obesity* (New York: Columbia University Press, 2013).

[5] Sander Gilman, *A Cultural History of Obesity* (Malden, MA: Polity Press, 2008); Deborah Levine, "Managing American Bodies: Diet, Nutrition and Obesity in America, 1840-1920" (PhD diss., Harvard University, 2008); Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York and London: Free Press and Collier Macmillen, 1986); Sobal, "Medicalization and Demedicalization," 67-90; Peter N. Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 2002); Vigarello, *Metamorphoses of Fat*.

[6] In the early 20th century, physicians relied on height-weight charts created by the life insurance industry to define excess body weight. These charts changed several times over the course of the 20th century, as outlined by nutritionist Emma Weigley. Mid-century, physicians attempted to better define excess body weight through the use of body fat analysis, but the methods could not easily be applied to large populations and most physicians continued to rely on height-weight charts. In the late 20th century, physicians came to rely on the Body Mass Index (BMI) to define overweight and various grades of obesity. The BMI is a weight to height ratio, calculated by dividing a person's weight in kilograms by the square of his or her height in meters. In her dissertation, historian Laura Dawes examines changing medical standards for overweight and obesity in children in the 20th century, and she also discusses the standard for adults. Emma Seifrit Weigley, "Average? Ideal? Desirable? A Brief Overview of Height-Weight Tables in the United

The pathologization of fatness was part of a larger, often contested, process of medicalization. Over the course of the past few centuries, conditions and behaviors including homosexuality, alcoholism, criminality, hyperactivity, and mental illness have come under medical control.[7] Perhaps more tellingly for the case of obesity, over the course of the 20th century, physicians have treated an ever-growing list of risk factors as disease conditions in their own right.[8] The process of medicalization can confer benefits, such as an increased outlay of resources for treatments, greater compassion from society, and management by experts, but it can also be detrimental – increasing stigma and condemning people as unhealthy.[9]

The medicalization of fatness has been, and is, a contested and incomplete process.[10] In 1969, William J. Fabrey founded the National Association to Aid Fat Americans (NAAFA), launching what became known as the fat acceptance movement. A few isolated physicians and laypersons had contested the pathologization of fatness earlier, but this was the first organized, lay movement to do so. The movement had many aims: gaining legal protections for fat people; providing a social network; and redefining fat as beautiful. In this dissertation, I primarily address the movement's work to

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States," *Journal of the American Dietetic Association* 84, no. 4 (1984): 417-423; Laura Louise Dawes, "Husky Dick and Chubby Jane: A Century of Childhood Obesity in the United States" (PhD diss., Harvard University, 2010), 35-224.

[7] Adele Clarke et al., "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine," *American Sociological Review* 68, (2003): 161-194; Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992).

[8] Jeremy A. Greene, *Prescribing by the Numbers: Drugs and the Definition of Disease* (Baltimore, MD: Johns Hopkins University Press, 2007).

[9] Conrad, "Medicalization and Social Control," 209-232; Conrad and Schneider, *Deviance and Medicalization*; Catherine Kohler Riessman, "Women and Medicalization: A New Perspective," *Social Policy* 14, no. 1 (1983): 3-18.

[10] Conditions are rarely completely medicalized, as remnants of previous definitions persist. Conrad and Schneider, *Deviance and Medicalization*, 220.

demedicalize obesity. NAAFA increased from 100 members centered in New York in 1970, to 1000 members in 9 areas by 1972, and to about 5,000 members dispersed in chapters across the country by the late 1990s.[11] The organization primarily drew its funding from donations, membership fees, publications, and bequests.[12]

From the start, Fabrey and other NAAFA members insisted that the term "fat" served best as a more neutral descriptor for corpulent bodies, while "obesity" reinforced an overly medical, negative conceptualization of fatness.[13] Members of NAAFA did not explicitly define fatness. Instead, they relied on self-perception and social experiences of exclusion and rejection, based on high body weight, to define who counted as fat. The organization further recognized the experiences of "super-sized" members, who also faced challenges with grooming, mobility, and physical barriers in the built environment, such as chairs, airline seats, and cars that were too small for very large bodies.[14] NAAFA worked to protect the civil rights of fat people, and to shape how medical professionals

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[11] Judy Klemesrud, "There Are a Lot of People Willing to Believe Fat Is Beautiful," *New York Times*, August 18, 1970, 1; Daniel D. Martin, "Organizational Approaches to Shame: Avowal, Management, and Contestation," *The Sociological Quarterly* 41, no. 1 (2000): 125-150; Al Martinez, "Group Growing, Militant Fats: A Heavyweight Fight for Rights," *Los Angeles Times*, Aug 8, 1972; Inara Verzemniers, "No Laughing Matter," *Atlanta Mirror*, July 26, 1996, C1.

[12] Although little has been written about how the fat acceptance movement was funded, current documents suggest that NAAFA relied on these sources. NAAFA, "NAAFA Constitution, ver08," http://www.naafaonline.com/dev2/about/docs.html (accessed October 27 2011).

[13] In this dissertation I use actors' categories, referring to "fatness" when discussing the fat acceptance movement and "obesity" when discussing the work of medical researchers. Klemesrud, "There Are a Lot of People Willing to Believe Fat Is Beautiful," 1; Llewellyn Louderback, *Fat Power: Whatever You Weigh Is right* (New York: Hawthorn Books, 1970), viii-ix.

[14] Bob Sponaugle, "Guest Editorial: Education Within the Movement," *NAAFA Newsletter*, July / August, 1995, 10; Linda Sponaugle, "Midsize SIG," *NAAFA Newsletter*, November / December, 1996, 6; Sherry Collins Eckert, "The Super SIG," *NAAFA Newsletter*, November / December, 1996, 7.

perceived and treated the condition. Members of the organization argued that some fat people were genetically destined to be fat, and that people could be both fat and healthy. According to members of NAAFA, fatness could cause health problems in some people, but medical professionals overestimated the pathologies associated with fatness. Perhaps most importantly, members of NAAFA argued that weight loss interventions were ineffective and harmful, and that physicians treated fat people poorly.

A small group of radical fat feminists joined the movement in the early 1970s, but quickly broke official ties with NAAFA due to ideological differences. They formed the Fat Underground, purposefully selecting the acronym "FU" for its suggestive and confrontational connotations. Members of the FU forcefully challenged medical authority, accusing physicians of enforcing society's sexist health and beauty standards. They claimed that all of the negative health conditions associated with fatness were due to stigmatization and dieting, and that without these experiences fat people would be healthy. The FU only lasted for a few years, but their ideas on the sexist nature of fatphobia became part of the larger fat acceptance movement, as NAAFA became more welcoming toward fat feminists in the early 1990s.

In my dissertation, I address three crucial questions. To what extent did the fat acceptance movement shape medical and lay knowledge about fatness? How did laypersons and experts within the fat acceptance movement work to change scientific and popular knowledge of fatness? What can the fat acceptance movement tell us about processes of medicalization and demedicalization?

## The Impact of Fat Acceptance

To what extent did the fat acceptance movement shape medical and lay knowledge about fatness? I argue that the fat acceptance movement influenced medical and popular understandings of fatness far more than is commonly recognized, especially in the early 1990s. Fat activists created a new kind of identity centered on fatness, in effect, a new way for fat people to understand their own condition.

In medical debates on the pathophysiology and treatment of obesity, fat activists acted as a counterbalance to proponents of aggressive medical treatment. In the early 1990s, psychologists David Garner and Susan C. Wooley published an indictment of medical weight loss programs. Partially as a result of their work, and broader challenges to diet industry, the National Institutes of Health (NIH) convened the 1992 Technology Assessment Conference on Methods of Voluntary Weight Loss and Control. At this conference, the attendees adopted a new model of obesity treatment, conceptualizing obesity as a chronic condition that should be treated with lifestyle change rather than one-time, intensive interventions. In the 1990s, obesity specialists increasingly took into account the criticism that dieting could lead to binge eating. These specialists developed the diagnosis of Binge Eating Disorder (BED) and began offering a non-treatment option for certain obese individuals. Fat activist Lynn McAfee participated in several drug approval hearings convened by the Federal Drug Administration (FDA), encouraging greater attention to the safety of weight loss interventions. Finally, obesity stigma became an important field of research, partially in response to fat activist challenges. The fat acceptance movement encouraged reform of the medical model of obesity.

Fat activists had the most influence among feminists. More than fat men, fat women faced the rejection of family, friends, potential romantic partners, and prospective employers. Fat women disproportionately suffered from fat discrimination and fat stigma.[15] Most fat activists, including members of NAAFA and fat feminists, were women, and fatness was perceived as a women's issue. Historian Peter Stearns has argued that feminists such as Naomi Wolf have over-emphasized gender differences in diet culture.[16] However, my analysis of the fat acceptance movement suggests that in the late 20th century, dieting and fatness were gendered as female problems.

Through the women's health movement and mass media, fat activists helped to subtly transform lay understandings of large bodies. Radical fat feminists and feminist members of NAAFA pushed more mainstream feminists to take their lived experiences as fat women seriously. In 1984, fat feminists Vivian Mayer and Judith Stein helped edit two chapters in the influential feminist health text, *Our Bodies, Ourselves (OBOS)*. Later editions of the book, and other feminist health texts, criticized fat discrimination and argued that dieting was a futile and sometimes dangerous practice. These texts fostered greater acceptance of bodily diversity, and emphasized healthy eating and physical fitness instead of dieting. In 1990, the National Organization of Women (NOW) officially endorsed a fat acceptance platform. Feminists accepted key aspects of fat acceptance ideology, extending the reach of the movement. Fat activists presented the public,

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[15] Riessman, "Women and Medicalization," 3-18; Lisa Schoenfielder and Barb Wieser, eds., *Shadow on A Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Books, 1983); Sharon Wray and Ruth Deery, "The Medicalization of Body Size and Women's Healthcare," *Health Care for Women International* 29, no. 3 (2008): 227-243; Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (New York: New York University Press, 2011).

[16] Stearns, *Fat History*, 72-85.

especially feminists, with an alternative way of understanding large bodies. They made it possible to imagine fatness not as a disease, but as a natural bodily state, that could be healthy, beautiful, and socially acceptable.

In the 1990s, NAAFA became increasingly visible in the press, and drew attention to the failures and dangers of dieting. In 1991, the organization worked with House representative Ron Wyden (D-OR) to initiate a series of Federal Trade Commission (FTC) hearings into the diet industry. In this decade, the FTC investigated more fraudulent advertising charges against the weight loss industry than it had in the previous 90 years. Through a series of lawsuits, and the press coverage they generated, the agency highlighted the dangers of diet programs, and disreputable practices in the weight loss industry. In the 1990s, NAAFA organized a series of annual rallies, and hired an executive director who handled press inquiries. As compared to the 1970s and 1980s, NAAFA became a visible presence in the media. Fat activists encouraged public skepticism of dieting, and furthered the arguments that one can be fat but fit, and that the dangers of overweight were exaggerated.

In addition to altering how those outside of the movement understood fatness, the fat acceptance movement powerfully transformed how some fat people understood their own condition. With the creation of fat-friendly spaces, fat-oriented fashions and stores, fat conferences, fat social events, and, more recently, a web-based "fat-o-sphere," the movement successfully created a new form of identity. Just as homosexuals fighting stigmatization in the early 20$^{th}$ century created a new way of interacting, speaking, and being, stigma against fatness sparked the creation of a new cultural identity for fat people.

The very existence of fat culture changed the experiences of fat people, but it also allowed some thin women to stop fearing weight gain.[17]

Despite the fat acceptance movement's notable achievements, low membership levels and a dearth of funds limited the movement's ability to influence medical paradigms. When gay people mobilized against HIV/AIDS, they were already part of a vibrant community with strong social support networks, financial resources, and a long history of activism dating back to the early 20th century and the homophile movement of the 1950s.[18] NAAFA began building social networks in the 1960s, and did not immediately have a strong community to draw on for support. Fat activists were primarily middle and upper middle class white women, and the movement did little to recruit people of color, men, and those of different class backgrounds.[19] Battles over the key, interrelated issues of feminism, lesbianism, and radicalism, further limited the movement's work. Although mostly composed of women, NAAFA did not articulate a feminist or gendered response to fat oppression, and excluded lesbians for many years. Fat feminists offered a more radical, gendered analysis of fat, but failed to create a lasting institutional framework for activism. This central division, between radical fat feminists

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[17] Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton, N.J.: Princeton University Press, 2009); Abigail C. Saguy, *What's Wrong with Fat?* (New York: Oxford University Press, 2013); Deah Schwartz, interview by author, Berkeley, CA, April 4, 2012.

[18] Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996).

[19] Certainly people of color and women from lower socio-economic backgrounds resisted the valorization of thin, white bodies. However, for the most part this resistance took place outside of an organized movement. Riessman, "Women and Medicalization," 3-18; Andrea Elizabeth Shaw, *The Embodiment of Disobedience: Fat Black Women's Unruly Political Bodies* (Lanham, MD: Lexington Books, 2006).

without a permanent organizational home, and more conservative fat activists working within NAAFA, structured and limited the fat acceptance movement.

The lack of a strong fat community from the outset also limited the movement's resources. With few members to draw on, NAAFA and other fat centered organizations had trouble mobilizing financial support. Considering that the fat acceptance movement was up against powerful medical interests and drug and diet companies, their lack of funding limited the scope of their work.

The fat acceptance movement's ability to challenge the medicalization of fatness was also limited by changing standards of scientific proof and a new consensus on the pathological nature of fat. As the "risk factor" model of disease became more entrenched in scientific thought in the second half of the 20th century, the fat acceptance argument that fat was merely associated with disease (and not a causal factor) lost ground. Through the 1970s some mainstream scientists questioned the pathological nature of fatness. This changed in 1985, when the NIH held a consensus conference on obesity. The panel unequivocally argued that obesity caused increased morbidity and mortality, reducing the extent to which counter-arguments might be considered credible.[20]

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[20] Evaluation NHLBI Obesity Education Initiative Expert Panel on the Identification, and Treatment of Overweight and Obesity in Adults, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, NIH publication; no. 98-4083 (Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive Kidney Diseases, 1998), 6; National Institutes of Health Consensus Development Panel on the Health Implications of Obesity, "Health Implications of Obesity: National Institutes of Health Consensus Development Conference Statement," *Annals of Internal Medicine* 103, no. 6 (1985): 1073-1077.

Few historians have examined collective fat culture or organized resistance to the medicalization of fatness.[21] Such scholars as Hillel Schwartz, Peter Stearns, Sander Gilman, Ruth Marie Griffith, Georges Vigarello, Roberta Seid, Amy Erdman Farrell, Deborah Levine, and Laura Dawes have examined various aspects of how fatness came to be considered a pathological condition. Their narratives emphasize an increasing preference for slimness, self-transformation through dieting, and a rapidly escalating obesity epidemic. A few of these scholars – most notably Schwartz, Seid, and Farrell, loosely affiliated with the fat acceptance movement and critiqued dominant beauty standards in their work. However, they do not address the fat acceptance movement itself in any detail.[22] NAAFA member Barbara Altman Bruno, has written a brief history of the "health at every size" concept, and fat activist Karen Stimson and sociologist-activist Charlotte Cooper have created fat activism histories. These works shed light on how fat activists have made sense of their own history and contributions, but they do not provide an extended, narrative analysis of the fat acceptance movement.[23]

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[21] Historian Nina Mackert is currently working on the history of fat men's clubs in the United States. These clubs appeared in the late 19th century and disappeared shortly after World War I. Members of these clubs did not explicitly argue against a medical model of fatness and the fat acceptance movement of the late 20th century made no reference to them. Nina Mackert, ""I want to be a fat man / and with the man stand": Fat Men's Clubs and the Meaning of Body Fat in the United States around 1900," in *Obesity, Health, and the Liberal Self: Transatlantic Perspectives on the Late Nineteenth and the Late Twentieth Centuries* (Washington D.C.: 2013).

[22] Dawes, "Husky Dick and Chubby Jane"; Farrell, *Fat Shame*; Gilman, *Cultural History of Obesity*; Griffith, *Born Again Bodies*; Levine, "Managing American Bodies"; Schwartz, *Never Satisfied*; Roberta Pollack Seid, *Never Too Thin: Why Women Are At War With Their Bodies* (New York: Prentice Hall Press, 1989); Sobal, "Medicalization and Demedicalization," 67-90; Stearns, *Fat History*; Vigarello, *Metamorphoses of Fat*.

[23] Bruno, Barbara Altman, "The HAES® Files: History of the Health At Every Size® Movement," http://healthateverysizeblog.org/2013/04/30/the-haes-files-history-of-the-health-at-every-size-movement-part-i/ (accessed 9/9/2-13); Charlotte Cooper, *Fat and Proud: The Politics of Size* (London: Women's Press (UK), 1998); Charlotte Cooper, "A

An examination of the fat acceptance movement forces a re-evaluation of the history of obesity in the United States. Organized resistance to the medicalization of fatness has shaped what we, as a society, know about obesity. Including the fat acceptance movement as part of the historical narrative provides greater insight into the historical and contemporary meanings of fat bodies. Although, the current historiography documents the woes of obese individuals attempting to lose weight, it ignores angry fat people, those not interested in losing weight, and those striving to create a positive identity around fatness. A crucial element of the experience of being fat in American in the 20th century is missing from the historical narrative.

This dissertation serves as a corrective to popular portrayals of the fat acceptance movement. The popular press often ignored, misrepresented, or misunderstood the fat acceptance movement. Popular science magazines lent credence to many fat acceptance claims on the extent of fat stigmatization and discrimination, but the group drew ridicule or apathy in other circles.[24] The tongue-in-cheek headlines of newspapers, "a Heavyweight Fight for Rights," "Portly Prose…," and "Expanding the Overweight Image," illustrate the uneven treatment of the fat acceptance movement.[25] Others characterized the movement as a group of individuals who did not care about their health.[26] According to Fabrey, the popular press also played up the sensationalistic

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Queer and Trans Fat Activist Timeline," (Hamburg and East London: Creative Commons, 2011); Karen W. Stimson, "Fat Feminist Herstory, 1969-1993: A Personal Memoir," http://www.eskimo.com/~largesse/Archives/herstory.html (accessed November 18 2010).

[24] "The Fat Dilemma," *Human Behavior* 4, (1975): 62-63; Barbara Ford, "Prejudice: Society Shuns the Short, Fat and Ugly," *Science Digest* 75, no. 5 (1974): 18-23.

[25] Martinez, "Group Growing"; Judy Moore, "Expanding the Overweight Image," *Los Angeles Times*, Aug 17, 1979; "Portly Prose," *Chicago Daily Defender*, Aug 17, 1972.

[26] National Geographic, "Extreme Obesity," in *Taboo USA* (2013).

aspects of the movement, highlighting the sexual and romantic aspects of NAAFA rather than its more serious work. Contrary to these portrayals, the fat acceptance movement has made serious, and lasting contributions to our understanding of fat bodies.

## Laypersons and Experts

How did laypersons and experts within the fat acceptance movement work to change scientific and popular knowledge of fatness? NAAFA originated as a lay organization, giving voice to the everyday experiences of fat people. NAAFA members often framed their stories explicitly in relation to the civil rights movement, highlighting the themes of injustice and discrimination. In addition to representing laypersons, NAAFA rapidly recruited experts to its scientific advisory board in the 1970s. NAAFA framed this board as a source of scientific and medical authority, and drew on this expertise in representing itself to the media and public. Although members of NAAFA questioned obesity research findings and obesity treatment strategies, the organization tended to treat physicians and scientists respectfully. Members of NAAFA sought dialogue with the scientific community.

In contrast, members of the Fat Underground, an exclusively lay organization, aggressively challenged scientists and physicians. Fat feminist author Aldebaran accepted the value of the scientific method, but she accused obesity researchers and physicians of getting the science wrong due to their own prejudice and stigma. Unlike male researchers, fat feminists drew on their own embodied experiences to claim that they were healthy, whereas obesity treatments robbed them of health. Like members of

NAAFA, members of the FU decried discrimination, even as they drew more extensively on their own bodily experiences.

In the early 1980s, fat activists had little impact on how obesity researchers understood fatness. However, fat activists powerfully altered feminist understandings of fat bodies. By enlisting the rhetoric of science, as well as leveraging arguments based on their embodied experience as fat women, fat feminists had a lasting influence on the women's health movement. Members of the women's health movement were particularly open to claims based on embodied knowledge. Women's bodies have been more subject to processes of medicalization, and their negative consequences, than men. According to Michel Foucault and Peter Conrad, biomedicine furnished a primary means through which the state exerts control over citizens.[27] Women have been subject to greater medical control and surveillance than men, through the medicalization of reproduction and contraception, in particular.[28] The medicalization of women's concerns has also been a way to de-politicize women's problems. In the 1950s housewives were frequently diagnosed with mental illnesses and prescribed sedatives in response to their complaints

[27] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994); Simon J Williams and Michael Calnan, "The 'Limits' of Medicalization?: Modern Medicine and the Lay Populace in 'Late' Modernity," *Social Science & Medicine* 42, no. 12 (1996): 1609-1620.

[28] Women's bodies have also been understood as deficient male bodies, and aging in women has been considered a pathological process. Jill Campbell, "Lady Mary Wortley Montagu and the "Glass Revers'd" of Female Old Age," in *"Defects": Engendering the Modern Body*, ed. Helen Deutsch and Felicity Nussbaum (United States of America: University of Michigan Press, 2000), 213-251; Foucault, *Birth of the Clinic*; Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1992); Riessman, "Women and Medicalization," 3-18; Williams and Calnan, "'Limits' of Medicalization?," 1609-1620.

about domestic life. Framing women's complaints in terms of medical pathology reduced the extent to which the issues were considered political problems.[29]

In response to the pathologization of women's bodies, second wave feminists in the 20th century issued extensive challenges to the medicalization of numerous conditions, and they drew on women's experiences of their bodies to do so.[30] Given their familiarity with medicalization, feminists were sympathetic to the fat feminist argument that medicalizing fat was another way of pathologizing women's bodies, distracting attention from other, more important issues, such as women's place in society. Although fatness was not conceptualized as a uniquely female disorder among physicians, in practice, women faced more severe social and economic consequences for fatness, and they more often sought treatment for obesity. Feminism offered an expansive framework for understanding the gendered experience of fatness.[31]

Yet, feminists reserved a more central place for expert, scientific knowledge than has been recognized. In her work on the feminist health movement, Kline argues that the Depo-Provera public board of inquiry was an event at which feminist health activists turned to scientific arguments rather than arguments based on embodied experience. Even in *OBOS*, the central text of the women's health movement, feminists struck a delicate balance between embodied knowledge and scientific, expert knowledge. The editors published stories about fat women's experiences of discrimination and rejection, but they

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[29] Conrad and Schneider, *Deviance and Medicalization*; Riessman, "Women and Medicalization," 3-18; Williams and Calnan, "'Limits' of Medicalization?," 1609-1620.
[30] Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago and London: University of Chicago Press, 2010); Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 2001); Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick, N.J.: Rutgers University Press, 2002).
[31] Riessman, "Women and Medicalization," 3-18.

also based their writings on obesity research. Lay fat activists supplied some of this research, acting as interpreters of medical data, and speaking in the language of science, but the editors of *OBOS* also sought scientific data on obesity from the medical research community.[32]

In the 1990s, fat activists exerted influence on obesity researchers. Experts affiliated with the fat acceptance movement, primarily mental health professionals, shaped the questions obesity researchers investigated, and subtly altered scientific discussions on the pathological consequences of obesity and treatment options. Using the language of science, publishing in reputable journals, and claiming impartiality, their arguments conformed to the professional standards of obesity researchers. A subset of obesity researchers, from the fields of psychology and psychiatry, considered fat activist experts David Garner and Susan C. Wooley colleagues rather than outsiders, despite their affiliations with NAAFA. Fat acceptance experts – mostly mental health professionals – sought to influence all obesity researchers, but had much more success engaging in debate with this subset of obesity researchers.

In the 1990s, laypersons still had difficulty influencing expert debates. Lay activists, such as Lynn McAfee, based many of their arguments on obesity science. However, lay activists more successfully exerted pressure on experts through their personal stories of suffering. Claiming that obesity stigma and dangerous weight loss interventions caused them harm, they held obesity researchers accountable for the consequences of their work, and made obesity stigma a more important research priority. Much like the AIDS movement, both lay and expert members of the fat acceptance

[32] Kline, *Bodies of Knowledge*.

movement more effectively influenced treatment paradigms for obesity as opposed to theories of causation.[33]

Scholars have argued that even though laypersons made inroads in shaping expert knowledge in the 20th century, the extent of their influence remained limited. In his now-classic book on HIV/AIDS activism, medical sociologist Steven Epstein argues that laypersons were unable to significantly shape debates on the causality of HIV/AIDS. In her work on second-wave feminism, medical historian Wendy Kline argues that feminist laypersons, relying on claims to embodied health knowledge, had difficulty gaining an audience at scientific meetings on Depo-Provera. My work on lay fat activists largely confirms laypersons' limited ability to shape expert discourse. Although fat activist Lynn McAfee testified against the diet drug Redux and became a patient advisor to the FDA, and members of NAAFA made the scientific community aware of their needs as fat people, their efforts had only an indirect effect on policy.[34] Nonetheless, the fat acceptance movement played a crucial role in encouraging fat people to give voice to their lived experiences. The movement empowered a highly stigmatized population to articulate its needs, and describe difficult encounters with uncaring medical professionals and dangerous weight loss interventions. Fat laypersons voiced their needs and expectations from the health care system as a right.[35]

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[33] Epstein, *Impure Science*, 290-294.
[34] Ibid.; Anne Kerr, Sarah Cunningham-Burley, and Richard Tutton, "Shifting Subject Positions: Experts and Lay People in Public Dialogue," *Social Studies of Science* 37, no. 3 (2007): 385-411; Kline, *Bodies of Knowledge*; Lindsay Prior, "Belief, Knowledge and Expertise: The Emergence of the Lay in Medical Sociology," *Sociology of Health & Illness* 25, (2003): 41-57.
[35] George J. Annas, *The Rights of Patients: The Basic ACLU Guide to Patient Rights* (Totowa, NJ: Humana Press, 1992), 14-16, 28-43; Leonie Segal, "The Importance of Patient Empowerment in Health System Reform," *Health Policy* 44, (1998): 31-44;

Lay fat activists did not choose to obtain credentials in medicine or science to further the fat acceptance cause. Steven Epstein has argued that as the AIDS movement progressed, lay activists frequently obtained medical or scientific training. This allowed them greater participation in expert debates, but sometimes distanced them from grassroots activities and priorities. The fat acceptance movement differed from the AIDS movement in a few ways that made it less likely for fat activists to obtain expert credentials. The movement had many aims, and gaining medical or scientific credentials may not have seemed to be the most obvious way to build the movement. In the 1970s and 1980s, NAAFA mostly emphasized building fat community and fighting discrimination, causes only indirectly related to medical claims on obesity. Members of the fat acceptance movement were often middle-age women, with perhaps fewer financial resources and opportunities to continue in higher education. Finally, fat people faced discrimination in educational settings. From an early age, obese children dealt with ridicule from their peers and teachers, discouraging school attendance and dampening performance. Obese young adults were less likely to be admitted to college.[36]

The experiences of fat activist Lynn McAfee further demonstrate the difficulties of attending an institution of higher education. In the 1990s, McAfee enrolled at the University of Pennsylvania to obtain her college degree. Just before an exam, a group of students occupied the special desk she needed to accommodate her size. They refused to vacate the seat, and she was forced to call the university police. For fat people,

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Nancy Tomes, "Patient Empowerment and the Dilemmas of Late-Modern Medicalisation," *The Lancet* 369, no. 9562 (2007): 698-700.

[36] Helen Canning and Jean Mayer, "Obesity—Its Possible Effect On College Acceptance," *New England Journal of Medicine* 275, no. 21 (1966): 1172-1174; Rebecca Puhl and Kelly Brownell, "Bias, Discrimination, and Obesity," *Obesity Research* 9, no. 12 (2001): 788-805.

universities could be unwelcome and intimidating, creating a barrier to further education.[37]

Rather than generating their own experts, the fat acceptance movement enlisted a broad array of experts to the cause, especially in the 1990s. Epstein argues that the AIDS movement underwent a process of "lay expertification" and professionalization in the 1990s. Historian Van Gosse argues that many social movements from the 1960s and 1970s became institutionalized in the 1980s and 1990s, forming lobby groups, and creating complex funding structures. The fat acceptance movement, as well, underwent a process of expertification and professionalization in the early 1990s. Far more than in the 1970s and 1980s, NAAFA enlisted experts, most notably psychotherapists, to the fat acceptance cause. The presence of these experts, and the creation of official policies on medical issues, bolstered the authority of the organization.[38]

## Medicalization and Demedicalization

What can the fat acceptance movement tell us about processes of medicalization and demedicalization? For fat activists, the medicalization of fatness threatened the formation of a positive fat identity and fat community. Members of the fat acceptance movement did not view fatness as a minor part of their existence. Rather, it was a central organizing feature of their lives. Members of the fat acceptance movement often

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[37] Lynn McAfee, "College, Chairs, And Fat Pride," *NAAFA Newsletter*, May / June, 1997, 7, 9.

[38] Steven Epstein argues that laypersons in the movement blurred the boundaries between expert and lay knowledge. Epstein, *Impure Science*; Williams and Calnan, "'Limits' of Medicalization?," 1609-1620.

described being fat from a young age, and having an awareness of physical difference thrust upon them.[39] To lead productive, happy lives, these fat activists worked to re-signify fatness as laudable, or at least non-pathological, condition. Like the medicalization of homosexuality, the medicalization of fatness threatened a community by stigmatizing its central, organizing feature.[40]

In this dissertation, I enlist the definition of stigma formulated by Erving Goffman, a sociologist often cited by members of the fat acceptance movement. A stigmatizing trait is an attribute that is so deeply discrediting that it marks an individual as bad, dangerous, or weak, and disqualifies that person from full social acceptance. Bodily "abominations," "blemishes of character," and difference based on religion, race, or nation, can all generate stigma, and individuals exhibiting such traits are defined in contrast to "normal" individuals, who are not stigmatized. As Goffman argues, "we believe the person with a stigma is not quite human [and] on this assumption we exercise varieties of discrimination…[which] reduce his life chances." In other words, stigma dehumanizes, and forms the basis of discrimination.[41]

Fatness historically conferred stigma because it was considered a bodily deformity, as well as a trait signifying the character flaws of gluttony and sloth.[42] The

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[39] Marcia Millman, *Such a Pretty Face: Being Fat in America* (New York, NY: Norton and Company, Inc., 1980), 3-23.
[40] Steven Epstein, "Sexualizing Governance and Medicalizing Identities: The Emergence of 'State-Centered' LGBT Health Politics in the United States," *Sexualities* 6, no. 2 (2003): 131-171; Kathleen LeBesco, *Bodies Out of Bounds: Fatness and Transgression* (Berkeley, CA: University of California Press, 2001); Lynn McAfee, interview by author, Fort Myers, FL, October 10, 2013; Schoenfielder and Wieser, eds., *Shadow*.
[41] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1963), 1-19.
[42] Fatness also sometimes carried racial connotations. Levine, "Managing American Bodies," 159-195.

increasing medicalization of obesity intensified fat stigma by further marking the fat body as abnormal.[43] The particular manner in which fatness was medicalized in the 20th century intensified stigma. Obesity was considered a risk factor for increased mortality and various diseases. As medical historian Allan Brandt has argued, unlike the germ theory of disease which framed illness as an act of God or a stroke of misfortune, the risk factor model tended to place the blame for poor health on individuals. This model of disease encouraged people to believe they could avoid illness if they maintained good health habits. In contrast, if one became sick, the blame could be placed on poor health habits and individual laxity. In the 20th century, most physicians framed fatness as a modifiable risk factor that should be under individual control.[44]

Physicians and scientists pathologized obesity in both men and women, but initially focused on men. Doctors offering medical weight loss advice in the 18th and 19th centuries primarily directed their recommendations toward men.[45] Until 1908, height and weight tables were based solely on samples of men, and early life insurance tables, relating body weight and mortality, still included much larger male than female samples. Later, data showed that men and women were obese at approximately equal rates. While physicians considered obesity more of a risk for diabetes in women, they associated risk for cardiovascular disease with men. In the mid-20th century, research on body fat distribution indicated that a central distribution of fat, more common in men, might be

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[43] Vigarello, *The Metamorphoses of Fat*, 3-29; Farrell, *Fat Shame*, 6-8; Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1989).
[44] Allan M. Brandt and Paul Rozin, eds., *Morality and Health* (New York, NY: Routledge, 1997).
[45] Levine, "Managing American Bodies," 32-78; Katharina Vester, "Regime Change: Gender, Class, and the Invention of Dieting in Post-Bellum America," *Journal of Social History* 44, no. 1 (2010): 39-70.

more dangerous than fat distributed on the hips and thighs, more common in women. Although women presented more often for treatment than men, physicians urged men to take obesity more seriously. Health messages varied depending on sex, but both men and women were urged to control their weight.[46]

Nonetheless, medical practitioners historically pathologized women's bodies, and they participated in a broader culture that especially pathologized women's fatness. On average, women maintained a higher body fat percentage than men, so women were more associated with fatness. As sociologist Catherine Riessman has argued, the medicalization of obesity was also, in part, a medicalization of physical appearances and women have been held to stricter aesthetic standards. Riessman and other feminists further claim that the aesthetic standard of extreme slenderness weakened women and pressured them to remain small and disempowered. Although physicians considered obesity a concern in both men and women, they responded to and encouraged women's greater demands for obesity treatment. Women sought out obesity therapies in far greater numbers than men, and suffered greater psychic distress due to obesity and attempts at weight loss.[47]

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[46] Donald Armstrong et al., "Influence of Overweight on Health and Disease," *Postgraduate Medicine* 10, no. 5 (1951): 407-421; JP Després et al., "Regional Distribution of Body Fat, Plasma Lipoprotein, and Cardiovascular Disease," *Arteriosclerosis* 10, no. 4 (1990): 497-511; "Estimated Prevalence of Overweight In the United States," *Public Health Reports* 69, no. 11 (1954): 1084-1086; Seid, *Never Too Thin*, 116-122; Albert J. Stunkard and Thomas Wadden, eds., *Obesity: Theory and Therapy*, 2nd ed. (New York: Raven Press, 1993), 355-363.

[47] Susan Bordo, *Unbearable Weight: Feminism, Wester Culture and the Body* (Berkeley: University of California Press, 1995); Riessman, "Women and Medicalization," 3-18; Naomi Wolf, *The Beauty Myth: How Images of Beauty Are Used Against Women* (New York, NY: W. Morrow, 1991), 192; Wray and Deery, "Medicalization of Body Size," 227-243.

For many fat people, increased medicalization led to inappropriate or inadequate medical care. The purported medical dangers of obesity served as a justification for prescribing amphetamines, weight loss surgeries and other invasive interventions, sometimes resulting in addiction, surgical complications, malnutrition, emotional trauma, and other side effects.[48] For the most part, these treatments were not effective. The medical conception of fatness has not yet led to an effective cure for obesity.[49] Furthermore, obese individuals often avoided medical treatment for fear of being stigmatized by health care providers, and when they did seek treatment for non-obesity related conditions some were forced into what they regarded as irrelevant, weight-related discussions. Anti-fat bias on the part of physicians and other health care providers in the late 20th century has been well documented.[50]

Yet, fat activists remained ambivalent toward medical interventions targeting obesity. Even in the fat acceptance movement, many people were ambivalent about weight loss interventions, and still pursued diets. Some claimed society pushed them into losing weight, or that they were so accustomed to dieting they couldn't relinquish the habit. Some overweight people have benefited from the involvement of the medical

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[48] Schoenfielder and Wieser, eds., *Shadow*.
[49] At best, weight loss drugs have been found to produce a modest (5-10%) weight loss but study attrition rates are quite high. Weight loss surgeries sometimes induce more weight loss, but with uncertain dangers and long-term side effects. J. L. Colquitt et al., "Surgery for Obesity (Review)," *Cochrane Database of Systematic Reviews* 4, (2009); R. Padwal, S. K. Li, and D. C. Lau, "Long-Term Pharmacotherapy for Obesity and Overweight," *Cochrane Database of Systematic Reviews* 3, (2004).
[50] Puhl and Brownell, "Bias, Discrimination, and Obesity," 788-805; Wray and Deery, "Medicalization of Body Size," 227-243.

community in treating overweight, and fat individuals could always hold out hope they would succeed with the newest intervention.[51]

The fat acceptance movement exemplified a deep ambivalence toward medicalization, medical expertise, and obesity treatments in the late 20th century. On the one had, fat activists challenged certain aspects of the pathologization of weight, but on the other hand, they sought improved access to medical services in a non-judgmental atmosphere, and protection from dangerous weight loss products. Fat activists relied on medical experts but at the same time they questioned the fields of obesity research and treatment.[52] Like many laypersons, fat activists have vacillated between skepticism and dependency on expert knowledge. Not surprisingly, skepticism has been particularly acute in areas where the medical establishment has few effective treatments, such as chronic illness, disability, and obesity.[53]

From the 20th century, laypersons have both fostered and resisted medicalization. Homosexuals in the 1930s hoped to craft medical categories surrounding homosexuality and to win the sympathy of physicians.[54] Women sought the medicalization of certain

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[51] TOS Obesity as a Disease Writing Group, "Obesity as a Disease: A White Paper on Evidence and Arguments Commissioned by the Council of The Obesity Society," *Obesity* 16, (2008): 1161-77.
[52] Epstein, *Impure Science*; Williams and Calnan, "'Limits' of Medicalization?," 1609-1620.
[53] Williams and Calnan, "'Limits' of Medicalization?," 1609-1620.
[54] Henry L. Minton, "Community Empowerment and the Medicalization of Homosexuality: Constructing Sexual Identities in the 1930s," *Journal of the History of Sexuality* 6, no. 3 (1996): 435-458; Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999).

aspects of childbirth and reproduction.[55] Laypersons have sought to medicalize alcoholism and transsexuality, to gain access to treatment and reduce stigma.[56] Individuals suffering from medically unexplained physical symptoms have fought for recognition for a range of conditions, including fibromyalgia, chronic fatigue syndrome, and multiple chemical sensitivity.[57] In more recent years, laypersons have developed electronic support groups for a range of conditions, fostering the exchange of information and increased medicalization.[58]

But laypersons have also successfully challenged medicalization. In the 1960s and 1970s, homosexuals contested psychiatric definitions of same-sex attraction. The Board of Trustees of the American Psychiatric Association voted to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973.[59] The Deaf, and individuals with a wide range of impairments, challenged the definition of their conditions as disabilities or pathologies over the course of the 20th century, winning to concessions to Deaf culture if not complete demedicalization.[60]

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[55] Kline, *Bodies of Knowledge*; Judith Walzer Leavitt, *Brought to Bed: Child-Bearing in America, 1750-1950* (New York, Oxford: Oxford University Press, 1986); Riessman, "Women and Medicalization," 3-18.
[56] Conrad and Schneider, *Deviance and Medicalization*; Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, MA: Harvard University Press, 2002).
[57] Phil Brown, *Toxic Exposures: Contested Illness and the Environmental Health Movement* (New York, NY: Columbia University Press, 2007).
[58] Kristin K. Barker, "Electronic Support Groups, Patient-Consumers, and Medicalization: The Case of Contested Illness," *Journal of Health and Social Behavior* 49, no. 1 (2008): 20-36.
[59] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, Inc., 1981); Minton, "Community Empowerment and the Medicalization of Homosexuality: Constructing Sexual Identities in the 1930s," 435-458; Terry, *American Obsession*.
[60] Lennard J. Davis, *The Disability Studies Reader* (New York: Routledge, 2010); Paul K. Longmore and Lauri Umansky, *The New Disability History: American Perspectives*

More than other struggles over demedicalization, the fat acceptance movement led to ironic and paradoxical forms of medicalization. Fat activists and experts argued that weight loss strategies were dangerous, and lost weight was usually regained. Obesity researchers and clinicians responded by re-framing obesity as a chronic ailment, requiring long-term care, in some ways, an intensification of the medical model of obesity. More attention should be paid to the messiness of demedicalization struggles, and their unintended consequences. Writing during the heyday of fat activism, sociologist Jeffery Sobal argued that the fat acceptance movement successfully politicized fatness and diminished the extent of medicalization. While I do not agree with his assessment of their success, even demedicalization movements that fall short of their aims can have far-reaching effects on medical paradigms.

## Historiography and Methods

In addition to answering these three central questions, my dissertation contributes to areas of inquiry, including the history of the women's health movement and civil rights, and the history of the body. Fat women found allies among feminists, but also experienced some of their most intense feelings of betrayal due to rejection from feminists. The history of fat acceptance reveals how second wave feminism and the women's health movement were often limited by the politics of appearance.[61] While fat

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(New York: New York University Press, 2001); Henri-Jacques Stiker, *A History of Disability* (Ann Arbor, MI: University of Michigan Press, 1999).

[61] Farrell, *Fat Shame*; Judy Freespirit, "Letter from the Editor," *New Attitude: NAAFA Fat Feminist Caucus*, Summer, 1997, 6; Schoenfielder and Wieser, eds., *Shadow*;

acceptance may not alter the historical narrative of the civil rights movement, it extends our understanding of how far reaching the civil rights movement truly was. As part of the "movement of movements" following the civil rights era, fat activists benefited from what has been termed, "social movement spillover."[62] This dissertation also adds a historical dimension to political scientist Anna Kirkland's book, *Fat Rights*.[63] In her work she examines how fat individuals currently structure their arguments for greater civic participation and equal rights. Adding a historical dimension to this narrative allows for a greater understanding of how fat activists marshaled the language of the civil rights movement, allied themselves with other minority groups, and viewed their work within the context of feminism and civil rights.

An analysis of the fat acceptance further extends our understanding of fat bodies. While fat activists emphasized the culturally constructed nature of slender beauty standards and the structural barriers fat people faced, many activists also wrote about the existence of "natural" appetites, "natural" preferences for fat women, and the "naturalness" of fat bodies themselves. Although most fat acceptance organizations nominally accept people of all sizes, divisions arose between fat and thin people, and among people of varying degrees of fatness, forming a hierarchy of bodies even in the fat acceptance movement.

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Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 5-18.

[62] Van Gosse, "A Movement of Movements: The Definition and Periodization of the New Left," in *Companion to Post-1945 America*, ed. Jean-Christophe Agnew and Roy Rosenzweig (Malden, MA: Blackwell, 2002), 277-302; David S. Meyer and Nancy Whittier, "Social Movement Spillover," *Social Problems* 41, (1994): 277-298.

[63] Anna Kirkland, *Fat Rights: Dilemmas of Difference and Personhood* (New York: New York University Press, 2008).

My dissertation draws on a wealth of primary sources, many of which have not been examined previously. Over the course of 40 years, NAAFA and its offshoots produced more than 30 publications, including periodicals, pamphlets, books, and conference schedules. Several archives contain the papers of fat activists, including the Herstory Archive, the Judy Freespirit Archive, the Thomas J. Dodd Research Center, and Schlesinger Library. Fat activists, including Lynn McAfee, Barbara Altman Bruno, William J. Fabrey, Lizbeth Binks, and Joanne Ikeda, generously shared with me their personal documents and publications. Additionally, I examined medical journals, books, and conference reports to analyze how fat activists influenced and shaped medical debates.

The fat acceptance movement presents an important opportunity to do "history from below." Historians have noted the need to incorporate the perspectives of non-dominant groups in order to fairly represent the past. More specifically, sociologists have called for more attention to lay action as opposed to top-down approaches to understanding the production of knowledge. We have literature on the construction of obesity as a disease from the perspective of biomedical experts, but we have much less on the resistance of fat individuals to these categories. This work seeks to reduce that gap in knowledge.[64]

Oral histories provide a crucial means of analyzing the experiences of non-dominant groups. I obtained Institutional Review Board (IRB) approval to gather oral

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[64] Sociologist Anne E. Figert emphasizes the need for more attention to individual and lay action rather than the top-down approach formerly taken in medical sociology. Anne E. Figert, "The Consumer Turn in Medicalization: Future Directions with Historical Foundations," in *Handbook of the Sociology of Health, Illness, and Healing: A Blueprint for the 21st Century*, ed. Bernice A. Pescosolido et al. (New York: Springer, 2010), 291-307.

histories, and subsequently conducted 15 interviews with fat acceptance activists and obesity researchers.[65] I disproportionately selected fat activists because their perspectives are more difficult to find in writing than those of obesity researchers. As a group, fat activists wrote less and had less access to mainstream publishing venues than obesity researchers. As I learned more about the fat acceptance movement, I contacted individuals I identified as key figures, and asked them for additional interviewee suggestions. I included obesity researchers in an attempt to better understand their perspectives on fat activism. Obesity researchers sometimes commented on fat activism in their written work, but such references were rare, so I wanted to gain a better sense of the extent to which obesity researchers were aware of fat activists and how they felt about the movement. I selected obesity researchers based on the extent of their knowledge of fat activism.[66]

In this dissertation, I primarily track the work of NAAFA and fat feminists in the U.S. I do not offer an extended analysis of the myriad of fat activist groups and publications that developed in 1990s and later. Perhaps more significantly, I do not examine the relationship between sexuality and fat activism. This area is ripe for analysis, and has already been addressed by sociologist-activist Charlotte Cooper, and art historian Stefanie Snider.[67] The connections between sexuality and the fat acceptance movement's demedicalization efforts is not an obvious one, and requires further analysis. Cooper has criticized academics for their undue influence on NAAFA and the U.S., but the choice is

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[65] IRB protocol number SE-2011-0803 and extension number FWA00005399.
[66] See Appendix A for a list of interviewees.
[67] Cooper, "A Queer and Trans Fat Activist Timeline"; Stefanie Snider, "Envisioning Bodily Difference: Refiguring Fat and Lesbian Subjects in Contemporary Art and Visual Culture, 1968-2009" (PhD diss., University of Southern California, 2010).

justified. I use NAAFA and fat feminists as narrative threads because they initiated the fat acceptance movement and remained its dominant actors throughout the time period I address. Their influence inside and outside of the fat activist movement has been the most far reaching, especially in terms of addressing the medicalization of fatness. I hope others will extend this analysis of contested medicalization, especially as newer fat acceptance groups, such as NOLOSE, begin to critique healthism and the demedicalization project itself.[68]

NAAFA and fat feminists were linked together as part of a common social movement. Sociologist Mario Diani offers a framework for understanding social movements, and the common features they share. He defines them as "networks of informal interactions between a plurality of individuals, groups and/or organizations, engaged in political or cultural conflicts, on the basis of shared collective identities."[69] As argued in this dissertation, members of the fat acceptance movement formed organizations and networks, collectively fought against negative perceptions of the obese, and created a sense of shared identity.

The boundaries of the fat acceptance movement can be defined in several ways. Participants have formed a sense of collective identity around shared ideology, body size, and / or a shared sense of oppression.[70] In this dissertation, I examine the movement as a group of individuals and institutions with a shared ideological foundation based on

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[68] Cooper, *Fat and Proud*; Zoe Meleo-Erwin, interview by author, New York, NY, June 25, 2013.
[69] Mario Diani, "The Concept of Social Movement," *The Sociological Review* 40, no. 1 (1992): 1-25.
[70] Maya Maor, "'Do I Still Belong Here?' The Body's Boundary Work in the Israeli Fat Acceptance Movement," *Social Movement Studies: Journal of Social, Cultural and Political Protest* 12, no. 3 (2013): 280-297.

several key principles. As distilled from an analysis of fat activist writings, these principles were, 1) In most people fatness was an unalterable state, determined by heredity and maintained through a biological "setpoint" mechanism, with the corollary that weight loss efforts didn't work, 2) The health consequences of fatness have been exaggerated and fat people can be healthy, 3) Fat people deserve lives free from stigma and discrimination, with all the opportunities enjoyed by thin people. Different groups of fat activists emphasized and interpreted these points differently and fat feminists added a gendered component to their analysis, whereas NAAFA did not. Nonetheless, these beliefs held the movement together and formed the basis of shared collective identity.

My emphasis on NAAFA guides my choice of language in this dissertation. Many different terms, with different valences have been used to describe this loosely organized, fluid movement. Within the first few years of NAAFA's formation, authors Llewellyn Louderback and Marvin Grosswirth enlisted the terms "Fat Power" and "Fat Pride," respectively. Within NAAFA, the phrase "Fat Can Be Beautiful" was often used, sometimes to refer to a social movement. Aldebaran and other radical fat feminists preferred the term "fat liberation," as a more radical term, implying more far-reaching goals. In later years, when many activists argued the term "fat" prevented people from joining the movement, the term "size acceptance movement" became common. Finally, in the early 1990s when dieting came under attack from many quarters, many fat activists participated in the slightly separate, yet highly intertwined "anti-diet movement." In the 2000s, scholars such as Charlotte Cooper, Anna Kirkland, and Abigail Saguy have enlisted "fat rights" to emphasize the movement's basis in issues of social justice. In this dissertation, I have chosen the term "fat acceptance movement," because I see it as

encompassing the movement's initial and longstanding impulse to rehabilitate the term "fat" and because NAAFA has chosen to emphasize "acceptance." This is a softer, more ambiguous word than some scholars and activists might want, but it captures some of the moderation that remains part of the movement.[71]

In this dissertation, I use the term "fat" when talking about activists and their work, and the term "obesity" when discussing writings from the scientific or medical community. I try to use the terms historical actors themselves used, but at times the choice is not obvious. Some activists preferred other terms such as "abundant," "large," or "person of size." Some medical researchers also identified as fat activists and used the term "obese" in journals but the term "fat" in private. I use the terms to the best of my ability, given these complexities. Finally, in my own analysis I tend use the word "fat," but I am not averse to words such as "weight" or "large" to reference fatness. Many people who might be called fat do not identify with this word, which is for some a political identity and for others an insult. Like other historians of medicine, and scholars examining the history of obesity, I take a social constructionist approach.[72] I do not attempt to determine the reality of whether or not obesity is pathological.[73]

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[71] Cooper, *Fat and Proud*; Judy Freespirit and Aldebaran, *Fat Liberation Manifesto* (Los Angeles, CA: The Fat Underground, 1973); Marvin Grosswirth, *Fat Pride: A Survival Handbook* (New York: Jarrow Press, Inc., 1971); Kirkland, *Fat Rights*; Louderback, *Fat Power*; Saguy, *What's Wrong with Fat?*

[72] Numerous medical historians now employ a social constructionist approach, a trend most notably initiated by Charles Rosenberg. Fat Studies scholars Abigail Saguy and Amy Farrell also employ this approach. Farrell, *Fat Shame*; Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago and London: University of Chicago Press, 1962); Saguy, *What's Wrong with Fat?*

[73] That being said, readers will surely wonder about my personal connection to the topic of fat and fat acceptance. I was obese between the ages of about eight and thirteen, but subsequently lost 70 pounds. Fat acceptance arguments about discrimination against fat

## Chapter Plan

In chapter one, I examine the development of the fat acceptance movement in the late 1960s. Why did fat activism, as an organized movement, first appear at this point in time? The stigmatization of obesity increased as standards of beauty for women became thinner, and the pathologies associated with obesity multiplied. Insurance data linked obesity to increased mortality and diabetes, and data from the Framingham Heart Study (1948-1968) suggested a connection between obesity and coronary heart disease. At the same time, several factors encouraged resistance to the stigmatization and medicalization of fatness. The civil rights movement for African Americans and feminism inspired those facing discrimination based on body size to speak up for their rights. Even though medical professionals denounced the dangers of obesity, a significant number of clinicians and scientists, including Charles Davenport, Ancel Keys and George Mann, doubted that obesity was as pathological as other researchers claimed. Prominent obesity specialists Hilde Bruch and Albert Stunkard argued that excess weight was pathological, but they questioned the efficacy of treatment options. Doubt on the pathological nature of obesity, and medicine's ability to treat the condition, fostered fat activism.

In 1969, William Fabrey founded the National Association to Aid Fat Americans (NAAFA), creating what became known as the fat acceptance movement.[74] Chapter two

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people fascinated me as the result of my personal experiences, but I quickly came to realize that the movement had much to say about medicalization and fatness.

[74] The movement has been known under various names including Fat Rights, Fat Liberation, and the Size Acceptance Movement. The fat acceptance movement appears to be the most commonly used term. Although the acronym remained unchanged, NAAFA

examines NAAFA's role as a civil rights organization and social group over the first few decades of its existence. Improving access to medical care, questioning the connection between fat and pathology, and reducing fat stigma in medical settings were key aims of the movement. Members of NAAFA questioned pathological interpretations of fatness, but they also maintained a deferential stance toward medical and scientific authority. NAAFAns claimed that fatness was not pathological in all cases, and physicians should be the ones to determine when fatness was dangerous and when it was benign. NAAFA's medical claims helped define the parameters of the fat acceptance movement, but NAAFA itself became primarily a social group during this time period. According to Fabrey and other key members of NAAFA, fat people needed the chance to live full social lives – especially full romantic lives – before they could effectively become activists.

As a result of NAAFA's unwillingness to engage in aggressive activism, in 1972 several members of the Los Angeles chapter of NAAFA broke away to form the Fat Underground (FU). A radical, feminist group dedicated to fighting fat discrimination, the FU framed the pathologization of fatness as a form of sexist oppression. In chapter three, I argue that radical fat feminists created a lasting legacy by shaping feminist thought on the nature of fat bodies. Vivian Mayer, one of the founders of the FU, crafted a detailed, gendered critique of obesity science and self-published her work in *Fat Liberator* publications. In the early 1980s, Mayer and another fat activist, Judith Stein, contributed to chapters in the influential health text, *Our Bodies, Ourselves*. Feminists mostly accepted fat women's claims about fat discrimination, the inefficacy of severe diets, and

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later became the National Association to Advance Fat Acceptance. Cooper, *Fat and Proud*.

the need to combat oppressively thin standards of beauty. However, many feminists continued to uphold the connection between fatness and various pathologies.

In the early 1990s, a confluence of factors led to widespread discontent with dieting, in what obesity researcher Kelly Brownell termed the "antidiet decade." In chapter four, I argue that NAAFA shaped and responded to popular discontent with weight loss treatments in American society, and gained greater visibility during this time period. Feminists contributed to anti-diet sentiment by articulating the ideology, "fat can be fit," and by continuing to support the fat acceptance movement. The National Organization of Women (NOW) officially supported fat activists in 1990, and feminist health texts continued to argue against fatphobia. After numerous failed weight loss attempts, celebrities Oprah Winfrey and Camryn Manheim publicly disavowed dieting. Perhaps most important, the Federal Trade Commission responded to reports of dangerous and ineffective weight loss programs by launching a series of widely-publicized investigations into fraudulent advertising practices in the diet industry. NAAFA capitalized on the widespread antidiet sentiment these events generated. Feminists came to dominate the organization's leadership, and NAAFA became more of an activist, expertise-oriented group.

Chapter five examines how fat activist researchers and laypersons contributed to changes in scientific understandings of obesity. Many experts in the fat acceptance movement came from the field of eating disorders treatment and research. Worried about a steep increase in the prevalence of anorexia and bulimia, these psychologists argued that dieting contributed to eating disorders, and harmed the obese. In the early 1990s, experts affiliated with the fat acceptance movement sharply critiqued obesity treatments,

arguing that weight loss interventions were ineffective and dangerous, and that obesity was not as harmful as most clinicians claimed. At a 1992 consensus conference hosted by the National Institutes of Health, obesity researchers and clinicians responded to many of these critiques by scaling back weight loss recommendations and urging caution. Ironically, the panel also reframed obesity as a chronic ailment, necessitating more intensive, lifelong therapy. Also in the early 1990s, fat activist Lynn McAfee became a vocal participant at obesity research conferences, giving voice to the needs of fat people and demanding greater attention to the damaging effects of weight stigma. Obesity researchers came to value her presence, and the input of fat people. Although the advent of the "obesity epidemic," swept away some of these changes, the influence of fat activism can still be seen in obesity treatment guidelines and the scientific community's renewed attention to weight stigma.

In the conclusion, I return to the main themes of this dissertation. Much is at stake in the medicalization of fatness: the health of fat people, the formation of fat community, and a new form of identity centered on fatness. Members of the fat acceptance movement struggled to demedicalize obesity, enlisting both expert and lay knowledge. While fat feminists tended to rely more on personal experiences of fatness, NAAFA enlisted more experts to the cause. Fat activism has changed what we know about large bodies. Although the movement was unsuccessful in its attempts to depathologize fatness, fat activists presented an alternative way of understanding large bodies. They argued that for some people fatness was a natural bodily state, rather than the result of deviant habits; and that people could be fat and fit, or fat and healthy. Although dieting remains a widespread practice, this other way of understanding fat bodies circulated widely through

feminist health texts and the media, presenting Americans, especially women, with an alternative to diet culture.

# Chapter One

## Why 1969?

## Life Insurance, Twiggy, and the Civil Rights Movement

This chapter addresses the origins of the fat acceptance movement in the late 1960s, and the conditions that generated this movement, challenging medical and social conceptions of fatness. By the 1960s, many physicians and scientists regarded obesity as a pathological condition. Over the course of several hundred years, physicians had come to view large amounts of body fat as abnormal and detrimental to health. In the 20th century, a new approach to understanding disease intensified the medical condemnation of high body weight. In the early 1900s, life insurance companies compiled large data sets on causes of death and various health conditions, encouraging physicians to think about disease in statistical terms.[1] As medical sociologist William Rothstein argues, life insurance companies played a central role in introducing statistical thinking into medical practice.[2] In the mid-20th century, epidemiologists and physicians conducting the Framingham Heart Study developed the "risk factor" model of disease, arguing that certain chronic conditions, such as heart disease, were the result of multiple factors including lifestyle choices.[3] By the mid-20th century, many physicians understood obesity as a condition that increased one's statistical chances of death, and contributed to disease, most notably diabetes and coronary heart disease. As I examine in this chapter,

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[1] Seid, *Never Too Thin*, 116-122.
[2] William G. Rothstein, *Public Health and the Risk Factor: A History of an Uneven Medical Revolution* (Rochester, NY: University of Rochester Press, 2003).
[3] Gerald M. Oppenheimer, "Profiling Risk: The Emergence of Coronary Heart Disease Epidemiology in the United States (1947-70)," *International Journal of Epidemiology* 35, no. 3 (2006): 720-730.

physicians found the statistical linkage between obesity and diabetes particularly convincing.

According to historian Roberta Seid, life insurance companies convinced doctors that fat was dangerous. Rothstein further argues that life insurance data conclusively showed the benefits of weight reduction by about 1960. Yet, both scholars have overstated the extent to which life insurance data resolved debates on the pathological nature of obesity and its treatment. The medical opinion of obesity was not as monolithic as these accounts suggest. Several physicians and scientists challenged the validity of life insurance data and its applicability to individuals rather than populations. Others doubted that moderate or mild obesity caused disease. Physicians struggled to elucidate the connections between obesity, higher mortality, and specific conditions such as diabetes and coronary heart disease. Just as physicians in the mid-20th century debated the validity of the cholesterol hypothesis, so they debated the connections between weight and coronary heart disease into the 1960s and beyond.[4]

Some clinicians and scientists suggested that obesity was a permanent, untreatable condition. In the mid 20th century, such scientists as eugenicist Charles Davenport, zoologist Horatio Newman, and psychologist William Sheldon examined the hereditary foundations of obesity. Using different methodologies, all three argued that some cases of obesity could be attributed to a strong familial tendency toward fatness. Davenport used his results to caution against forcing all obese or overweight individuals to reduce to the levels proscribed in life insurance tables, arguing that people came in

[4] Karin Garrety, "Social Worlds, Actor-Networks and Controversy: The Case of Cholesterol, Dietary Fat and Heart Disease," *Social Studies of Science* 27, no. 5 (1997): 727-773; Rothstein, *Public Health and the Risk Factor*, 338-342; Seid, *Never Too Thin*, 116-125.

different shapes and sizes.[5] Sheldon and Newman did not caution against weight loss, but members of the fat acceptance movement later drew on their work to argue that fat was an unchangeable condition, akin to race or height, rather than the result of lifestyle choices. As such, they claimed, fat people should be protected from discrimination and treated as a valued source of human diversity.[6]

Prominent psychiatrists Hilde Bruch and Albert Stunkard questioned the medical profession's ability to treat obesity. Bruch claimed that obesity was the result of underlying psychiatric pathology, and that weight loss did not address patients' real problems. Often, she argued, excess weight served an important psychological function and should not necessarily be treated. Stunkard lamented the abysmally low success rates of weight loss programs. He argued that even if obesity were pathological, treating the condition was virtually impossible and might even be harmful. These mental health professionals viewed obesity as pathological, but considered the fact almost irrelevant given the inefficacy of treatment programs.[7] In later decades, fat activists used their work to hedge their claims on fatness as a natural, non-pathological category. Even if fatness were less healthy than thinness, they claimed, fat people could not lose weight and therefore were entitled to lives free of discrimination even though they remained fat.[8]

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[5] Morris Fishbein, ed. *Your Weight and How to Control It: A Scientific Guide by Medical Specialists and Dieticians* (Garden City, NY: Doubleday, Doran and Co., 1928); Horatio Hackett Newman, *Twins: A Study of Heredity and Environment* (Chicago, IL: University of Chicago Press, 1937); William Herbert Sheldon, *The Varieties of Human Physique, An Introduction to Constitutional Psychology* (New York, NY: Harper, 1940).
[6] Louderback, *Fat Power*.
[7] Hilde Bruch, "Psychological Aspects of Obesity," *Bulletin of the New York Academy of Medicine* 24, no. 2 (1948): 73-86; Albert J. Stunkard and Mavis McLaren-Hume, "The Results of Treatment for Obesity: A Review of the Literature and Report of a Series," *Archives of Internal Medicine* 103, no. 1 (1959): 79-85.
[8] Louderback, *Fat Power*.

In the late 1960s, fat people faced intense medical condemnation of obesity, but they also encountered physicians and scientists arguing that obesity was not pathological, or that the pathological nature of obesity was irrelevant because the condition could not be treated. This combination of condemnation and uncertainty fostered the development of fat activism. If physicians doubted the pathogenicity and treatability of obesity, then why tolerate intense condemnation of this bodily state?[9]

Broader cultural changes, including slimmer standards of beauty and increased attention to discrimination against the obese, also drove the movement forward. As historian Susan Douglas argues, the growing power of the mass media and youth culture in the 1960s served to enhance the importance of fashion and slenderness. After a brief reprieve for the full figured in the 1950s, with Twiggy's rise to fame in 1966 female fashions increasingly emphasized thinness. Women faced much severe social and economic consequences as the result of increased body weight. Although it is difficult to find data on obesity and hiring practices, a series of medical articles on the vital capacity of fat workers, published in the 1950s and 1960s, laid a foundation for the rejection of fat workers. Fat women, in particular, experienced discrimination in the workplace.[10]

In the wake of the civil rights movement of the 1950s and 1960s, many groups, including women, gays and lesbians, Chicanos, and others, were emboldened to demand their rights as well. This "movement of movements" inspired and included fat activists.

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[9] Ibid.

[10] Susan Douglas, *Where the Girls Are: Growing up Female with the Mass Media* (New York: Times Books, 1994); Allan Mazur, "US Trends in Feminine Beauty and Overadaptation," *Journal of Sex Research* 22, no. 3 (1986): 281-303; Schwartz, *Never Satisfied*; Stearns, *Fat History*; Vester, "Regime Change: Gender, Class, and the Invention of Dieting in Post-Bellum America," 39-70; Wolf, *Beauty Myth*.

Faced with medical and social antipathy, a group of fat Americans became empowered to demand their rights.[11]

## Fatness as Obesity, A Medical Problem

Fatness was not always considered an ailment. Starting in the 18th century, fatness came to be understood as obesity, a pathological problem. In the 19th and early 20th centuries, physicians and life insurance actuaries further elaborated upon this understanding of obesity, adding a numerical, statistical, population-based understanding. In 1836, Belgian mathematician Lambert Adolphe Jacques Quételet developed the first height and weight table as a means of categorizing the average man. In 1889, with the founding of the Actuarial Society of America and the Association of Life Insurance Medical Directors of America, life insurance investigators adopted a more uniform approach to the creation of height and weight tables. In 1895 the Association of Life

[11] Ironically, leftist participants in countercultural movements – who might be expected to participate in civil rights actions for the fat – also stigmatized obesity as a sign of capitalism and greed. Historian Harvey Levenstein has explored the rise of the food counterculture, but only briefly touched on the movement's antipathy to fatness, considered a sign of overconsumption. Gosse, "Movement of Movements," 277-302; Jacquelyn Dowd Hall, "The Long Civil Rights Movement and the Political Uses of the Past," *Journal of American History* 91, no. 4 (2005): 1233-1263; Harvey A. Levenstein, *Paradox of Plenty: A Social History of Eating in Modern America* (Berkeley, CA: University of California Press, 2003).

Insurance Medical Directors of America formed a committee to create a standard, industry-wide height and weight table.[12]

In the 20th century, statisticians, life insurance agents, and physicians began a systematic, large-scale inquiry into body weight and mortality rates at a population level, with the intention of avoiding high-risk applicants and increasing profits.[13] Early tables examined average heights and weights of men – not enough women purchased life insurance to determine averages – but without reference to mortality rates. This changed in 1908 when Brandreth Symonds, Chief Medical Director of the Mutual Life Insurance Company of New York, presented a paper on the influence of underweight and overweight on mortality. Actuaries had previously looked favorably upon heavier life insurance candidates due to their low tuberculosis mortality rates, but he concluded that except for those under the age of 29, overweight was more of a risk for premature death than underweight. In 1912 the Association of Life Insurance Medical Directors conducted a much larger study, and reached similar conclusions. These medico-actuarial findings became the basis for medical textbooks and other major publications.[14] Through their use of statistical analyses and large pools of data, life insurance companies created a new way of understanding the relationship between weight and mortality. Weight could be

[12] Amanda M. Czerniawski, "From Average to Ideal: The Evolution of the Height and Weight Table in the United States, 1836-1943," *Social Science History* 31, no. 2 (2007): 273-296; Vigarello, *Metamorphoses of Fat*.
[13] Levine, "Managing American Bodies," 102-109.
[14] Ibid.; Weigley, "Average? Ideal? Desirable?," 417-423.

perceived not just as a contributor to disease in isolated cases, but as a factor increasing risk of developing disease in a large population.[15]

Data and recommendations from the insurance industry shaped medical practice in the early 20th century. In 1911, approximately 80,000 of the nation's 150,000 physicians conducted physical exams for insurance companies, meaning that the industry's recommendations carried financial weight for practitioners. Moreover, large life insurance companies such as the Metropolitan Life Insurance Company took on a greatly expanded public health role. In the early 1900s, the company provided a visiting nurse service, as well as school health programs and a vast quantity of medical advice literature. Until 1965, Metropolitan Life Insurance Company's health programs reached more Americans than any federal, state or private organization.[16]

Medical directors and statisticians working for life insurance companies used their influence to push for lower weight standards. In the early 1940s, the Metropolitan Life Insurance Company challenged the use of average weights as standards by recommending lower, "ideal" weights.[17] Louis Dublin, statistician of the Metropolitan Life Insurance Company, especially fostered connections between life insurance companies and physicians, by forming collaborative relationships with doctors.[18] In 1951,

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[15] For an excellent account of the development of the "risk factor" in 20th century medicine, with particular reference to weight, see Rothstein, *Public Health and the Risk Factor*, 64.
[16] Ibid., 50-74, 146-175, 152.
[17] Weigley, "Average? Ideal? Desirable?," 417-423.
[18] According to historian Roberta Seid, Dublin wanted a more scientific career and pursued research opportunities when they arose. Seid, *Never Too Thin*, 116-125.

he co-authored an influential report in *Postgraduate Medicine*, urging medical professionals to take the consequences of overweight more seriously.[19]

In 1959, the Society of Actuaries published the *Build and Blood Pressure Study*, the first comprehensive data set on overweight and mortality since 1912.[20] The authors revised weight figures downward, creating a set of "desirable" weights to enhance longevity.[21] Study authors found that the lowest mortality rates were associated with weights "appreciably" under the average, with the exception of young men under 30, in whom average weights, or weights slightly above average were correlated with the most favorable mortality.[22] This study provided one of the most referenced data sets on mortality and weight, and it was used as a central reference as late as 1980.[23]

In addition to arguing that overweight increased mortality, actuaries and physicians claimed that being overweight increased the prevalence of particular conditions, most notably diabetes and heart disease. Physicians had long noted a connection between obesity and diabetes, and life insurance data strengthened these causal observations.

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[19] For more information on Dublin's contribution to shifting weight standards, see Bennett and Gurin and Seid. Armstrong et al., "Influence of Overweight," 407-421; William Bennett and Joel Gurin, *The Dieter's Dilemma: Eating Less and Weighing More* (New York, NY: Basic Books, 1982); Seid, *Never Too Thin*, 116, 198, 279.

[20] Iowa State College, *Weight Control: A Collection of Papers Presented at the Weight Control Colloquium* (Ames, IA: Iowa State College Press, 1955), 18; Weigley, "Average? Ideal? Desirable?," 417-423.

[21] Weigley, "Average? Ideal? Desirable?," 417-423.

[22] Hutchinson describes some of the "highlights" from the recently published study. John J. Hutchinson, "Highlights of the New Build and Blood Pressure Study," *Transactions of the Association of Life Insurance Medical Directors of America* 43, (1959): 34-42.

[23] Reubin Andres, "Effect of Obesity on Total Mortality," *International Journal of Obesity* 4, (1980): 381-386.

Between 1933 and 1939, Elliott Joslin, one of the country's most prominent diabetes specialists, co-authored a series of eight papers with Louis Dublin and Herbert Marks, another statistician working for the Metropolitan Life Insurance Company.[24] The third paper in the series, published in 1935, dealt most extensively with the connection between overweight and diabetes. They examined data on patient weights from the Joslin Clinic going back to 1898, data from the Medico-Actuarial Investigation from 1885 to 1909, and data from the Union Central Life Insurance Company. The authors found that substantially more diabetic patients were overweight than in the general population. They claimed that certain individuals were susceptible to diabetes due to heredity, but overweight acted as the "exciting factor," triggering the disease in these individuals. Indeed, the authors argued, overweight was the chief constitutional (as opposed to environmental) factor responsible for the development of diabetes. Women developed

[24] Alexander Marble, instructor of medicine at Harvard University, was also a co-author on the final paper. John Christopher Feudtner, *Bittersweet: Diabetes, Insulin and the Transformation of Illness* (Chapel Hill: University of North Carolina Press, 2003); Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. I. Characteristics and Trends of Diabetes Mortality Throughout the World," *The American Journal of the Medical Sciences* 186, no. 6 (1933): 753-773; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. II. Its Incidence and the Factors Underlying Its Variations," *The American Journal of the Medical Sciences* 187, no. 4 (1934): 433-457; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. III. Interpretations of the Variations in Diabetes Incidence," *The American Journal of the Medical Sciences* 189, no. 2 (1935): 163-192; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. IV. Etiology, Part 1," *The American Journal of the Medical Sciences* 191, no. 6 (1936): 759-774; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. IV. Etiology, Part 2," *The American Journal of the Medical Sciences* 192, no. 6 (1936): 9-23; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. V. Heredity," *The American Journal of the Medical Sciences* 193, no. 1 (1937): 8-23; Elliott P. Joslin, Louis I. Dublin, and Herbert H. Marks, "Studies in Diabetes Mellitus. VI. Mortality and Longevity of Diabetics," *The American Journal of the Medical Sciences* 195, no. 5 (1938): 596-608; Alexander Marble et al., "Studies in Diabetes Mellitus. VII. Non-Diabetic Glycosuria," *The American Journal of the Medical Sciences* 197, no. 4 (1939): 533-556.

diabetes more often than men, according to the authors, and therefore should especially pay attention to weight. [25] Joslin had long argued that diabetes was essentially a "penalty of obesity," but by joining forces with life insurance statisticians, Joslin added a statistical dimension to this claim. By the 1930s, physicians widely perceived obesity as a key factor in the development of diabetes.[26]

The connections between obesity and coronary heart disease (CHD) were more difficult to elucidate. In the 19th century, clinicians noted that those who died from heart disease often exhibited "fatty degeneration" of the heart, but did not necessarily associate the condition with obesity. Life insurance actuaries noted a correlation between death due to diseases of the circulatory system and obesity in the early 20th century.[27] However, researchers had yet to fully establish and explain the connection. By about 1930, physicians understood the main clinical and pathological manifestations of CHD, but not what caused the disorder.[28]

In the 1940s and 1950s, the federal government devoted greater resources to heart disease research. In the early 20th century, mortality rates from CHD and atherosclerosis were on the rise. By the early 1950s, in adults who died of heart disease age 40-70, 61% of men and 39% of women died of CHD. Much of the increase was due to changes in the

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[25] The recognition of the association between overweight and diabetes predated the recognition of two distinct types of diabetes. H. P. Himsworth, "Diabetes Mellitus: Its Differentiation into Insulin-Sensitive and Insulin-Insensitive Types," *The Lancet* 227, no. 5864 (1936): 127-130; Joslin, Dublin, and Marks, "Studies in Diabetes Mellitus. III. Interpretations of the Variations in Diabetes Incidence," 163-192.
[26] Arleen Marcia Tuchman, "Diabetes and "Defective" Genes in Twentieth-Century United States," *Journal of the History of Medicine and Allied Sciences*, (2013).
[27] Louis J. Acierno, *The History of Cardiology* (London, New York: The Parthenon Publishing Group, 1994), 148; P. R. Fleming, *A Short History of Cardiology*, Clio Medica, Wellcome Institute Series in the History of Medicine (Amsterdam, Atlanta, GA: Rodopi, 1997), 170-175; Weigley, "Average? Ideal? Desirable?," 417-423.
[28] Fleming, *A Short History of Cardiology*, 167.

classification of heart disease, and the age structure of the population.[29] In the mid-1940s, the American Heart Association (AHA) campaigned to make heart disease a national priority, and in 1951, the AHA declared atherosclerosis the nation's number one killer.[30] In 1948, in response to pressure from voluntary health organizations, the government established the National Heart Institute (later to become the National Heart, Lung, and Blood Institute of the National Institutes of Health).[31] Research funding increased dramatically in the 1950s, with $50 million going to heart disease research between 1948 and 1960.[32] Moreover, the nation increasingly turned its attention to heart disease in the wake of President Eisenhower's heart attack in 1955. CHD was understood as a disease that primarily afflicted men in their 50s, especially those who were better educated members of the higher social classes. Physicians were considered especially vulnerable.[33]

In the mid-20th century, physicians and physiologists tried to establish the factors contributing to the development of CHD. In the late 1940s, researchers initiated large-scale studies in an effort to determine which factors might contribute to the development of CHD. University of Minnesota physiologist Ancel Keys initiated a series of studies to examine the relationship between dietary cholesterol intake and the development of CHD. Additionally, researchers theorized that many factors might make small

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[29] Ibid., 196; Ancel Keys, "Obesity and Degenerative Heart Disease," *American Journal of Public Health and the Nations Health* 44, no. 7 (1954): 864-871.
[30] Weldon J. Walker, "Relationship of Adiposity to Serum Cholesterol and Lipoprotein Levels and their Modification by Dietary Means," *Annals of Internal Medicine* 39, no. 4 (1953): 705-716.
[31] Office of NIH History, "A Short History of the National Institutes of Health," http://history.nih.gov/exhibits/history/docs/page_07.html (accessed May 10 2014).
[32] Garrety, "Social Worlds," 727-773.
[33] Clarence Lasby, *Eisenhower's Heart Attack: How Ike Beat Heart Disease and Held on to the Presidency* (Lawrence, Kansas: University Press of Kansas, 1977); Joshua O. Leibowitz, *The History of Coronary Heart Disease* (Berkeley and Los Angeles: University of California Press, 1970), 168.

contributions to the development of the disease, and suggested that tracking populations for many years might elucidate these relationships. Researchers conducted such studies in Los Angeles, Albany, and – most famously – Framingham.[34]

The Framingham Heart Study was one of the largest studies initiated by the U.S. government in the post-World War II era. The U.S. Public Health Service began planning the study in 1947, and assigned it to the National Heart Institute of the NIH in 1949. The study designers created a sample of 5,127 male and female residents of Framingham free of CHD at the beginning of the study, with the plan to observe the population to determine which factors were correlated with the development of CHD.[35] The study physicians conducted physician exams every two years and provided information about illness, medical conditions, and personal behaviors. Their examinations included weight and height measurements.[36] Initial data from the Framingham Study was published in 1951, but it took many years for the study to produce correlations relating obesity to CHD.[37]

In the meantime, researchers in the early 1950s debated whether there was an association between CHD and obesity, and whether or not such a relationship was causal. In 1951, clinicians and scientists affiliated with life insurance companies, including physician Donald Armstrong, and life insurance statisticians Dublin and Marks, argued

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[34] Garrety, "Social Worlds," 727-773; Gerald M. Oppenheimer, "Becoming the Framingham Study, 1947-1950," *American Journal of Public Health* 95, no. 4 (2005): 602-610.
[35] Rothstein, *Public Health and the Risk Factor*, 280-281.
[36] Thomas R. Dawber, Gilcin F. Meadors, and Felix E. Moore Jr., "Epidemiological Approaches to Heart Disease: The Framingham Study," *American Journal of Public Health* 41, no. 3 (1951): 279-286.
[37] Thomas R. Dawber, *The Framingham Study: The Epidemiology of Atherosclerotic Disease* (Cambrdige, MA: Harvard University Press, 1980), 239.

there was a connection between obesity and CHD. They presented data on the relationship between overweight and various diseases. Their data showed excess mortality amongst the overweight, based on the degree of overweight. They broke down causes of death and found that for men cardiovascular-renal diseases accounted for 51.8% of deaths and for women 42.4% of deaths. They found that men and women who had or later developed cardiovascular disease or atherosclerosis weighed more than individuals who did not develop those diseases.[38] In another paper published that year, Armstrong, Dublin and Marks once again argued that obesity was correlated with increased evidence of atherosclerosis.[39]

Many other clinicians, unaffiliated with the insurance industry, agreed that there was a correlation between obesity and CHD. Renowned cardiologist Samuel Levine argued that overweight and CHD were intimately connected. Two years later, cardiologist Arthur Master, another prominent cardiologist, claimed that the correlation between obesity and CHD was well-established.[40]

There was much less consensus as to whether a causal relationship, as opposed to a mere correlation, existed between obesity and CHD. Researchers affiliated with the life insurance industry suggested there was a causal relationship. The article published in

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[38] Armstrong et al., "Influence of Overweight," 407-421.
[39] Ibid.
[40] Master developed a well-known test to measure angina, the two-step exercise test. D. Julian, "The Forgotten Past: The Practice of Cardiology in the 1950s and Now," *European Heart Journal* 21, no. 16 (2000): 1277-1280; Herbert J. Levine, "Samuel A. Levine (1891-1966)," *Clinical Cardiology* 15, (1992): 473-476; Samuel A. Levine, *Clinical Heart Disease* (Philadelphia, PA: W. B. Saunders, 1951); Arthur M. Master, Harry L. Jaffe, and Kenneth Chesky, "Relationship of Obesity to Coronary Disease and Hypertension," *The Journal of the American Medical Association* 153, no. 17 (1953): 1499-1501; N. K. Wenger, "Arthur M. Master, 1895-1973," *Clinical Cardiology* 10, (1988): 509-512.

*Postgraduate Medicine* in 1951 by Armstrong, Dublin, and Marks consisted almost entirely of data in the form of graphs and pie charts, with very little discussion. A brief passage at the beginning of the article was all the authors offered to explain the relationship between overweight and disease. They argued that overweight had adverse effects on health, including a vulnerability to cardiovascular disease. Their language implied the existence of a causal relationship between the two.[41]

Other clinicians, unaffiliated with the insurance industry, were more hesitant in their assessment about the connection between obesity and CHD. In 1951, Samuel Proger, physician-in-chief of the New England Medical Center, argued that there was no evidence that obesity caused heart disease and that there might merely be an association between the two. He suggested that the same type of person who was prone to obesity based on body type might also be prone to heart disease.[42] In 1954, physician W. Ford Connell examined the evidence for a specific (as opposed to non-specific) role in the development of atherosclerosis. He suggested that over-nutrition most likely produced both obesity and atherosclerosis, but that obesity itself most likely did not cause CHD. Master noted that causality was unproven, but did not offer any theories as to whether or not obesity caused CHD.[43]

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[41] Armstrong et al., "Influence of Overweight," 407-421.
[42] Proger enlisted psychologist William Sheldon's classification of people into endomorphs, ectomorphs, and mesomorphs, covered in more detail later in the chapter. Bertha Chong, "Samuel H. Proger, MD 1906-1984," *The New England Journal of Medicine* 311, no. 13 (1984): 856-857; Samuel Proger, "Obesity and Heart Disease," *The Medical Clinics of North America* 35, no. 5 (1951): 1351-1359.
[43] W. Ford Connell, "Adiposity and Atherosclerosis," *Canadian Medical Association Journal* 70, no. 3 (1954): 248-252; Master, Jaffe, and Chesky, "Relationship of Obesity to Coronary Disease and Hypertension," 1499-1501.

Researchers didn't come to a definite conclusion as to whether or not obesity caused CHD but, as a conservative measure, most recommended weight loss treatments for patients. Proger claimed that weight reduction would reduce strain on the heart. Given the high rates of atherosclerosis in the U.S., he argued that weight reduction in all overweight people beyond middle age would be desirable.[44] Master similarly argued that obesity placed extra strain on the heart. Therefore, whether or not it was a causal factor in the condition, overweight patients should lose weight.[45] Walker recommended weight loss as well, even though his study examined the influence of diet on CHD rather than overweight per se.[46] Even though Connell doubted obesity played a causal role in the development of CHD, he still indicated that since overnutrition caused both, overweight could function as a simple test for the presence of CHD. He recommended weight loss to reduce strain on the heart and retard the development of atherosclerosis. One of the difficulties clinicians faced was their inability to directly measure atherosclerosis in the living. This made it more appealing to use obesity as a potential marker for atherosclerosis and CHD.

As medical historian Gerald Oppenheimer has argued, clinicians in the 1950s had no evidence that treating conditions associated with CHD would reduce the risk of developing the disease. However, clinicians still moved to treat such conditions, including hypertension and high cholesterol. Sociologist Karin Garrety argues that a number of social and political factors contributed to the acceptance of the "cholesterol

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[44] Proger, "Obesity and Heart Disease," 1351-1359.
[45] Master, Jaffe, and Chesky, "Relationship of Obesity to Coronary Disease and Hypertension," 1499-1501.
[46] Weldon J. Walker et al., "Effect of Weight Reduction and Caloric Balance on Serum Lipoprotein and Cholesterol Levels," *American Journal of Medicine* 14, no. 6 (1953): 654-664.

hypothesis" (the argument that high levels dietary cholesterol contributed to CHD) well before scientific evidence supposedly validated the theory.[47] This attitude – a willingness to preemptively deal with CDH risk factors even before all the evidence was in – extended to overweight as well.

In the early 1960s, Framingham researchers presented the case for a weak relationship between extreme obesity and the development of CHD, but the data was not conclusive enough to quell debate on the issue. By 1967, however, after 12 years of gathering data, the researchers were able to demonstrate a more definitive correlation between obesity and CHD. This data did not entirely dispel debate, but it marked a turning point in clinical understanding of the relationship between weight and CHD. As the Framingham study progressed, additional data continued to affirm their initial findings.[48] This further encouraged clinicians to recommend weight loss to prevent and treat CHD.

By the late 1960s, clinicians and researchers had associated obesity with various pathologies, including diabetes and CHD. They had also linked overweight with shortened lifespan. As a result of insurance data and other research studies, obesity appeared to be a more serious medical condition than it had at the beginning of the 20th century. As a medical phenomenon, obesity was gendered as both a male (CHD) and female (diabetes) condition.

A new model of disease developed in the 1960s furthered the stigmatization of obesity. As part of the Framingham study, researchers investigated the various factors

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[47] Garrety, "Social Worlds," 727-773.
[48] William B. Kannel et al., "Relation of Body Weight to Development of Coronary Heart Disease, The Framingham Study," *Circulation* 35, no. 4 (1967): 734-744.

that increased the risk of developing CHD. In 1961, they coined the term "risk factor" to describe these attributes. According to this new way of thinking, disease causality was a complex phenomenon. Many factors, some under the control of the afflicted individual, brought on the condition.[49]

Medical historian Allan Brandt offers key insights into why certain diseases generated stigma at certain times. He argues that prior to the bacteriological revolution, diseases were understood as acts of God, and generated little stigma because they were viewed as the result of fortune. With the rise of bacteriology, diseases came to be understood as the result of vectors, the intersection of a particular microbe with a particular host, and a particular person. The bacteriological model limited the blame placed on sufferers of disease. In the 20th century, chronic diseases became the primary cause of mortality. As the risk factor model of illness came to dominate thinking about the causality of disease, individuals were often blamed for bringing illness upon themselves through unhealthy lifestyles. Such was the case for the obese. In the late 1960s they faced increased pathologization as their weight was associated with increased mortality and disease, and increased blame for bringing disease upon themselves.

## Countercurrents in Medical Thought: Questioning the Dangers of Obesity and Its Treatability

Not everyone accepted the correlation between obesity and pathology. At the same time that overweight people faced increased medical condemnation, some

[49] See Oppenheimer on the coining of "risk factor." Oppenheimer, "Becoming the Framingham Study, 1947-1950," 602-610.

physicians and researchers participated in a backlash against the insurance industry and their data. Physicians and scientists argued that insurance data sets were inadequate, and that concern about overweight had reached unreasonable levels. Furthermore, physicians questioned the advisability of treating obesity, claiming that no effective therapy had been found, and some people were naturally meant to be heavier. They made these claims against the backdrop of the proliferation of dangerous weight loss therapies, especially amphetamines.

The seeds of doubt about the pathological nature of corpulence went back centuries. Alongside the image of the fat person as grotesque, there was also the image of "the big person" as a healthy, strong person with extra reserves. Being slender became more fashionable, especially in the late 19th century, but alongside this new fashionable image was the image of the bourgeois (usually male) with a prominent and well-fed belly. A certain amount of overweight, carried in a particular area and not interfering with locomotion, could signify comfort and prosperity. This kind of fat was not demonized as unhealthy.[50]

In the late 19th and early 20th centuries, several scientists argued that heredity played a strong role in the development of overweight and obesity. These scientists divided obesity into exogenous and endogenous varieties, and considered the endogenous form the result of an inherited weak metabolism.[51] In the 1920s, Charles Davenport, a prominent eugenicist, emphasized that each person had his or her own ideal weight based on bodily constitution, and that judging people by averages would be detrimental to health. Based on his study of body build and inheritance, he argued that some individuals

[50] Vigarello, *Metamorphoses of Fat*.
[51] Schwartz, *Never Satisfied*, 136-137.

were meant to be heavier than average and should not attempt to lose too much weight.[52] In 1937, zoologist Horatio Newman published his monograph, *Twins*. For the book, he studied 50 sets of identical and 50 sets of fraternal twins reared together, and 21 sets of twins reared apart from an early age. The data was meant to separate the effects of inheritance as opposed to environment for a variety of traits, including obesity. Newman found that only 2% of the identical twins differed from each other in weight by more than 12 pounds, as opposed to 50% of the fraternal twins and "nontwin" siblings.[53]

In the 1940s, psychologist William Sheldon developed a new system of dividing people into groups based on somatotype. He argued that all people could be characterized in terms of their degree of ectomorphic (tall and slender), mesomorphic (muscular) and endomorphic (short and fat) tendencies. According to Sheldon, particular personality traits accompanied these physical characteristics. Ectomorphs were intelligent and high-strung; mesomorphs were sociable and outgoing; and endomorphs were easy-going and placid.[54] Sheldon criticized height-weight-age charts, arguing that they inappropriately suggested weight loss for endomorphs and weight gain for ectomorphs. Such charts, he claimed, did "trusting people" a "great unkindness."[55] Sheldon relied on Davenport's work on body build and heredity, suggesting that heredity might influence the

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[52] Charles Benedict Davenport, "Body Build and Its Inheritance," *Proceedings of the National Academy of Sciences of the United States of America* 9, no. 7 (1923): 226-230; Fishbein, ed. *Your Weight and How to Control It*.
[53] Newman, *Twins*; Herluf H. Strandskov, "Horatio Hackett Newman, Pioneer in Human Genetics," *Science* 127, no. 3289 (1958): 74.
[54] Patricia Vertinsky, "Embodying Normalcy: Anthropometry and the Long Arm of William H. Sheldon's Somatotyping Project," *Journal of Sports History* 29, no. 1 (2002): 95-133; Patricia Vertinsky, "Physique as Destiny: William H. Sheldon, Barbara Honeyman Heath and the Struggle for Hegemony in the Science of Somatotyping," *Bulletin of the History of Medicine* 24, no. 2 (2007): 291-316.
[55] Sheldon, *The Varieties of Human Physique, An Introduction to Constitutional Psychology*, 226.

development of somatotype, but he argued that more research was needed.[56] Fat activists widely cited his work in the 1970s, arguing that endomorphs were naturally fat, and healthy at larger sizes.[57]

In the early 20th century life insurance data generated pushback from physicians. At the Adult Weight Conference, held in 1926, physicians from the American Medical Association (AMA) met with life insurance representatives and scientists to discuss the current literature on body weight and to develop recommendations.[58] Conference participants generally saw the value of height-weight tables – indeed, they sought to formulate their own tables as a result of the conference – but they also insisted that such tables could not be applied uniformly to all individuals. Judging each person individually would take into account constitutional differences, but it was also meant to preserve the professional authority of physicians. Conference participants agreed that only physicians should make the determination of who was overweight.[59]

While conference participants didn't directly challenge life insurance mortality data, they showed just as much concern for underweight and excessive dieting as for overweight. The report included chapters on "The Craze for Reducing," "The Price of a Boyish Form," and the dangers of various weight loss methods. Despite the publication of life insurance data on the dangers of overweight, physicians in the 1920s and 1930s remained somewhat skeptical.[60] Historian Andrew Ruis has argued that physicians during this time period criticized the use of height and weight tables to evaluate malnutrition in

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[56] Ibid., 227-228.
[57] Louderback, *Fat Power*, 150.
[58] Fishbein, ed. *Your Weight and How to Control It*.
[59] Dawes, "Husky Dick and Chubby Jane."
[60] Also see Harvey Levenstein and Hillel Schwartz on the persistence of concern for underweight. Levenstein, *Paradox of Plenty*; Schwartz, *Never Satisfied*.

children. In large part, they acted to protect their professional authority from the incursion of laypersons, who could easily measure height and weight to make determinations about health.[61] As evidenced in the 1926 conference report, clinicians and scientists similarly criticized height and weight charts for adults.

Ancel Keys, perhaps one of the most influential physiologists of the 20th century, cautioned against the use of life insurance data to establish correlations between overweight and mortality. In a 1954 paper, Keys argued that life insurance data only applied to a small portion of the U.S. population. According to Keys, the sample was biased because the study only looked at life insurance policyholders and because the data only referred to one point in time and did not provide follow-up data on weight changes over an individual's lifespan. Moreover, the data related to those who were 30-40% overweight (or about 50 pounds for an adult man), such that the findings were only relevant for a small portion of the U.S. population. Finally, Keys argued that diet, rather than weight, was more relevant to mortality.[62]

Some scientific and medical experts tempered weight loss advice in response to Keys' work. At the Weight Control Colloquium, held in Ames, Iowa in 1955, Keys presented claims similar to those in his 1954 paper.[63] He argued that researchers needed to distinguish between overweight and obesity, and that they should not rely too heavily on height-weight tables. James Hundley of the National Institutes of Health (NIH)

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[61] A. R. Ruis, ""Children with Half-Starved Bodies" and the Assessment of Malnutrition in the United States, 1890-1950," *Bulletin of the History of Medicine* 87, (2013): 380-408.

[62] This is not to say that Keys supported individuals being obese. He referred to obesity as "immoral." "The Fat of the Land," *Time*, 1961, 48-56; Keys, "Obesity and Degenerative Heart Disease," 864-871.

[63] Keys, "Obesity and Degenerative Heart Disease," 864-871.

introduced and summarized the conference. He agreed with Keys, "We have long known that height-weight tables have definite limitations in predicting true obesity especially in the range of 10 or 20 per cent deviations from average." He also agreed that insurance data might be skewed, but he still argued that overweight was associated with excess mortality and excess disease incidence and that this finding was particularly clear for those 30% or more overweight. Neither Keys nor Hundley questioned that mortality and weight were connected, but both argued that insurance data overstated the connection for lower levels of overweight and might be highly biased in sample selection.[64]

Keys especially questioned the relationship between obesity and coronary heart disease. He argued that obesity had been singled out by the American Medical Association and NIH as "the current public enemy number one of American health," and he criticized the emphasis on reducing body weight as "propaganda." He called for a more detailed analysis of the evidence "before deciding that weight reduction will solve all our problems." He questioned the extent to which life insurance policyholders were representative of Americans. Life insurance data was only gathered when the insurance was issued, giving little information about change over time. In trying to explain why Americans had higher rates of cardiovascular disease and death than those of other nationalities, he argued that there were not enough people 20% or more above average weight to account for the discrepancy in death rate. Keys argued that insurance data did not discriminate between fat and muscle – two entirely different tissues metabolically speaking. He called for more research on the relationship between obesity and cholesterol, and lipoproteins. Keys reviewed the available data on the weights of men

[64] Iowa State College, *Weight Control*, 232, 235, 236.

who developed atherosclerosis and found that on average, they weighed no more than men who did not develop the disease. Keys argued that the character of the diet seemed to be most important. He argued, "Overweight per se, except when it is of extreme degree, is not a primary cause of coronary disease," and, "A mere reduction in general food consumption is not likely to accomplish reduction of our heart disease mortality."[65]

Keys was the most visible, and vocal critic of life insurance data, especially as interpreted in relation to CHD. However, other clinicians generated evidence contrary to life insurance findings. In 1948, physician Wallace Yater and his colleagues examined 866 cases of coronary artery disease, using cadavers from World War II. They found no difference in the rates of obesity between those with coronary artery disease and those without.[66] Such a large study, employing direct visualization of atherosclerosis, was convincing to many.

In 1967, after collecting data for 12 years, lead Framingham Study authors William Kannel, Joseph LeBauer, Thomas Dawber, and Patricia McNamara published on the relationship between body weight and CHD. Although study data had not shown a relationship between weight and myocardial infarction, the authors argued, it did show a correlation between higher weight and angina pectoris and sudden death. They speculated that overweight might precipitate these outcomes by imposing an increased workload on the heart.[67]

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[65] Ibid.

[66] Wallace M. Yater et al., "Coronary Artery Disease in Men Eighteen to Thirty-Nine Years of Age: Report of Eight Hundred Sixty-Six Cases, Four Hundred Fifty with Necropsy Examinations," *American Heart Journal* 36, no. 3 (1948): 334-372.

[67] The Framingham Study researchers did not rely on life insurance weight charts to evaluate their sample. Instead, they found the average weight for the Framingham sample

Even with the publication of Framingham data on the relationship between CHD and obesity, at least one study author remained unconvinced. In 1971, George Mann, one of the lead study authors, used Framingham data to argue against a strong correlation between low levels of obesity and mortality. "It is useful for nutritionists to consider that obesity has been wrongly indicated as a major public health problem," Mann claimed. He continued, "Only extreme degrees of obesity carry health hazards. The rest of us are not impaired by the 15-35 per cent of our body content which is fat – we are in fact insured by it."[68] An appropriate amount of body fat, according to Mann, served the important functions of protecting against starvation and providing insulation. He argued that up to a relative weight of 1.25 in the study, "it is clear that obesity is a weak and inconsequential risk factor" for cardiovascular disease.[69] Mann did not dispute that very high body weight was correlated with increased risk death and disease, but he argued that only 5% of people reached that level of overweight. Mann did not dispute the validity of Framingham data, but he argued that it had generated an overblown response.[70]

In addition to doubts about the pathological nature of obesity, especially at lower levels of severity, many physicians questioned the feasibility and advisability of treating obesity. In the early 20th century, physicians primarily treated obese patients with thyroid extracts.[71] However, physicians began to question whether obesity was really the result of hypothyroidism. Psychiatrist Hilde Bruch played a major role in this development,

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and determined overweight and underweight relative to this average weight. Kannel et al., "Relation of Body Weight," 734-744.

[68] George V. Mann, "Obesity, the Nutritional Spook," *American Journal of Public Health* 61, no. 8 (1971): 1491-1498.

[69] Framingham authors calculated relative weights based on the average of Framingham Study participants rather than using life insurance height-weight tables.

[70] Ibid.

[71] Schwartz, *Never Satisfied*.

challenging the use of thyroid extracts as dangerous and unnecessary. Bruch dedicated much of her career to treating the obese. As a young physician, she argued that obesity occurred as the manifestation of deeper psychological problems, often related to smothering and overbearing mothers. She argued that treating patients' larger psychiatric problems would lead to a resolution of their obesity. As psychiatry gained in power as a field in the mid-20th century, psychiatrists took a more active role in treating obesity and the use of thyroid extracts tapered off.[72]

By the late 1940s Bruch tempered her therapeutic optimism. Having observed many intractable cases of obesity, she argued that for many children and adults, obesity served an important psychiatric function. Some obese people, she claimed, were better adjusted at heavier weights. Furthermore, she argued that some people were prone to being fat due to heredity, and that these people could only lose weight at the cost of great discomfort. She termed these people "thin fat people" and argued that losing weight made them neurotic and obsessed with food. Her arguments were based on the psychiatric consequences of weight loss and attempted weight loss.[73]

In the 1950s, psychiatrist Albert Stunkard began researching obesity, continuing along the lines demarcated by Bruch. He used psychotherapy, influenced by the methods of psychoanalysis, to treat the obese. However, the results of psychotherapy left him disappointed. In a 1955 paper, he argued that some patients developed pathological

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[72] Dawes, "Husky Dick and Chubby Jane"; Nathan G. Hale, Jr., *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985* (New York and Oxford: Oxford University Press, 1995).
[73] Bruch, "Psychological Aspects of Obesity," 73-86; Dawes, "Husky Dick and Chubby Jane," 300-356.

coping mechanisms in response to dieting, such as the "night-eating syndrome."[74] In explaining the pathological effects of dieting, Stunkard referenced the Ancel Keys's work on the Minnesota Starvation Study. In this study, Keys examined the effects of food deprivation on conscientious objectors during World War II, and found that it caused severe neurosis.[75] Stunkard argued that food deprivation might have similar effects in the obese, a claim later taken up by the fat acceptance movement. He concluded, "It is well to be aware that such [weight reduction] regimens are not cure-alls, and that they can be more dangerous than the condition they seek to correct."[76] Four years later, he argued, "Of those who stay in treatment, most will not lose weight, and of those who do lose weight, most will regain it."[77] The fat acceptance movement adopted and frequently repeated this claim.

Stanley Schachter, an experimental social psychologist at Columbia University, worked with several of his graduate students in the 1960s to determine how the eating patterns of the obese differed from those of average weight subjects. In 1968, his group published a landmark series of four articles in the *Journal of Personality and Social Psychology*. Schachter and his colleagues argued that the eating of the obese was more under the control of external circumstances than the eating of thinner subjects. This

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[74] Robert Pool, *Fat: Fighting the Obesity Epidemic* (New York, NY: Oxford University Press, 2001); Albert J. Stunkard, "Untoward Reactions to Weight Reduction Among Certain Obese Persons," *Annals of the New York Academy of Sciences* 63, no. 1 (1955): 4-5.
[75] Ancel Keys et al., *The Biology of Human Starvation* (Minneapolis: University of Minnesota Press, 1950).
[76] Stunkard, "Untoward Reactions," 4-5.
[77] Albert J. Stunkard, "The Management of Obesity," *New York State Journal of Medicine* 58, (1958): 79-87.

became known as the "externality hypothesis," and was widely disseminated in psychology texts by the early 1980s.[78]

His work dramatically changed the field of obesity research, and eventually opened the way for the development of behavior therapy for obese patients, but in 1968, his work cast doubt on the viability of all obesity treatment. Schachter argued that it would be difficult for the obese to gain greater resistance to external cues, and that such cues were ubiquitous. His only advice for dieters was, "Go to the hills, live in a cave and wear a slow wrist watch."[79] Although his comment was meant as a joke, his quip nonetheless indicated his dismal assessment of obesity treatment options.

Many of the available drug treatments had acquired a well-deserved reputation as dangerous. In the first half of the 20th century, physicians tried treating the obese with laxatives, dinitrophenol, amphetamines, digitalis, and atropine.[80] All of these drugs carried significant dangers, recognized in the medical literature. Dinitrophenol, in

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[78] Ronald Goldman, Melvin Jaffa, and Stanley Schachter, "Yom Kippur, Air France, Dormitory Food, and the Eating Behavior of the Obese and Normal Persons," *Journal of Personality and Social Psychology* 10, (1968): 117-123; Richard E. Nisbett, "Taste, Deprivation, and Weight Determinants of Eating Behavior," *Journal of Personality and Social Psychology* 10, (1968): 107-116; Pool, *Fat*, 43-49, 213-217; Stanley Schachter, Ronald Goldman, and Andrew Gordon, "Effects of Fear, Food Deprivation, and Obesity on Eating," *Journal of Personality and Social Psychology* 10, (1968): 91-97; Stanley Schachter and Larry P. Gross, "Manipulated Time and Eating Behavior," *Journal of Personality and Social Psychology* 10, (1968): 98-106.

[79] Jane Brody, "Dull Diet Called Help to Reducing," *New York Times*, August 24, 1968; Jane Brody, "Why Most Diets Fail," *New York Times*, September 1, 1968; Pool, *Fat*, 43-49, 54-60.

[80] Paul Ernsberger and Paul Haskew, "Rethinking Obesity: An Alternative View of its Health Implications," *The Journal of Obesity and Weight Regulation* 6, no. 2 (1987): 1-81.

particular, caused a rash of deaths in the late 1930s and its use declined after 1938.[81] By the 1940s and 1950s, physicians sometimes prescribed dangerous drug cocktails combining multiple agents including thyroid hormone, digitalis, amphetamines, and sedatives. In 1968, Senator Philip Hart (D-MI) initiated a congressional hearing into the safety of diet pills. As a result, the producers of such pills faced greater restrictions, and the pills fell into disrepute. The use of amphetamines for weight loss also faced a challenge when the Congress held hearings on amphetamine use in 1972, and enhanced restrictions on the drugs. Although some patients still obtained prescriptions for diet drugs, physicians increasingly denounced the use of these therapies in the medical literature, and drug therapy for obesity retained an aura of danger.[82] Bariatric surgery for obesity was not widely available until the late 1960s, but it initially carried its own host of dangers, as explored in later chapters. For the layperson in the late 1960s, it might seem that treating obesity was futile at best and dangerous at worst.

It is difficult to determine precisely when doubts about the pathological nature of obesity and the viability of treatment strategies came to a head. A 1966 government publication showcased the extent to which these two ideologies had come to dominate

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[81] Maurice L. Tainter, Windsor C. Cutting, and A. B. Stockton, "Use of Dinitrophenol in Obesity and Related Conditions: A Progress Report," *American Journal of Public Health* 24, no. 10 (1934): 1045-1053.

[82] "Diet Pill (Amphetamines) Traffic, Abuse and Regulation," in *Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary, United States Senate, Ninety-Second Congress, First Session, Pursuant to S. Res. 32, Section 12*, United States Senate (1972); Nicolas Rasmussen, "America's First Amphetamine Epidemic, 1929-1971: A Quantitative and Qualitative Retrospective With Implications for the Present," *American Journal of Public Health* 98, no. 6 (2008): 974-985; United States Congress Senate, *Diet Pill Industry: Hearings, Ninetieth Congress, Second Session, Pursuant to S. Res. 26, Part 56* (Washington, DC: U.S. Government Printing Office, 1968); "Senate Will Study Diet Pills, With Stress on Sales Practices," *New York Times*, December 20, 1967.

thinking about obesity. In a 1966 publication, *Obesity and Health*, published by the U.S. Department of Health, Education, and Welfare (HEW) the authors equivocated as to whether or not obesity caused higher mortality rates. The authors concerned themselves with "the determination of whether obesity is really a health hazard" because if not then "obesity ceases to be a medical problem."[83] The authors suggested that general opinion favored a connection between obesity and mortality.[84] However, they were unwilling to take such a firm stance themselves as to whether or not obesity was a health hazard, or on the extent of obesity's dangers.[85]

The authors gave several reasons for not giving a more definitive evaluation of the relationship between obesity and mortality. First and foremost, they found numerous flaws in life insurance data sets. The data sets showed an association between obesity and mortality but did not prove causation, they did not represent a cross section of the population, much of it was obtained through self-report, reporting on causes of death was not standardized, and the studies did not distinguish between weight and fatness. The authors noted that data from several smaller studies, including the Framingham study, seemed to contradict insurance industry findings.[86]

The HEW report reiterated and magnified advice that some fat people did not require treatment. In light of their doubts about the linkages between obesity and mortality, the authors argued "Nevertheless, the specter of an early death or the danger of

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[83] United States Department of Health Education and Welfare Public Health Service Division of Chronic Diseases, *Obesity and Health: A Source Book of Current Information for Professional Health Personnel* (Washington, DC: U.S. Government Printing Office, 1966), 2.
[84] Ibid., 70.
[85] Ibid.
[86] Ibid., 26-27, 30.

developing diseases should not be used to provoke unnecessary fear and psychological disturbances in fat people who have no coexisting derangements of health."[87] Thus the authors argued that some fat people could be healthy, and that for some, treatment might cause psychological damage.

Many obesity researchers in the late 1960s were hesitant about obesity. They questioned the extent to which it was pathological, and debated whether or not treatment was a wise course of action. Many criticisms of obesity science leveled by fat activists originated in 20th century medical and scientific debates.

## Stigma and the Potential for Action in the 1960s

For fat people, the 1960s generated a confluence of stigmatizing and empowering social factors. On the one hand, women faced more pressure than ever before to maintain a slim figure, and fat individuals perceived increased discrimination in employment and education.[88] The counterculture valued slenderness as the embodiment of anti-bourgeois values, and many feminists viewed the slender body as a way of displaying self-discipline and laying claim to a stake in the public, as opposed to private, sphere. On the other hand, the civil rights movement and feminism generated an empowering atmosphere in which minority groups, women, and others were more able to organize and demand equality.

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[87] Ibid., 30.

[88] Although little data is available on weight-based discrimination and stigma during this time period, fat people such as Llewellyn Louderback perceived intense discrimination. Louderback, *Fat Power*.

The increased discrimination against the obese drove fat individuals to fight for their rights.[89]

During the 1950s, American movies and magazines such as *Playboy* glorified large busts, and a more voluptuous figure for women. Marilyn Monroe and other busty, curvy women, featured prominently in Hollywood movies and magazines. In the late 1960s, however, the popularity of the voluptuous figure went into decline. As historian Allan Mazur argues, in the late 1960s Miss America contestants became taller and thinner, with a higher waist to hip ratio (making them more "tubular"). Waist size increased slightly, while bust and hip measurements declined and contestants became taller. The slender figure became the norm in advertisements and magazines such as *Cosmopolitan*. Models featured in *Playboy* also became taller and more linear. The shift in attention from a generous bust to a trim torso and rear end pushed women to diet more.[90]

During the mid-1960s, the British invasion inspired by the Beatles also brought the miniskirt into fashion – promoting slender legs and narrow hips. Twiggy became the face of 1967, meaning that fashion magazines celebrated her "look" and presented her as the model to emulate.[91] Fat activists writing in the early 1970s pointed to her as a harbinger of the demand for ever-thinner figures.[92] New fashions – brief, sheer, and close fitting – did not allow the use of slimming foundation garments and further encouraged dieting. In many ways, the new fashions and the British invasion were part of the cult of

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[89] Gosse, "Movement of Movements," 277-302; Louderback, *Fat Power*.
[90] "The Arrival of Twiggy," *Life Magazine*, February 3, 1967, 33-44; Mazur, "Feminine Beauty," 281-303; Seid, *Never Too Thin*, 137-162.
[91] "The Arrival of Twiggy."
[92] Louderback, *Fat Power*.

youth that developed in post-war America. As the baby boom generation grew up, it was the largest cohort of youngsters the nation had ever seen, with unprecedented financial power.[93]

Increased media exposure played an important role. According to Mazur, "cultural pressure to conform to this slim-hipped ideal was probably unprecedented with its agents being the growing media, entertainment, advertising, fashion, and retail industries."[94] Indeed, after World War II the media increasingly entered the home as more people bought television sets which played a more dominant role in peoples' lives.[95] Most of the new fashions emphasizing slenderness were geared toward women, intensifying pressures on them to diet. Fashions, such as mini-skirts and Twiggy-mania were aimed at women. Whether or not men were actually attracted to extreme slenderness, women experienced pressure to conform to these fashions.[96]

Some feminists idealized slenderness. In the early years of second wave feminism, women aimed to show that they could perform as well as men in the public sphere. For many of these women, a slender figure embodied self-control and discipline, as well as the potential for action and power. Gloria Steinem of *Ms*. *Magazine*, for example, avidly pursued a slender figure. She created a particular brand of feminism, creating a commercially successful magazine at the same time she attempted to galvanize grassroots feminism. Part of her image campaign involved remaining slender, and

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[93] Douglas, *Where the Girls Are*; Grace Palladino, *Teenagers: An American History* (New York: Basic Books, 1996).
[94] Mazur, "Feminine Beauty," 281-303.
[95] Susan J. Douglas, "Mass Media: From 1945 to Present," in *A Companion to Post-1945 America*, ed. Jean-Christophe Agnew and Roy Rosenzweig (Malden, MA: Blackwell Publishers, Ltd, 2002), 78-95.
[96] Mazur, "Feminine Beauty," 281-303.

attractive.[97] Women in the 1960s may have been pushing back against the maternal ideal of the 1950s. While the association of slenderness and freedom may have empowered some women, it relegated fatter women to the margins, as unenlightened, and somehow deficient.[98]

As early as the 1800s, first wave feminists represented themselves as thin and attractive in order to win greater public support. As argued by historian Amy Farrell, feminists used thinness as shorthand for morality, justice, whiteness, and attractiveness. In the 1840s, feminists attempted to implement dress reform that would allow women greater freedom of movement. Many of the costumes feminist dress reformers advocated encouraged a more slender figure. Elements of popular culture such as the Gibson girl and the flapper similarly associated slimness with emancipation and the advancement of women.[99]

Political ideologies of the 1960s also played a role in shaping the demand for slenderness. Members of the counterculture routinely denounced "fat capitalist pigs," associating obesity and overweight with capitalism, greed, and overconsumption. The segment of the counterculture interested in new ways of eating also demonized fat. Becoming overweight was supposedly the result of consuming capitalist, over-processed,

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[97] Patricia Bradley, *Mass Media and the Shaping of American Feminism, 1963-1975* (Jackson, MI: University of Mississippi Press, 2003); Amy Erdman Farrell, *Yours in Sisterhood: Ms. Magazine and the Promise of Popular Feminism* (Chapel Hill: University of North Carolina Press, 1998).
[98] Bradley, *Mass Media*; Farrell, *Yours In Sisterhood*; Schwartz, *Never Satisfied*; Vigarello, *Metamorphoses of Fat*.
[99] Farrell, *Fat Shame*; Amy Kesselman, "The "Freedom Suit": Feminism and Dress Reform in the United States, 1848-1875," *Gender & Society* 5, no. 4 (1991): 495-510; Schwartz, *Never Satisfied*.

corporate foods. To be a member of the counterculture, one was supposed to consume natural products, a practice that would, theoretically, be reflected in a thin physique.[100]

The pressures on fat people went beyond fashion, feminist ideals of empowerment, and political ideology. The overweight perceived increased discrimination in employment and higher education, and intensified social stigma. There may have been an increase in discrimination and stigma, although little data exist. In the 1960s no laws protected fat people from discrimination in hiring. It was not until 1993 that a federal court first recognized that obesity could qualify a person for protection under the Rehabilitation Act of 1973. The Civil Rights Acts of 1964 and 1965, passed as a result of the civil rights movement, did not offer protection based on body size. In the late 1960s, fat people had no legal protections against job discrimination.[101]

Anecdotal evidence of discrimination against fat people in hiring was commonplace but little data is available.[102] The airline industry provides one concrete example of discrimination against individuals based on weight. In the 1960s and 1970s,

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[100] Obesity only came to be understood as a problem of the poor later in the 20th century. Goldblatt et al published on the topic in 1965, arguing there was a connection between lower socioeconomic status and obesity. However, the results did not immediately become widely known and obesity was not yet politicized as an issue of social justice for poor people. Phillip B. Goldblatt, Mary E. Moore, and Albert J. Stunkard, "Social Factors in Obesity," *The Journal of the American Medical Association* 192, no. 12 (1965): 1039-1044; Harvey A. Levenstein, *Revolution at the Table: The Transformation of the American Diet* (Berkeley, CA: University of California Press, 2003).

[101] Jane Osborne Baker, "Rehabilitation Act of 1973: Protection for Victims of Weight Discrimination, The," *UCLA L. Rev.* 29, (1981): 947; Sondra Solovay, *Tipping the Scales of Justice: Fighting Weight-Based Discrimination* (Amherst, NY: Prometheus Books, 2000); William C. Taussig, "Weighing in Against Obesity Discrimination: Cook v. Rhode Island, Department of Mental Health, Retardation, and Hospitals and the Recognition of Obesity as a Disability under the Rehabilitation Act and the Americans with Disabilities Act," *Boston College Law Review* 35, no. 4 (1994): 927-964.

[102] "Discrimination: Weighty Problem," *Newsweek*, March 31, 1975, 64; M. J. Forbes, "Do Not Invest in Companies Run By Fat Men," *Forbes*, November, 1974, 28; Louderback, *Fat Power*.

only slender, unmarried, childless women were hired as airline stewardesses. These women were held to notoriously stringent weight standards. United Airlines provides one example. In the 1980s men were also hired as stewards for the company, and held to weight standards, but the weight standards were somewhat more lenient than the standards for women. Stewardesses brought a lawsuit against the company in 1992, but it was based on the 1964 Civil Rights Act and different weight standards for men and women rather than on the existence of weight standards. In the 1960s and 1970s, airlines were free to hire based on weight.[103]

Regardless of whether or not discrimination and stigma intensified in the 1960s, scientists increasingly examined the topics and brought them to greater public attention. In the 1960s, researchers hypothesized that obesity led to reduced vital capacity, reduced ability to perform well on jobs, and increased absenteeism. This discourse on the inefficiency of obese persons in the work place may have reinforced employers' tendencies to discriminate against fat job candidates. In 1968, at least one company in Rochester made obesity (more than 30% above normal standards for height and weight) a major reason for medical rejection.[104]

Research on the reduced work capacity of obese individuals continued in the 1970s. In 1976, physician Daphne Roe and nutritionist Kathleen Eickwort co-authored a paper on the relationship between obesity and unemployment among low-income women

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[103] "Weight Policy Was Discriminatory at United Airlines," www.hr.com (accessed August 9 2013).

[104] P. L. Bernard, "Obesity and Work," *Archives des Maladies Professionnelles de Médecine du Travail et de Sécurite Sociale* 21, (1960): 669; A. Henschel, "Obesity as an Occupational Hazard," *Canadian Journal of Public Health* 58, (1967): 491; A. L. Strasser, "Problems in Hiring Disadvantaged Groups," *New York State Journal of Medicine* 72, (1972): 268.

in New York. For the first time, researchers examined women for obesity and various health conditions, determined their employment status, and interviewed employers about their opinions on hiring obese women. They found that employment rates were negatively correlated with skinfold thickness, meaning that obese women were less likely to be employed. The authors also found that these women had a higher incidence of co-morbid conditions including diabetes and high blood pressure. Almost half of the employers the authors interviewed indicated they would either unwilling or reluctant to hire an obese person. The authors investigated employer stigma against the obese and how it shaped employment practices. They argued that psychological aspects of obesity – reduced interest in moving, and an increased tendency to malinger – might play a role in unemployment and a lack of interest in employment.[105]

In 1979, researchers Larkin and Pines experimentally determined that employers were less likely to hire the obese even when they were just as qualified as lean persons. Men and women were asked to rank prospective employees knowing only their gender and weight status. In all of the 22 categories for ranking prospective employees the overweight were rated more negatively than those of average weight. They were seen as less competent, less productive, disorganized and less successful. In a hiring simulation, overweight applicants (both male and female) were less likely to be hired.[106]

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[105] Roe pursued many nutrition-related research topics. She is known among medical historians for her social history of pellagra. Daphne A. Roe, *A Plague of Corn: The Social History of Pellagra* (Ithaca, NY: Cornell University Press, 1973); Daphne A. Roe and Kathleen R. Eickwort, "Relationships Between Obesity and Associated Health Factors with Unemployment among Low Income Women," *Journal of the American Medical Women's Association* 31, no. 5 (1976): 193-204.

[106] J. C. Larkin and H. A. Pines, "No Fat Persons Need Apply: Experimental Studies of the Overweight Stereotype and Hiring Preferences," *Work and Occupations* 6, (1979): 312-327.

In the 1960s, the medical research community also drew attention to the difficulties fat men and women faced in gaining entry to institutions of higher education, making friends, and finding romantic partners. According to a series of studies, even young children found fat children aversive, and when men reached college age they were less interested in obese women. Canning and Mayer found that universities were less likely to accept heavier applicants, even when their credentials were identical to those of thinner applicants.[107] Although it is difficult to know if the level of stigma faced by the obese actually increased in the 1960s, certainly a new body of research drew attention to their stigmatization, and the members of the fat acceptance movement perceived themselves as highly stigmatized.[108]

At the same time physicians and scientists drew increased attention to weight-based discrimination and stigma, developments in the 1960s encouraged a newfound spirit of activism, enabling the fat to organize and fight for their rights. In the 1950s, African Americans increasingly fought for greater inclusion in American society. They launched the civil rights movement, seeking an end to segregation and discrimination in housing, employment, and health care. Initially, African Americans worked toward greater inclusion within the framework of society (mostly through the work of Martin

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[107] Canning and Mayer, "College Acceptance," 1172-1174; W. J. Dibiase and L. A. Hjelle, "Body-Image Stereotypes and Body-Type Preferences Among Male College Students," *Perceptual and Motor Skills* 27, no. 1 (1968): 143-146; R.M. Lerner and E. Gellert, "Body Build Identification, Preference, and Aversion in Children," *Developmental Psychology* 1, (1969): 456-462; Jean Mayer, *Overweight, Causes, Costs, and Control* (Englewood Cliffs, NJ: Prentice-Hall, 1969); S. A. Richardson et al., "Cultural Uniformity in Reaction to Physical Disabilities," *American Sociological Review* 26, (1961): 241-247; J. R. Staffieri, "A Study of Social Stereotype of Body Image in Children," *Journal of Personality and Social Psychology* 1, (1967): 101-104.

[108] Lew Louderback, "More People Should be Fat," *Saturday Evening Post*, November 4, 1967, 2; Louderback, *Fat Power*.

Luther King Jr.) but in the mid-1960s, civil rights activists argued that the system was broken and needed to be overhauled entirely. The radical Black Panther Party was founded in 1966 to address these needs.[109] The civil rights movement shaped popular experiences of the 1950s and 1960s, fostering a sense of dramatic social change and, for many, a sense of hope and possibility. In addition to creating a general atmosphere of change, the civil rights movement inspired other groups and provided specific ideologies fat acceptance activists incorporated into their work.

The civil rights movement served as a model for other groups in the 1960s and 1970s. Commentators increasingly saw social issues in terms of social justice, within a civil rights framework that could be applied to many activities. It was also a moment of hope, when marginalized groups believed they could re-shape the political landscape around them. Women, Native Americans, and Chicanos argued that they too had faced historical oppression and marginalization.[110]

Feminists took inspiration from the civil rights movement. Women working within civil rights organizations such as Student Nonviolent Coordinating Committee (SNCC) began to recognize that even while they fought for the rights of others, their own rights were being curtailed. Women within the civil rights movement were often marginalized to secretarial or cooking duties, rather than given a strong voice or positions of power. In the 1960s, these women increasingly worked for equality. Initially, many of them continued to do so within the framework of the civil rights movement. By the late

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[109] Peniel E. Joseph, *Waiting 'til the Midnight Hour: A Narrative History of Black Power in America* (New York: Henry Holt and Co., 2006); William L. Van Deburg, *New Day in Babylon: The Black Power Movement and American Culture, 1965-1975* (Chicago: University of Chicago Press, 1992).
[110] Gosse, "Movement of Movements," 277-302.

1960s, however, women increasingly argued they needed to establish separate organizations to address their own oppression.[111]

Women pinpointed sexist beauty standards as a major source of oppression in the lives of women. In 1968, about 400 feminists staged a protest of the Miss America beauty pageant, organized by New York Radical Women. Women carried an effigy resembling a beauty pageant contestant, and they threw feminine beauty products into the trash. The event drew widespread media attention to their cause. Feminists worked to destabilize oppressive beauty standards. Their work helped to politicize beauty and sexual attraction, laying important groundwork for the fat acceptance movement.[112]

Civil rights groups also helped lay a foundation for the fat acceptance movement by fighting for equitable access to health care. African Americans sought greater access to health care facilities already in existence, mostly dominated by white men. At the same time, African Americans fought the pathologization of black bodies. Medical professionals had long cast black bodies as pathological, and inherently different and inferior to white bodies.[113] African Americans simultaneously sought to create a parallel framework of health institutions including medical schools, hospitals, and voluntary clinics.[114] Some of the same tensions played out as in the broader civil rights movement –

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[111] Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis, MN: University of Minnesota Press, 1989).
[112] Morgen, *Into Our Own Hands*.
[113] Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York: Pantheon Books, 1997).
[114] Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis, London: University of Minnesota Press, 2011); Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia, PA: University of Pennsylvania Press, 1995).

tensions between seeking inclusion in existing institutions, and radically seeking to create new social structures to meet their needs.

Starting in the 1960s, some made the argument that obese people should be treated as a social and political group. In 1963, obesity researchers Lenore Monello and Jean Mayer first characterized obese individuals – specifically, obese adolescent girls – as a minority group.[115] There was a growing sense that the overweight might be treated as a separate class, or a group with a growing political consciousness. Mayer claimed that the obese girls had no "in-group," meaning that even among the obese girls themselves, excess weight was stigmatized. This paper functioned as one of the touchstones of the fat acceptance movement, legitimating claims that fat people – not just fat teenage girls – should be treated as a minority group and included in the civil rights movement.

The civil rights movement offered inspiration and fostered the development of the fat acceptance movement. The 1960s was a time of action for many groups, creating a movement of movements. Moreover, before the fat acceptance movement began, some commentators directly suggested that fat people might be considered a minority group. The civil rights movement also encouraged people to fight for causes that would prove relevant to the fat acceptance movement – access to employment, education, and healthcare, as well as the right to a vibrant cultural existence including alternative standards of beauty.

## Conclusion

[115] Lenore F. Monello and Jean Mayer, "Obese Adolescent Girls: An Unrecognized 'Minority' Group?," *The American Journal of Clinical Nutrition* 13, (1963): 35-39.

In the early 20th century, a variety of factors increased the stigmatization of the obese. Life insurance companies linked obesity to premature death and a variety of ailments, most notably diabetes and coronary heart disease. Clinicians and scientists worked with life insurance medical directors to establish the importance of overweight as a contributory factor to death, and these diseases, demonizing obesity as a major killer. As clinicians and scientists came to think about disease causality in terms of "risk factors," the expectation that individuals should manage these factors grew. As Allan Brandt has argued, people who failed to avoid disease by managing these factors faced increased stigma and blame for their condition.

At the same time, many clinicians and researchers questioned the connections between obesity, mortality, and disease, especially at lower levels of overweight. Eugenicists and those dedicated to the study of heredity and body build, such as William Sheldon, argued that many people were meant to be larger. They claimed these people should not be held to a generic, society-wide weight standard. Many researchers, perhaps resenting the intrusion of life insurance companies in medical terrain, questioned the value of insurance data and pointed to its many flaws. Prominent physiologist Ancel Keys, in particular, challenged the data on cardiovascular disease. The data was often weak and contradictory, and he claimed diet was a more important predictor of coronary artery disease. Finally, there were those clinicians – mainly psychiatrists – who accepted data connecting obesity and disease, but argued there were no effective treatments for the condition. Given the detrimental psychological and physical side effects of dietary treatment, they argued that some fat people should simply stay fat. The 1966 HEW report captures the conflicted state of obesity researchers in the late 1960s.

Other social forces increased the stigmatization against fat people and made their lives more difficult. The counterculture glorified slimness and demonized "capitalist pigs." Civil rights groups such as the Black Panthers emphasized fitness and a vision of respectability that marginalized fat bodies. Feminists seeking to enter the public sphere glorified slenderness as a form of empowerment. Fashions, perhaps loosely connected to political ideology but also rooted in the rise of youth culture and the mass media, similarly pushed a thin ideology. Twiggy and the British invasion influenced women to diet, placing perhaps more pressure on them to be thin than at any time previous.

Yet, the social movements of the 1950s and 1960s also offered fat people new opportunities for resistance. The civil rights movement inspired others, including fat people, to fight for their rights. Feminists attacked uniform beauty standards for women, and civil rights groups demanded fair treatment from physicians and access to medical services. These movements and demands inspired fat people to claim their rights.

Although feminism, fashion, and fears related to diabetes may have especially pushed women to diet, other factors pushed men to remain slim. Fears of coronary heart disease, and the rhetoric of somewhat militaristic "power" movements pushed men to remain slender.

The stage was set for the early years of the fat acceptance movement. As I explore in the next chapter, the movement was initially male-dominated. It blended the rhetoric of many civil rights groups, but ended up emphasizing beauty and romance, some of the cultural aspects of civil rights. The developments of the 1960s also laid the foundations for radical fat feminism, as discussed in chapter three.

# Chapter Two

## "Not the Fat Panthers"

## NAAFA, Building Community, and Advocating for the Fat

This chapter examines the early history of the National Association to Aid Fat Americans (NAAFA), from its founding in 1969 to about 1985. Started as a civil rights organization and social group, NAAFA argued that fat people were discriminated against and deserved the same protections afforded to African Americans, and other marginalized peoples. NAAFA laid the foundations of the fat acceptance movement, making possible the work of fat activists in the 1970s, 80s, and 90s. They enlisted the rhetoric of the civil rights movement to lay claim to the rights of fat people.

NAAFA started out with a strong civil rights agenda, and lived up to its civil rights mission in the 1990s, as discussed in chapter four. However, in the 1970s and 1980s, NAAFA's social functions rapidly came to the fore, co-existing uneasily with their civil rights claims. NAAFA was a deeply paradoxical, often problematic, organization. Most of the membership consisted of fat, white women as well as the thin, white men who admired them. Social opportunities – such as NAAFA-Date, the annual convention, pool parties, and dances – often centered around fostering heterosexual partnerships and marriages between these two groups, as well as strengthening fat community. This created problematic dynamics related to race, gender, and sexuality.

NAAFA's emphasis on building fat community also fostered a particular kind of socially conservative, non-confrontational health activism. NAAFAns enlisted medical expertise to question the extent to which fat was pathological, rather than challenging

medical authority. The organization served as a clearinghouse for medical information in their newsletters, hoping to protect NAAFAns from dangerous weight loss interventions. They brought together experts and medical authors on the NAAFA advisory board, bolstering the organization's authority by citing this scientific work. NAAFA sought respectability rather than radicalism – they collaborated with physicians, rather than seeking to establish a separate, parallel set of health institutions. They worked to win cooperation and support from the mainstream medical community.

Despite NAAFA's problematic aspects, the organization played a crucial function – building fat culture, serving as a meeting place and knowledge exchange, and serving as a place where new groups could foment and form. As an organization, NAAFA emphasized the creation of fat culture and community as a prerequisite for political action. They created the space in which the fat acceptance movement could develop and grow.

## The Beginnings of Fat Acceptance: Civil Rights and Respectability

"More People Should Be Fat," proclaimed Lew Louderback in 1967. In an article published in the *Saturday Evening Post*, he argued that fat Americans faced discrimination in the job market and in college admissions due to the nation's "anti-fat madness." As a result of this persecution, many who were "honestly fat," – that is, meant to be fat due to hereditary factors – lost weight below the level that was comfortable and natural for them. These diets required severe deprivation and left "thin fat people" highly irritable, unproductive and emotionally unstable. Finally, Louderback drew on scientific

literature, including the work of Jean Mayer, and Albert Stunkard to claim that being fat was not dangerous to one's health.[1]

When William Fabrey read this account of fatness in the United States, he was struck. Louderback had given voice to many of his own sentiments regarding weight and discrimination. Since the age of ten, Fabrey had been attracted to fat women but he quickly realized that society found his preferences unacceptable. His parents criticized his dating choices, and in the late 1960s the *New York Times* refused to print a photograph of his fat fiancée. He argued that his fat wife, Joyce Fabrey, faced discrimination in daily life. Additionally, his employer, Kodak, had threatened to fire him even though he was only about ten pounds above their weight limit.[2]

After reading Louderback's article Fabrey contacted the freelance author about forming a civil rights organization to fight discrimination against fat people. Fabrey briefly put the group on hold to help Louderback research his book, *Fat Power: Whatever You Weigh Is Right*, but in 1969 they carried out their plan to form an organization. With the help of a lawyer, John Trapani, Fabrey, his wife Joyce Fabrey, Llewellyn Louderback, his wife Ann Louderback, and a few others – including Susan Blowers, William Blowers, Eileen Lefebure, and Gilberto Granadillo – founded the National Association to Aid Fat Americans (NAAFA) based in Westbury, New York on June 13, 1969. They purposefully crafted the name so that the organization's acronym would mimic that of the National Association for the Advancement of Colored People (NAACP). The organization was dedicated to furthering the civil rights of fat people, and

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[1] Louderback, "More People Should be Fat."
[2] At the time, Kodak had its own dietitians and height-weight tables. Louderback, *Fat Power*, 47; Saguy, *What's Wrong with Fat?*

providing social opportunities and services fat people otherwise lacked. The fat acceptance movement was born out of the civil rights movement.[3]

In the first few years of the fat acceptance movement, two members of NAAFA published books. In 1970 Louderback published *Fat Power: Whatever You Weigh is Right*, and in 1971 Marvin Grosswirth published *Fat Pride: A Survival Handbook*. Fabrey considered *Fat Power*, with its broad critique of weight-based discrimination in U.S. society, the "bible" of the fat acceptance movement, and he played a role in developing Grosswirth's book by writing the introduction.[4] The books serve as the best available articulation of NAAFA's early goals and principles.[5] Both books emphasized respectability, improving social opportunities for the fat, and protecting the civil rights of fat people. As compared to fat feminists, discussed in chapter three, the authors presented a moderate, socially conservative vision of fat activism, one that did not significantly challenge medical authority.[6]

*Fat Power* served as a follow-up to Louderback's *Saturday Evening Post* article. William Fabrey helped with the research and writing. The work encapsulated key ideas and attitudes shared by early members of NAAFA. The book criticized society for the poor treatment of fat people and cast fat people as a minority group based on inherent biological differences and how they were treated by society. Louderback drew on

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[3] Lisbeth Fisher, "Founder Honored at Tenth Anniversary," *NAAFA Newsletter*, January-February, 1980, 2; "Organization Founded June 13, 1969," *NAAFA Newsletter*, June / July, 1994, 2; Saguy, *What's Wrong with Fat?*

[4] William J. Fabrey, "Thirty-Three Years of Size Acceptance in Perspective - How Has it Affected the Lives of Real People?," (2001).

[5] Unfortunately, Fabrey was unable to locate the organization's first constitution and I was unable to obtain NAAFA's earliest newsletters.

[6] Grosswirth, *Fat Pride*; Louderback, *Fat Power*.

concepts from the civil rights movement, but the fat acceptance movement – as represented in this book – was much more conservative and modest in its aims.

Louderback drew on the work of psychologist William H. Sheldon to argue that fat people were inherently different from slender people. As discussed in chapter one, Sheldon categorized people according to body type, and claimed that endomorphs tended to be fatter, with larger skeletal frames.[7] Like Sheldon, Louderback argued that fat people were constitutionally designed to be at higher weights, and that height-weight tables could not be applied across the entire population. According to Louderback, heredity, rather than behavior or dietary choice, played the dominant role in a person's degree of obesity.[8]

To explain how some people apparently lost weight and remained thin, Louderback enlisted psychiatrist Hilde Bruch's theory of the "thin fat person." Bruch argued that some people who were biologically inclined to obesity could lose weight, but that it required great effort. Furthermore, such people lived in a perpetual state of hunger and anxiety, suffering in order to remain slender even though being fat might be a more natural and productive state.[9] Louderback argued that fat people were a distinct biological group, and that it wasn't a choice to be fat. To the extent that fat people could alter their physiques, they did so at great cost, and without altering their inner nature and tendency toward fatness. Far from rejecting the authority of science or the importance of health,

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[7] Vertinsky, "Embodying Normalcy: Anthropometry and the Long Arm of William H. Sheldon's Somatotyping Project," 95-133; Vertinsky, "Physique as Destiny: William H. Sheldon, Barbara Honeyman Heath and the Struggle for Hegemony in the Science of Somatotyping," 291-316.
[8] Louderback, *Fat Power*, 150-4.
[9] Hilde Bruch, *The Importance of Overweight* (New York: Norton, 1957); Louderback, *Fat Power*, 26, 66, 145.

Louderback relied on physicians and scientists to support his claims. The fat acceptance movement did not originate in a denial of scientific evidence but, rather, a particular interpretation of the data.

According to Louderback, because fat people had little control over their weight, they should not face discrimination and should not be pressured to lose weight. He drew on the rhetoric of the civil rights movement, and medical authority to make his case. Louderback quoted physiologist Jean Mayer, who argued that fat people, especially fat adolescent girls, experienced discrimination. This social experience of exclusion rendered obese teenage girls similar to racial minority groups.[10] Louderback argued that fat people constituted a minority group due to physical differences and the treatment of society. Fat people were discriminated against in housing, employment and personal relationships. He argued that discrimination had become so intense that it had created "the polarization of two separate nations – one thin, one fat."[11]

Louderback's critique of fat people's problems was less radical than later critiques formulated by fat feminists. Although he criticized the marginalization of fat people, he reinforced more traditional gender roles. He assumed that women wanted to be sexually attractive to men, and that gendered pursuits such as shopping for attractive clothing were important to them.[12] Lesbians, and women uninterested in shopping and domesticity, were excluded from his narrative.

His work also marginalized people of color. In a two-page passage, Louderback suggested that African Americans might be less interested in dieting than whites due to

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[10] Louderback, *Fat Power*, 44.
[11] Ibid., v.
[12] Ibid., 63, 187.

different standards of beauty. He then dismissed the topic, claiming, "Whatever the cause, few blacks are overly concerned about [fatness]. They are so overwhelmed with other, and – in their view – more pressing problems, that they have little interest in protesting anti-fat discrimination."[13] Louderback used the cause of civil rights and justice for African Americans as a foil to argue for the rights of fat people. He claimed, "the result [of discrimination against fat people] is an empathy for the black person's problems – and those of other minority groups as well."[14] However, he did not significantly engage with the problems or concerns of African American communities, nor did he seek common cause with them. He largely excluded African Americans from his audience, even while enlisting the radicalizing potential of minority status. Even the title of the book, *Fat Power*, drew on the concept of "black power," but without meaningfully developing connections between the two movements. Louderback also problematically suggested that racial prejudice had waned, writing, "Now that ethnic and racial prejudice are out of fashion, the public finds itself with nobody left to be bigoted about except the fat."[15]

Another limitation on the inclusiveness of fat acceptance, as put forth by Louderback, was related to size. Louderback argued that anti-fat prejudice extended from "the mildly overweight to the grossly obese," but his target audience was evidently only moderately fat. He described the very fat as "grossly obese" and referred to "300-450 pounds" as "gross corpulence," that might be detrimental to health.[16] He critiqued society for its prejudice against all degrees of fatness, but his account left it unclear if some level

[13] Ibid., 61.
[14] Ibid.
[15] Ibid., 17.
[16] Ibid., v, 147.

of obesity really was unhealthful. Unlike fat feminists, who later argued that all levels of fatness could be healthy, Louderback significantly limited his health claims, and limited the radical implications of his work.

Louderback offered a vague theory of causality for the problems of fat people, but did not offer an extensive critique of U.S. society. Throughout the book, Louderback decried what he called the anti-fat "Brainwash." According to Louderback, fat people and thin people alike were inculcated to believe that fat people were inferior, unhealthy, and lazy. The "Brainwash" denied fat Americans access to ready-made clothes, made women (especially teenage girls) obsessed with dieting, and pushed women – even famous women such as Mama Cass Elliot – to suffer on diets. The "Brainwash" also denied fat people social support, fostering "dependency, debility, and dread," and distorting reality like a fun-house mirror.[17]

Louderback was rather imprecise in terms of the mechanisms behind the "Brainwash." He blamed broad social forces, including TV, the food industry, and the "youth-oriented, figure-conscious 'with it' culture," for warping American minds.[18] He suggested that perhaps the root source was "the impudent assumption that we can be what we want to be, that all of life is subject to our own will."[19] Yet, he didn't specify how these forces indoctrinated Americans, or how fat people could reverse the process. The concept of "Brainwash" allowed Louderback to dismiss anti-fat rhetoric coming from fat people themselves. Although they passed along anti-fat sentiments, they were not the source of those sentiments, nor were they to blame for self-hatred, because they were

[17] Ibid., 6, 8, 9, 11, 13.
[18] Ibid., vii.
[19] Ibid., 25.

victims of a broader cultural ideology. As articulated by Louderback, the concept of the "Brainwash" diffused responsibility for anti-fat sentiment, and limited the radicalism of fat power.

Rather than demanding changes in the law or social institutions, Louderback suggested much more modest solutions for fat people. He argued that fat people tended to identify with their oppressors, and to disparage themselves.[20] Therefore, he emphasized improved self-esteem as the most important first step in reversing discrimination. Louderback argued "The fat themselves will have to change first – by ridding themselves of the guilt and self-loathing that an intolerant society teaches its victims."[21] Teaching fat people to improve themselves first, he advocated turning inward rather than political action. He recommended better clothing and greater sociability as a means of improving the self-image of fat people. He hoped to "break down the individual fat person's sense of isolation" because "deprival [sic] of social support [was] an important weapon" used against the fat.[22]

Louderback wanted to enhance the respectability of fat people in the eyes of society. Because of a lack of self-esteem, fat people "[allowed] themselves to fall apart physically, becoming sloppy in dress and appearance." He hoped fat people would put in more effort, because "self-denigration [did] not lead to dignity."[23] Better clothing would lead to more respect from others. He argued fat people had many positive characteristics.

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[20] Ibid., 12.
[21] Ibid., 197.
[22] Ibid., viii, 11, 61-63.
[23] Ibid., 197.

They were peaceful by nature, and fat people, due to their somatotype, exhibited sincerity, dignity, gravitas, love, and an impulse toward peace.[24]

Louderback suggested moderate solutions for the problems of fat people. He argued for a "touch of militancy" but "by militancy [he meant] a disciplined, purposive stance."[25] He argued against violence and he made no mention of protests, strikes or other measures typical of the civil rights movement. He also suggested rather modest goals. He claimed that prejudice would never be eradicated, but it could be alleviated. Unlike later fat activists, Louderback did not problematize the language of weight, nor did he insist on reclaiming the word "fat." He used many different terms interchangeably, including "fat," "overweight," "obese," and even "gross corpulence." The goals of fat acceptance, as Louderback framed them, were rather modest and far less radical than those of fat feminists.[26]

Louderback's engagement with science and medicine was also more moderate in tone. He argued "the health angle too often serves as a legitimizing smoke screen in cases of simple discrimination."[27] He argued it was important to challenge the conception that obesity was unhealthy. However, he did so by enlisting the authority of scientists. As argued above, he drew on the arguments of Sheldon, Bruch, and Mayer to show that fat people – at least those who were only modestly overweight – were not actually unhealthy. He further drew on the starvation studies of Ancel Keys and Albert Stunkard's work, arguing that weight loss was essentially impossible. According to Louderback, the

[24] Ibid., viii, 199.
[25] Ibid., viii.
[26] Ibid., viii, 147.
[27] Ibid., ix.

truth about obesity "[languished] in small scholarly journals."[28] Although physicians and scientists sometimes discriminated against fat people, in Louderback's account the scientists themselves were not to blame. According to him, the scientific establishment offered up the truths of obesity.

He also absolved most physicians of blame. For every obesity specialist pushing a diet, he claimed, "there are fifty who are honest, hard-working, and genuinely interested in the welfare of their patients."[29] He argued that physicians could harm their patients if they had been taken in by the "Brainwash," but that they were well-intentioned. He further asserted that fat people should take care of themselves by regularly seeing a physician. Louderback did not offer a radical critique of scientific authority – he claimed that the truth rested in scientific journals and with the scientific method, and that scientific and medical authorities were trustworthy, but that they were victims of social forces beyond their control. This argument stood in sharp contrast to the writings of fat feminists, who blamed scientists and physicians for perpetrating anti-fat sentiment (addressed in chapter three).

Marvin Grosswirth's book, *Fat Pride: A Survival Handbook*, also formed an essential part of the early fat acceptance canon, articulating NAAFA's goals. Grosswirth was a freelance writer and member of Mensa, an organization for individuals with a high IQ.[30] After giving a presentation on NAAFA at a Mensa meeting, William Fabrey approached Grosswirth about becoming a member of the organization. Grosswirth

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[28] Ibid., 18.
[29] Ibid., 130.
[30] "Marvin Grosswirth," *New York Times*, 1984.

published *Fat Pride*, and became NAAFA's media advisor.[31] Grosswirth's book, as the title implied, was more of a survival manual, offering tips on day-to-day living as a fat person, with less of a political bent.

Grosswirth's book was similar to Louderback's in many ways. Like Louderback, he argued that fat people were mostly fat due to heredity factors and he emphasized the importance of self-esteem and dignity for fat people. In a brief chapter, he drew on the work of many of the same scientists and physicians quoted by Louderback, including Bruch, Mayer, and Stunkard. Like Louderback, he emphasized the burdens society placed on fat people and the pain of discrimination. Although he didn't use the trope of the "Brainwash" he emphasized the power of the media, especially television, in shaping public opinion. He also aimed his work at those who were no more than 100 to 150 pounds over height and weight charts.[32]

*Fat Pride* differed from *Fat Power* in that Grosswirth was even more conservative in how he framed fatness and suggested solutions to the problems of fat people. Grosswirth aimed his book at a white audience and reinforced traditional gender roles. Like *Fat Power*, *Fat Pride* echoed the rhetoric of the civil rights movement – his title invoked the phrase "black pride."[33] Grosswirth also compared fat people to African Americans and other minorities. However, he paid even less attention to the lives of African Americans in his work. Whereas Louderback addressed a few pages to arguing that black people were not interested in fat power, Grosswirth did not address the topic.

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[31] William J. Fabrey, interview by author, Hopewell Junction, NY, June 24, 2012.
[32] William J. Fabrey, "Foreword," in *Fat Pride: A Survival Handbook* (New York: Jarrow Press, Inc., 1971), 11-15.
[33] Fostering black pride was an element of the Black Power movement, especially associated with Marcus Garvey, and African American musicians such as Curtis Mayfield. Van Deburg, *New Day in Babylon*, 212-215, 244-245.

Grosswirth emphasized the femininity of women, how much they valued clothing, and the importance of pleasing men. He wrote, "You are, first and foremost, a woman. Women's Liberation notwithstanding, I maintain that this imbues you with certain unique qualities, chief of which is that mysterious element called femininity."[34] He quipped, "it may yet be another example of my male chauvinism, but I am convinced that women dress primarily to please men."[35] Although he joked about feminism, perhaps trying to deflect criticism, his comments dismissed the importance of women's rights. He suggested that women were inherently different from men in some mysterious way, and that women's clothing had more to do with men than self-presentation. He further argued, "The woman who believes that once she has landed a man, she need no longer make herself as appealing as possible to him, is headed down the road to marital disaster."[36] Rather than emphasizing a mutual responsibility between husband and wife to keep a marriage vibrant, he placed the burden of being sexually appealing on the woman.

Grosswirth's aims for the fat acceptance movement were limited. He explained, "This is neither a pro-fat book nor an anti-fat book. It merely proceeds on the assumption that for some reason – physiological, metabolic, hereditary, or psychological – you are fat and unhappy about it."[37] He further explained, "Fat Pride does not mean that you should be proud of yourself for being fat…Fat Pride means that you have pride in yourself as a person, *despite* the fact that you are fat…fatness should not *interfere* with being proud."[38] Unlike the black pride movement, which cultivated pride in being black, and sought to

[34] Grosswirth, *Fat Pride*, 117.
[35] Ibid., 104.
[36] Ibid., 125.
[37] Ibid., 20.
[38] Ibid., 160.

foster a culture of blackness, Grosswirth was apologetic about being fat. One was supposed to overcome fatness rather than celebrate it. He sought accommodations for fat people rather than a revolution in how society perceived fat people.

As compared to Louderback, he took a more pragmatic approach to helping fat people, focusing on the details of daily life. He instructed fat people, "stop being a slob and start being yourself."[39] To improve how fat people presented themselves, he included information on shopping, advice on choosing clothing styles, colors and patterns, and how to accessorize. He included several appendices with information on where fat people could find clothing. Grosswirth also gave detailed advice on how to deal with the built environment – how to get in and out of cars, test beds and furniture, and how to obtain proper seating at restaurants. He included chapters on sex, with instructions for fat men and women on how to physically accomplish the act.

His definition of militancy was as even more conservative than Louderback's. For him, "militancy" was writing letters to tell advertisers that their work was offensive. Rather than suggesting that fat people attack a consumption-oriented system that excluded them and judged them on weight, Grosswirth argued that they should seek to shape that system to better represent them and meet their needs.[40]

*Fat Power* and *Fat Pride* were essential to the beginnings of NAAFA and the fat acceptance movement. Louderback's article inspired William Fabrey to start NAAFA, and his book, *Fat Power*, served as the central text of the movement. Fabrey regarded Grosswirth and his book as a crucial addition.[41] The authors' emphasis on cultivating

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[39] Ibid., 57.
[40] Ibid., 161.
[41] Fabrey, "Foreword," 11-15.

self-esteem and respectability, and building community, characterized NAAFA's work for years to come. As part of gaining respectability in the eyes of society, both authors deferred to medical and scientific authorities. NAAFA, as an organization, followed this pattern of deference.

## "Fantastic Camaraderie": NAAFA and the Creation of Fat Community

Within NAAFA there were tensions between an interest in combating discrimination and emphasis on the social needs of fat people. Although initially framed as a civil rights organization, during the 1970s and early 1980s the social role of NAAFA came to dominate – especially the functions of matching for heterosexual partners and fostering marriage.

Fabrey described the organization's shift in emphasis:

> We found out that the need for social interaction with others who don't disapprove of your body was so powerful that we could not attract members without offering it, so NAAFA-Date was born, and we started holding dances and mixers in several cities. Some in NAAFA, including Mr. Louderback, respectfully withdrew from leadership when that happened, because their vision was primarily one of activism and education.[42]

In theory, the organization retained its social and civil rights functions, but most members primarily joined for social reasons. As explained by Fabrey, the change in orientation created a schism, and drove out those more interested in civil rights.

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[42] William J. Fabrey, "Thirty-Three Years of Size Acceptance in Perspective - How Has it Affected the Lives of Real People?," http://bigastexas.tripod.com/2001event/keynote2001.html (accessed June 11 2012).

Indicative of the organization's change in emphasis, radical members of the NAAFA were pressured out of the organization. A group of radical fat feminists in Los Angeles, who were part of the L.A. chapter of NAAFA, left the organization because "NAAFA refused to go as far as [they] wanted to go in confronting the health professionals."[43] I address the work of radical fat feminists in chapter three, but it is important to note here that NAAFA considered them too extreme to participate in the organization from an early point in time.

Even Fabrey valued NAAFA's social functions. In 1973, Fabrey reflected, "the fashion show was the highlight of the convention…We should be fighting discrimination, having group therapy meetings, and boycotting the phone company…[but] there are few activities more pleasant than viewing the NAAFA female."[44] Although Fabrey remained committed to civil rights activism, he also found NAAFA's social activities enjoyable and worthwhile. Unlike Louderback, he believed the organization could accommodate both types of activity.

With its emphasis on sociability for fat people, NAAFA grew. The group experienced a significant breakthrough in membership and name-recognition due to increased media exposure in 1970.[45] In August of 1970, the *New York Times* published an article on NAAFA, giving details of the organization's founding and presenting profiles of several members. According to Fabrey, the exposure increased the visibility of the

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[43] Vivian F. Mayer, "Foreword," in *Shadow on A Tightrope: Writings by Women on Fat Oppression*, ed. Lisa Schoenfielder, and Barb Wieser (San Francisco: Aunt Lute Books, 1983), ix-xvii.
[44] William J. Fabrey, "Thoughts on the '73 Convention," *NAAFA Newsletter*, November, 1973, 1.
[45] Fabrey noted that after 1970 "the media and the public started paying attention." William J. Fabrey, "A Mini-History of the Size Acceptance Movement: The First 25 Years," *NAAFA Newsletter*, June/July, 1994, 2; Fabrey, interview.

organization and helped spur membership growth.[46] In 1970 the group consisted of approximately 100 members, with about 30% in the New York area. About half of the members were men, and half were women. About half were fat and half were thin. Most of the thin people joined because they were friends or spouses of fat people and they condemned mistreatment based on weight prejudice.[47]

NAAFA added chapters across the country through the 1970s. By January 1977 membership had leveled off at about 300. To boost their numbers, NAAFA started an official office (before that, Fabrey ran the organization from his spare bathroom) and reached out to potential members. They increased their membership by 40% between February and October of 1977. By 1978 the organization had 23 chapters including locations in Rochester, Westchester, New York City, Los Angeles, Connecticut, Baltimore, New Jersey, San Francisco, Pittsburgh, Wichita, Northern Florida, Arizona, Kentucky, Massachusetts, Ohio, and Michigan.[48] By 1980, NAAFA had almost 1,500 members in 49 states, (all but Alaska), as well as Canada, the Virgin Islands, Belgium, Korea, and Australia.[49]

Through its social functions, including a dating service, a pen pal service, dances, fashion shows, and – perhaps most important – an annual convention, NAAFA fostered heterosexual relationships and a sense of community. For fat individuals, excluded from

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[46] Klemesrud, "There Are a Lot of People Willing to Believe Fat Is Beautiful," 1.
[47] Ibid.
[48] "'78 Convention Huge Success," *NAAFA Newsletter*, May, 1978, 2; "Chapter News," *NAAFA Newsletter*, January-April, 1978, 1; Lisbeth Fisher, "Membership Report: An Editorial," *NAAFA Newsletter*, February-March, 1979, 1; Fisher, "Founder Honored," 2; "New NAAFA Chapter Formed," *NAAFA Newsletter*, January-February, 1977, 1; "New NAAFA Chapters," *NAAFA Newsletter*, September-November, 1976, 1.
[49] Fisher, "Founder Honored," 2; "Membership Report," *NAAFA Newsletter*, September-October, 1977, 1; "NAAFA's Moved," *NAAFA Newsletter*, September-October, 1977, 1; "Organization Founded June 13, 1969," 2.

romantic companionship and a sense of belonging, these experiences could be transformational.

One of the organization's major social functions was to facilitate the formation of new heterosexual partnerships, with an emphasis on marriage. As a thin man attracted to fat women, Fabrey reached out to other like-minded men, and coined the term "fat admirer" (FA) to describe their sexual preferences.[50] NAAFA drew mostly fat, white women, and thin, white men who were attracted to them.[51] By August of 1970, the leadership of NAAFA had founded NAAFA-DATE to facilitate the formation of romantic partnerships for fat people. Members sent profile information to the NAAFA-Date Committee and waited to be matched with potential mates. The initial match took 4 to 6 weeks. Once enrolled, people would receive the names of new NAAFA-Date members they matched with. In 1977, new members paid $15 and renewals cost $10 per year.[52] NAAFA-Date played an important role in drawing new members. Writing on behalf of the NAAFA board of directors, one author explained, "Although NAAFA is fighting fat discrimination in many ways, we know that many of you joined primarily for social purposes, and we shall do our best to get NAAFA-DATE functioning at its best for you."[53]

NAAFA's publication, *NAAFA Newsletter* also facilitated romantic connections between NAAFA members and featured successful matches. Starting in the early 1970s,

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[50] Fabrey, "Thirty-Three Years "
[51] Erich Goode, "Sexual Involvement and Social Research in a Fat Civil Rights Organization," *Qualitative Sociology* 25, no. 4 (2002): 501-534.
[52] "NAAFA-DATE Reminder," *NAAFA Newsletter*, May, 1977, 1; "The Stewarts Revisited," *NAAFA Newsletter*, September-November, 1976, 2.
[53] Lisbeth Fisher, "NAAFA-Date Revised - Expanded to Cover Entire U.S.," *NAAFA Newsletter*, September-November, 1976, 1.

the publication featured a section for personal ads, with individuals typically offering information on their age, weight, interests and location, and what they were looking for in a mate. These blurbs suggest that NAAFA members viewed the publication as a way of meeting a romantic partner. The *NAAFA Newsletter* not only fostered romantic connections, it glowingly highlighted new couples formed through NAAFA – including relationships formed through NAAFA-DATE, the pen pal service, and their annual conventions. These articles highlighted how happy and satisfied the couples were, and how romance was possible for all, no matter how large. Many of the articles characterized a new partnership as a "NAAFA marriage" or articles described a "NAAFAn wedding" or even a "NAAFA baby" as the result of such unions.[54] The articles' language implied that NAAFA deserved credit for the new partnerships and babies. At the very least, the descriptions were meant to strengthen the ties of membership between NAAFAns. By claiming these social events, it was as if ordinary NAAFAns somehow shared in every couple's newfound happiness.

NAAFA also played a broader role in community building. NAAFA's annual convention became the centerpiece of the organization's social network. It could have a transformative effect on members, creating more confidence and self-esteem, fostering friendship, and helping people meet basic social needs. NAAFA's first annual convention was held in 1970 at an alumni club in New York City. It consisted of only 45 people and

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[54] "Another NAAFA Baby," *NAAFA Newsletter*, November-December, 1979, 2; "Another NAAFA Marriage," *NAAFA Newsletter*, November-December, 1977, 1; "Another NAAFA Wedding," *NAAFA Newsletter*, March-April, 1980, 1; "NAAFA Marriage Covered by Washington Post," *NAAFA Newsletter*, January-April, 1978, 1; "NAAFAn Wedding," *NAAFA Newsletter*, May-August, 1980, 1; "Wedding Bells for NAAFAns," *NAAFA Newsletter*, November-December, 1979, 1.

lasted for 5 hours.[55] They quickly grew in size and scope. At its peak in 1993, the annual convention drew about 500 attendees.[56] Activities at the conferences varied year-to-year, but in the 1970s they included fashion shows, talent shows, musicals, plays, raffles, luncheons, dinners, dances, and pool parties. They also included more serious events, such as lectures, rap sessions, and an awards ceremony.[57]

These annual events drew fat people together and fostered a sense of community for individuals who had previously felt isolated and socially marginalized. For example, on attendee wrote about making new friends at her first NAAFA convention,

> These new friends gave me a better insight and made me feel wonderful, beautiful, special and important…I can now work, play, laugh, run, jump, and dance with more confidence than before. I hold my head higher, walk prouder, and feel great. Thank you just doesn't seem enough – but thank you NAAFA for opening the door.[58]

NAAFA offered the opportunity to make new friends, but also to gain a sense of confidence many fat people had not previously experienced. For many, these feelings of belonging were extremely powerful and uplifting. Another NAAFAn, one of the conference organizers, explained,

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[55] "Organization Founded June 13, 1969," 2.
[56] Natalie Clist and Howard Clist, "Convention '73," *NAAFA Newsletter*, November, 1973, 1.
[57] "'78 Convention Huge Success," 2; "Letters," *NAAFA Newsletter*, March-April, 1977, 1; "Organization Founded June 13, 1969," 2.
[58] Marlina Madris, "Convention Memories," *NAAFA Newsletter*, January-February, 1980, 1.

> Anyone who has ever attended a NAAFA Convention will rave on and on about the fantastic camaraderie, the feeling of total acceptance and the sheer joy of being a NAAFAn for those few very short days.[59]

Those planning NAAFA events knew the importance of the occasions for attendees. Putting on a large event was time consuming and difficult, but the leadership recognized the events' importance for drawing members and creating community. Attending NAAFA conventions had a transformative effect on many of the members whose lives they touched.

Furthermore, the conventions drew in significant funding for the organization. In the late 1970s, NAAFA was financed through membership fees, donations and fundraising through NAAFA events.[60] While membership fees and donations were rather static sources of income, NAAFA relied on events to bolster yearly revenues, intensifying their social emphasis. One dance in 1977, for example, drew 100 entry fee-paying attendees.[61] NAAFA needed funding in order to survive, and the annual convention and other social events provided a crucial boost to their finances.

The *NAAFA Newsletter* also generated a sense of community. NAAFA started the publication in October of 1970 and it continues today as an online publication. In addition to featuring news of marriages, *NAAFA Newsletter* contained updates on other social news such as births and deaths. It also shared news of how the organization was growing, in a "Chapter News" column.

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[59] Joyce Maloney, "Everything You Never Wanted to Know About the Convention...and Are Sorry You Asked," *NAAFA Newsletter*, September-October, 1981, 2.
[60] "Fund Raising Made Easy," *NAAFA Newsletter*, September-October, 1977, 1.
[61] "Dance Draws Record Crowds," *NAAFA Newsletter*, September-October, 1977, 1.

In the late 70s and early 80s, some members complained that the publication was too heavily focused on the New York area. NAAFA addressed these tensions by inviting members from other chapters to submit more materials, and in 1979 the publication chose an editor located in North Carolina to shift the emphasis of the publication.[62] According to Fabrey, members of chapters not located near the East Coast tended to feel unappreciated, but he argued that the feelings were misplaced and that East Coast chapters did not receive more attention from the national office than other chapters. Fabrey argued that the way to retain membership on the national level was to make the national organization more attractive to members, especially, to ensure they received their newsletters in a timely fashion.[63] Chapters received no financial support from the national NAAFA organization so they would often pop up and then disappear as individual members took the initiative to volunteer their time.[64] Although there were tensions between local and national NAAFA leadership, and those tensions played out in the *NAAFA Newsletter*, the publication was also framed as a way of bringing NAAFAns together.

Members of NAAFA also worked to reframe fat as beautiful. In the early 1970s NAAFA held the first fashion shows that used plus and supersize models.[65] By 1977, NAAFA enlisted the phrase "Fat Can Be Beautiful" as a motif in its newsletters. The

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[62] Rosalie I. Radcliffe, "Editorial Changeover," *NAAFA Newsletter*, September-October, 1979, 1.
[63] William J. Fabrey, "NAAFA vs. Our Local Chapters," *NAAFA Newsletter*, November-December, 1981, 2.
[64] Fabrey, interview; Michael Simpson, "Chapter News," *NAAFA Newsletter*, September-October, 1977, 3, 7.
[65] Fabrey, "Mini-History," 2.

phrase regularly appeared as an inset between articles.[66] NAAFA even offered a "Fat Can Be Beautiful" tote bag.[67] In trying to reaffirm the beauty of fat, NAAFA appropriated language reminiscent of the "Black is Beautiful" movement. Their framing was more hesitant – only suggesting that fat could be beautiful – but they strove to achieve similar effects. Proponents of the "Black is Beautiful" movement sought to undo the psychological damage caused by aesthetic standards that de-valued African features. This process was part of a broader movement to create a new cultural space for black people.[68] NAAFAns similarly sought to create a positive space for fat people. A full analysis of the artistic and aesthetic elements of NAAFA and the fat acceptance movement are beyond the scope of this dissertation, but I include these elements to the extent that they were relevant to creating sociability and community. It was no accident that so many of NAAFA's conventions featured fashion shows, and some of the products sold in the pages of the *NAAFA Newsletter* were works of art glorifying the fat body.[69]

NAAFA played an important social role for fat individuals. It provided its members with a modicum of emotional support, social interaction, and the possibility of finding a romantic partner. They created a cultural and social space in which fat was valued as an aesthetic and romantic asset. In the 1970s, the group primarily focused on social activities, but they still retained parts of their civil rights mission, including health rights. Their social role shaped and fostered the form their health activism took.

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[66] "Fat Can Be Beautiful," *NAAFA Newsletter*, May, 1977, 1.
[67] "It's In the Bag!," *NAAFA Newsletter*, September-October, 1977, 1.
[68] Amy Abugo Ongiri, *Spectacular Blackness: The Cultural Politics of the Black Power Movement and the Search for a Black Aesthetic* (Charlottesville: University of Virginia Press, 2010).
[69] "Fatworks Revisited," *NAAFA Newsletter*, February-March, 1979, 1; "Hilda," *NAAFA Newsletter*, November, 1973, 1.

## NAAFA's Health Activism in the 1970s and 1980s

As primarily a social organization, NAAFA engaged in minimal health activism in the 1970s and 1980s, and its members challenged the medical framing of obesity sporadically. Writings from NAAFA suggested that obesity was sometimes associated with illness, but sometimes not. Laypersons in the organization often deferred to medical authority, and tended not to rely on their own personal experiences as a form of knowledge. NAAFA enlisted several medical and scientific experts, usually after they had formulated their own anti-diet critiques. This approach led to a disjointed, but fairly comprehensive critique of dieting and obesity science. This loosely organized network of experts did not greatly influence mainstream scientific communities in the 1970s and 1980s, but their work laid the foundation for greater health activism in the 1990s.

NAAFA inconsistently challenged the medical framing of fatness. In the 1979 publication, *What Is NAAFA?* Fabrey wrote about the relationship between fat, health, and dieting. In the section, "But Isn't Overweight an Unhealthy Condition?" Fabrey wrote,

> Higher-than-average weight can cause complications in some diseases, and persons who have these diseases often respond to treatment better if they are not greatly overweight. However the effect of weight on health has been enormously exaggerated.…We say that a fat individual is not necessarily unhealthy; it depends on the degree of fatness and on the physical characteristics of the person in question.[70]

[70] William J. Fabrey, "What Is NAAFA?," (Bellerose, New York: National Association to Aid Fat Americans, 1979).

Essentially, NAAFAns argued that fatness could be pathological, but that it wasn't in all cases. This stands in sharp contrast to the arguments of fat feminists, who argued that all negative health effects associated with obesity were the result of stigma. NAAFAns only contested the pathological nature of fat to a certain, rather flexible point. They didn't precisely specify when fat was pathological and when it wasn't.

It's also important to note that Fabrey switched between the terms "overweight" and "fat" in this passage. Whereas other fat activists took a firm stance on rehabilitating the term "fat," Fabrey was more flexible – reflecting the organization's flexible stance on pathological nature of fatness. Karl Niedershuh, a fat admirer and longtime member of NAAFA, similarly allowed for slippage in how he described larger bodies. In his "Webster's Dictionary (NAAFA Edition)" he gave the definition of fat as:

> Fat (adj.): Obese, corpulent, overweight, chubby, chunky, plump, big-boned, round, roly-poly, pudgy, portly, hefty, hippy, tubby, stout, fleshy, flabby, or pinguid. Describing one who is well-insulated, well-padded, well-adapted to conserve energy, floats well, and is overwhelmingly sexy.[71]

Niedershuh conflated many terms for fat, and glossed over the medical significance some members of NAAFA and some fat feminists ascribed to the terms "obese" and "overweight." His definition also included terms (chubby, plump) others in the movement, such as Marvin Grosswirth, considered irritating euphemisms for fatness.[72] Niedershuh opted out of linguistic debates and the politics of language, and instead re-evaluated all of the terms in a positive light, that of being "overwhelmingly sexy."

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[71] Karl Niedershuh, "Webster's Dictionary (NAAFA Edition)," *NAAFA Newsletter*, March-April, 1980, 1.
[72] Grosswirth, *Fat Pride*, 38.

Members of NAAFA, unlike fat feminists, were inconsistent in using language to contest the medicalization of fatness and inconsistent in contesting the medicalization of fatness more generally.

The organization also took a permissive stance on dieting. In the pamphlet, *What Is NAAFA?,* in a section entitled, "Does This Mean that NAAFA is Against Reducing Diets?" Fabrey responded,

> No. NAAFA doesn't say whether specific people should or should not diet. Ideally, that should be prescribed by a doctor. What NAAFA <u>does</u> say is this: Most people, after losing weight, regain the amount that they lost, and sometimes more. If you have a history of gain and loss, <u>you should not be pressured to diet further</u>.[73]

NAAFA was not willing to draw hard lines of exclusion based on dieting, unlike fat feminists who took a firm stance against the practice. Instead, they argued that dieting was a personal matter, and that the correct use of the practice varied from person to person. After all, if fatness was sometimes pathological, then, theoretically, in some cases dieting was medically indicated. This was a moderate stance, one that potentially allowed for the inclusion of many more fat people than a more radical position. Describing a member of NAAFA who dieted, Fabrey argued that the organization should support her. He argued, "She needs our support – after all, she is the one who has to live in her body!"[74] Although data on the number of NAAFAns who dieted is not available, according to a *New York Times* article from 1970, many members of the group

[73] Fabrey, "What Is NAAFA?."
[74] Fabrey, "Thirty-Three Years "

participated in weight loss organizations like TOPS (Take Off Pounds Sensibly).[75] In many ways NAAFA bolstered the authority of physicians. In the above quote on dieting, for example, Fabrey referred NAAFAns to a physician for their weight loss needs. Each individual needed to determine whether dieting was the right choice for him or her but, he argued, a doctor should play a pivotal role in that choice.

The *NAAFA Newsletter* remained mostly silent on health-related topics, even as a series of scandals and mishaps dramatically changed the obesity treatment landscape in the 1970s and 80s. Bariatric surgeries, liquid protein diets, and weight loss pills all carried significant risks. As argued in chapter one, diet pill and amphetamine use for weight loss fell into disrepute in the late 1960s and early 1970s. In 1973, the FDA approved fenfluramine, but the drug was only approved for short-term use and produced little weight loss. The use of diet drugs peaked in 1977, and steadily declined until the early 1990s.[76]

In the 1970s, surgeons experimented with several forms of bariatric surgery, but met with poor results. In 1954, surgeon Arnold Kremen first reported on the results of a jejunoileostomy performed for weight loss. Surgeon J. Howard Payne initiated the first clinical program in 1956, but the early operations carried the risks of severe morbidity and mortality. In 1969, Payne and another surgeon, Loren T. DeWind, proposed the "14+4" jejunoileal bypass (JIB) operation in which the proximal 14 inches of the jejunum

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[75] Klemesrud, "There Are a Lot of People Willing to Believe Fat Is Beautiful," 1.
[76] Laura A. Governale, "Patters of Prescription Weight-Loss Drug Use," in *Endocrinologic and Metabolic Drugs Advisory Committee Meeting* (Rockville, Maryland: 2004); U.S. Food and Drug Administration, "Questions and Answers About Withdrawal of Fenfluramine (Pondimin) and Dexfenfluramine (Redux)," http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm180078.htm (accessed September 6 2013).

was connected to the terminal 4 inches of the ileum, and the distal jejunum was left as a blind end. Throughout the 1970s surgeons created numerous variations of this operation in an attempt to maximize weight loss and minimize morbidity and mortality.[77]

Despite their efforts, the various forms of JIB carried severe risks. The mortality rate was estimated at 8%, and the re-hospitalization rate was approximately 50%. The operation could lead to vomiting, diarrhea, electrolyte depletion, peptic ulceration, liver failure, urinary caliculi, and osteomalacia. Eventually, surgeons recommended that those who had undergone JIB have their operations reversed or revised to minimize complications.[78] In 1978, the National Institutes of Health (NIH) convened a consensus conference on the topic of bariatric surgery. The panel cautioned surgeons to use the operation sparingly, and use of bariatric procedures declined in the late 1970s and 1980s. Surgeons began developing various gastric banding and bypass procedures, but these techniques were still largely experimental in the 1980s.[79]

Also in 1978, the reputation of very low calorie diets (VLCD) suffered a major setback. These programs provided dieters formula of a set caloric and nutritive composition, to be consumed every day. Although formulas varied in calorie and

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[77] Kenneth G. MacDonald Jr., "Overview of the Epidemiology of Obesity and the Early History of Procedures to Remedy Morbid Obesity," *Archives of Surgery* 138, no. 4 (2003): 357-360.

[78] G. A. Bray and D. S. Gray, "Treatment of Obesity: An Overview," *Diabetes/Metabolism Reviews* 4, no. 7 (1988): 653-679; MacDonald Jr., "Epidemiology of Obesity," 357-360; J. R. Salameh, "Bariatric Surgery: Past and Present," *The American Journal of the Medical Sciences* 331, no. 4 (2006): 194-200.

[79] Theodore Van Itallie and Benjamin T. Burton, "National Institutes of Health Consensus Development Conference on Surgical Treatment of Morbid Obesity," *Annals of Surgery* 189, no. 4 (1979): 455-457.

nutriment content, they contained less than the 800 kilocalories.[80] One particular liquid VLCD, developed by Robert Linn and Sandra Stuart in *The Last Chance Diet,* contained very poor quality protein. Patients taking the formula developed a number of severe side effects, most notably cardiac arrhythmias due to the lack of protein. By the end of 1978, over 60 deaths had been reported to the FDA and CDC.[81] Although some dieters still chose to use VLCD programs, and research on the use of VLCD continued, the negative publicity surrounding the events dampened enthusiasm for the products.[82]

Laypersons in NAAFA responded to these developments minimally. Members of NAAFA clipped newspaper articles from various publications and mailed them to the *NAAFA Newsletter* to have them reprinted. This practice started some time around 1976, and intensified in 1978 when NAAFA encouraged its members to submit more items, and offered a free subscription to NAAFAns who submitted five or more articles.[83] The majority of the health pieces the newsletter chose to print related to various weight loss intervention scandals. The *Newsletter* reported on the negative effects of dieting, and included a "Diet Gimmicks" column.[84] The articles were meant to keep the membership informed and protected from dangerous weight loss interventions.

The *NAAFA Newsletter* extensively covered two weight loss interventions – bariatric surgery and liquid protein diets. In 1976 the newsletter reprinted the article,

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[80] A. N. Howard, "The Historical Development, Efficacy and Safety of Very-Low-Calorie Diets," *International Journal of Obesity* 5, no. 3 (1981): 195-208.
[81] Thomas Wadden, Albert J. Stunkard, and Kelly Brownell, "Very Low Calorie Diets: Their Efficacy, Safety, and Future," *Annals of Internal Medicine* 99, no. 5 (1983): 675-684.
[82] J. S. Garrow, "Very Low Calorie Diets Should Not Be Used," *International Journal of Obesity* 13, no. suppl. 2 (1989): 145-147; Wadden, Stunkard, and Brownell, "Very Low Calorie Diets," 675-684.
[83] "Clipping Campaign Clipping Along," *NAAFA Newsletter*, June, 1978, 2.
[84] Ibid.; "Diet Gimmicks," *NAAFA Newsletter*, June, 1978, 1.

"Bypass Operation Loses Favor in Obesity Treatment," originally printed in the *Journal of the American Medical Association (JAMA)*. The *JAMA* article reported that the Cleveland Clinic Foundation had abandoned the use of jejunoileal bypass due to excess morbidity and mortality.[85] The author wrote, "this Newsletter finds the facts cited in the above article very disturbing," and noted that the *Newsletter* offered reprints of the article in order to keep the membership apprised of new developments and dangers. Despite expressing concern, however, the author "[welcomed] letters from those who [had] experiences on the subject, either positive or negative." Despite the hazards of early bariatric surgeries, the *Newsletter* sought to present a balanced perspective rather than denouncing the operations.

About three months later, the *Newsletter* summarized the research of a Swedish study, showing that intestinal bypass surgery rendered oral contraceptives less effective.[86] The author argued, "we are not qualified to form medical judgements [sic], but we note with dismay the large number of such operations…and the growing pessimism of many medical writers about the long-term safety of the procedure.[87] The author expressed skepticism and concern, but nonetheless refrained from offering medical advice, suggesting that others – perhaps in the medical professions – might be more qualified to assess the risks. Given the high morbidity and mortality rate associated with early bariatric procedures, this author's position was remarkably mild. Rather than offering a critique of bariatric procedures, *NAAFA Newsletter* authors quoted chunks of research

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[85] "Medical Foundation Hits Bypass Operation As Dangerous and Ineffective," *NAAFA Newsletter*, September-November, 1976, 2.
[86] Contraceptive hormone levels were lower in their patients who had undergone the operation, most likely due to poor absorption. "Study Finds Oral Contraceptives Unreliable After Intestinal Bypass," *NAAFA Newsletter*, January-February, 1977, 1.
[87] Ibid.

papers verbatim. The *Newsletter* gently questioned the use of bariatric procedures, and recommended a cautious approach, but in the end, the organization deferred to medical authority on the subject.

The *Newsletter* also featured a series of articles detailing the dangers of low calorie liquid protein diets. The executive secretary of NAAFA, Lisabeth Fisher, appeared on the Joel A. Spivak television show to confront the author of *The Last Chance Diet*.[88] The *Newsletter* was "inundated" by articles from their members, so they reprinted a series on the topic. According to one article, the liquid protein diet was a "do-it-yourself heart attack," that could lead to kidney stones, gout and seizures.[89] Another reprinted article reported that the liquid protein diet was suspected in the deaths of at least 25 people. The *NAAFA Newsletter* editor cautioned, "In view of current findings, we wonder whether there are <u>any</u> 'experts' who can safely guide dieters along a nutritionally dangerous path like this one."[90] In 1980, the newsletter highlighted more research showing that liquid protein diets caused cardiac arrhythmias. The author also gave the estimate that 98,000 American women tried the diet for at least a month, and that it may have been a factor in 60 deaths.[91]

As with the *Newsletter*'s coverage of bypass surgery, the author critiqued this weight loss intervention by quoting medical and scientific research – deferring to the authority of medical experts. The newsletter also served the function of warning NAAFAns about the dangers of certain weight loss interventions, offering patient protections. Even though the authors enhanced medical authority by enlisting their

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[88] "The Last Chance Diet," *NAAFA Newsletter*, March-April, 1977, 1.
[89] "Liquid Protein Diet Furor," *NAAFA Newsletter*, November-December, 1977, 2.
[90] "Liquid Protein Diet Fatal?," *NAAFA Newsletter*, May, 1978, 2.
[91] "Update on Liquid Protein," *NAAFA Newsletter*, May-August, 1980, 1.

materials to make their case against bypass surgery and liquid protein diets, the organization still managed to drive home their editorial point – that weight loss interventions were dangerous.

In addition to these two major controversies, the *Newsletter* included reports on dangerous physicians. Two articles discussed physicians who were accused of selling or inappropriately prescribing amphetamines.[92] Another article addressed physicians who were dangerous not due to prescribing amphetamines, but due to their poor treatment of fat patients. In his "President's Message" column, Fabrey reported that NAAFAns complained of doctors treating them with "abuse and lack of understanding." He argued, "A tragic consequence of the situation is that many fat people avoid going to the doctor at all costs…they let medical problems go undiagnosed and untreated, sometimes with fatal results." Rather than blaming all physicians or challenging the medical system, Fabrey claimed, "There <u>are</u> some good, competent, understanding doctors around, and the best thing that a NAAFAn with a medical problem can do is to find such a physician, and stop consulting the doctor who is creating so much grief." To facilitate more positive medical interactions, Fabrey requested that NAAFAns send the names of good physicians so that the organization could compile a list.[93]

Given that the dangers of diet pills were severe enough to warrant congressional hearings in 1968, and that the use of amphetamines as weight loss drugs contributed to the initiation of another set of congressional hearings in 1972, members of NAAFA had remarkably little to say on the topic. The organization's commentary on bariatric surgery

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[92] "Doctor Indicted in 'Diet Pill' Use," *NAAFA Newsletter*, November-December, 1977, 2; "Long Island Physician to Lose License," *NAAFA Newsletter*, May, 1977, 1.
[93] Bill Fabrey, "President's Message: Physicians Needed," *NAAFA Newsletter*, May, 1977, 1.

– at the time, a dangerous operation with an extremely high mortality rate – was also scant. As an organization, NAAFA was not engaged with medical activism to a great extent during the 1970s and early 1980s.

To the extent lay members of NAAFA participated in medical activism, by reprinting medical articles and occasionally commenting, they reinforced medical authority rather than relying on their own experiences. Editors and authors of the *NAAFA Newsletter* argued that weight loss interventions such as bariatric surgery and very low calorie diets were dangerous, but they did so through the lens of science, by enlisting medical journal articles. They claimed that some physicians were dangerous – prescribing amphetamines and not properly caring for fat patients – but *Newsletter* authors presented them as outliers, being taken care of by the justice system and medical authorities. Fabrey emphasized the necessity of maintaining access to high quality medical care, further underlining the importance of physicians and access to services. Rather than relying on personal experiences related to weight loss, such as the testimony of members who had used liquid diets or undergone bariatric surgery, authors chose to defer to physicians and scientists.

Experts became allies of NAAFA in the 1970s and 1980s primarily by joining the organization's scientific advisory board. In most cases, members of NAAFA became aware of scientific research that was favorable to the organization's cause, and then requested the scientist's participation. The board was composed of physicians and scientists, including one social scientist.[94] In the 1970s and 1980s, experts affiliated with NAAFA responded to major developments in obesity research, offering their own

[94] "Wooleys Become NAAFA Advisors," *NAAFA Newsletter*, January-February, 1980, 1.

interpretations of new evidence as it developed. The board nominally provided NAAFA members with scientific advice, but involvement in the organization varied greatly. Members of the advisory board had a modicum of influence in scientific communities, planting seeds of influence that came to fruition in the 1990s.

Sociologist Natalie Allon was one of the early members of the advisory board. Allon received her Ph.D. from Brandeis University in 1972, writing on the dynamics of group dieting. Her dissertation incorporated literature from the fat acceptance movement. For example, she cited Llewellyn Louderback and other fat activists.[95] Her work was cut short by a debilitating car accident in 1980, but during her brief career she published on a range of topics including the methodology of fieldwork, adolescent dieting, religion, and sexuality.[96] She joined NAAFA some time before 1973.[97] The *NAAFA Newsletter* praised her participation at a National Institute of Health conference. Acting as a "NAAFA-oriented sociologist" she argued that society viewed fatness as sin, disease, crime, or simply ugliness, but that all of those interpretations intensified the stigma faced by fat people. Although her career was cut short, Allon's pioneering work on fat stigma influenced medical sociologist Jeffery Sobal, whose collaborations with psychiatrist Albert Stunkard are discussed in chapter five.[98]

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[95] Natalie Ina Allon, "Group Dieting Interaction" (PhD diss., Brandeis University, 1972).
[96] Jeffery Sobal, "Group Dieting, the Stigma of Obesity, and Overweight Adolescents: Contributions of Natalie Allon to the Sociology of Obesity," *Marriage & Family Review* 7, no. 1-2 (1984): 9-20.
[97] "NAAFA Advisor Presents Talk at Government Conference on "Obesity"," *NAAFA Newsletter*, November, 1973, 1.
[98] Sobal, personal communication; Clist and Clist, "Convention '73," 1; Sobal, "Contributions of Natalie Allon," 9-20.

In 1980, Susan C. and O. Wayne Wooley, a husband and wife team of psychologists, joined the NAAFA Advisory Board.[99] They operated a clinic for eating disorders under the auspices of the Department of Psychiatry at the University of Cincinnati College of Medicine. Initially, their work centered on the psychological mechanisms behind eating, with weight loss as the goal of therapy. Over time, however, the Wooleys came to doubt the efficacy of weight loss programs. They kept their clinic, but began offering interventions to diminish disordered eating without weight loss as a goal. Susan Wooley identified as a fat woman, and dealt with her own struggles over food and body image. Wooley emphasized that weight was primarily a women's issue. By the 1990s, she published more frequently on the topic of dieting than her husband, perhaps due to her personal interest.[100]

During the 1970s and 1980s, the Wooleys contributed to and built on important research on the psychology of eating, most notably the work of Janet Polivy and C. Peter Herman. Psychologist C. Peter Herman, was one of Stanley Schachter's students. As argued in chapter one, Schachter helped develop the "externality hypothesis," which held that the obese overate because they were more sensitive to external eating cues as opposed to internal sensations like hunger. In 1975, Herman and his colleagues tested how these restrained and unrestrained eaters responded to a variety of experimental conditions. They found that when unrestrained eaters were given two milkshakes before participating in an ice cream taste-test, they ate less than if they did not eat the milkshakes. Restrained eaters, in contrast, ate more ice cream during the taste test if they

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[99] "Wooleys Become NAAFA Advisors," 1.
[100] The Wooleys divorced at some point, and this may have reduced the extent to which they published together. Renfrew Video Tape.

had received two milkshakes, as a result of what the researchers deemed the "what-the-hell effect."[101] Herman and his colleagues argued that restrained eaters habitually ate less than their bodies required and that as a result, when the restrained eaters were forced to break their restraint, they consumed large quantities of food.[102] The restraint theory did more than undermine the externality hypothesis; for researchers in the eating disorders field, the restraint theory threw the entire dieting endeavor into question. If restrained eating, that is, dieting, led to binge eating, then the behavior was self-defeating.[103]

In 1983, Herman and his colleague and wife, Janet Polivy, published the book *Breaking the Diet Habit*. They argued that dieting had become a cultural norm to the extent that people were essentially forced into attempting weight loss. According to them, people needed to understand the benefits and risks of dieting so that they could genuinely choose the right option for them.

According to Polivy and Herman, for obese individuals "the cure was often worse than the disease," and the risks of obesity had been overstated. They argued that periods of weight fluctuation, rather than stable overweight, could induce disease and that studies did not take into account this effect. Finally, studies of mortality and disease often grouped together the mildly overweight, moderately overweight, and the obese, obscuring the relationship between mortality, disease, and weight. Polivy and Herman argued the data showed that periods of weight gain could induce disease, but that for

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[101] Janet Polivy and C. Peter Herman, *Breaking the Diet Habit: The Natural Weight Alternative* (New York: Basic Books, 1983), 142.
[102] C. Peter Herman and Deborah Mack, "Restrained and Unrestrained Eating," *Journal of Personality* 43, no. 4 (1975): 647-660; C. Peter Herman and Janet Polivy, "Anxiety, Restraint, and Eating Behavior," *Journal of Abnormal Psychology* 84, no. 6 (1975): 666-672; Pool, *Fat*, 59-60.
[103] Pool, *Fat*, 58.

individuals with a high natural weight – as evidenced by overweight since childhood – being at a weight higher than recommended by insurance tables was not hazardous to health.[104]

Polivy and Herman argued that dieting could be dangerous to one's health for psychological and physical reasons. They claimed that dieters could lose weight, but in the long run they disrupted natural eating habits and fell into "an involuntary, uncontrolled cycle of dieting and gorging." According to Polivy and Herman, dieting caused increased emotionality, distractibility, and preoccupation with food and dieters ate more in response to emotional states. They claimed that dieting caused many, if not all, of the behavioral and psychological differences between overweight and normal weight subjects.[105] The authors further argued that aggressive dieting, and the binges that dieting induced, could lead to severe physical consequences including low blood pressure, electrolyte imbalances, cardiac arrhythmias, weakness, fatigue, loss of hair, hypertension, coronary artery disease, diabetes and death in extreme cases.[106] Once disrupted eating patterns were established, they argued, it was extremely difficult to return to normal eating.[107]

Herman and Polivy's work contributed to a major re-assessment of dietary treatment for obesity in the late 1980s and early 1990s, to be discussed in chapter five.[108] They were central figures in the eating disorder research community. Herman and Polivy

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[104] Polivy and Herman, *Breaking the Diet Habit*, 6, 54-74.
[105] Ibid., 136-137, 160-162, 176-179.
[106] Ibid., 75-99.
[107] Ibid., 75-99, 129-167, 172.
[108] Kelly Brownell and Judith Rodin, "The Dieting Maelstrom: Is It Possible and Advisable to Lose Weight?," *American Psychologist* 49, no. 9 (1994): 781-791; Janet Polivy and C. Peter Herman, "Dieting and Binging: A Causal Analysis," *American Psychologist* 40, no. 2 (1985): 193-201.

never joined NAAFA, but in the early 1990s Polivy helped create a fat acceptance group for professionals, AHELP, and they sympathized with the fat acceptance cause.[109] Herman and Polivy cited Susan and O. Wayne Wooleys' work, and the Wooleys cited theirs. Building on the research of Herman and Polivy, the Wooleys argued that even if losing weight was theoretically good for one's health, the vast majority of dieters failed in the long run, so people should focus on building self-esteem.[110] The Wooleys were part of a larger conversation among eating disorders specialists on the dangers of dieting.

Some time around 1983, physician William Bennett joined NAAFA's advisory board. He played a tangential role in the organization, but the book he co-authored became a classic text in the fat acceptance movement. In 1982, he and science writer Joel Gurin wrote a book on obesity and weight loss, *The Dieter's Dilemma: Eating Less and Weighing More*.[111] The book was a response to several recent developments in obesity research, especially the work of physician Jules Hirsch.

For more than a century, researchers had realized that there was some biological mechanism for maintaining body weight at a relatively fixed point, but little was known about this mechanism. By the 1960s, obesity researchers discussed this mechanism in

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[109] Polivy helped found the Association for the Health Enrichment of Large People (AHELP) discussed in chapter five. Barbara Altman Bruno, "The HAES® Files: History of Health At Every Size® Movement - The Early 1990s (Part 3)," http://healthateverysizeblog.org/2013/07/16/the-haes-files-history-of-the-health-at-every-size-movement-the-early-1990s/ (accessed 9/9 2013); David Garner, interview by author, by telephone, December 4, 2013; Susan Lawrence Rich, "Do No Harm: AHELP - The Support Network for Health Professionals," *Radiance*, July, 1992, 18.

[110] Rosalie I. Radcliffe, "Stop Dieting and Start Living," *NAAFA Newsletter*, May-August, 1980, 2; Susan C. Wooley, Orland W. Wooley, and Susan R. Dyrenforth, "Obesity Treatment Reexamined: The Case for a More Tentative and Experimental Approach," in *Behavior Analysis and Treatment of Substance Abuse*, ed. Norman A. Krasnegor, National Institute on Drug Abuse Research Monograph Series (Washington, D.C.: U.S. Government Printing Office, 1979), 238-250.

[111] Bennett and Gurin, *Dieter's Dilemma*.

terms of a "set point" for weight, and some argued that people at higher body weights simply had a higher "set point."[112] In the late 1970s, Hirsch and his colleagues postulated that body weight was largely determined by the number of fat cells a person possessed, which in turn was largely the product of heredity, and food consumption during certain key developmental phases.[113]

Set point theory was the major guiding premise behind Bennett and Gurin's work. As Bennett recalled,

> I said, look at this paper [by Hirsch]. If what is says is true, and I expect it is, then most everything we know about fat and weight regulation must be either wrong, misleading, or meaningless.[114]

Hirsch's work was a jumping off point for writing the book. Bennett and Gurin summarized his writings, and argued that body size was mostly genetically determined. What one ate might have a minimal impact on body size, they claimed, but really food was a "red herring."[115] The authors argued that exercise was beneficial for one's health and could slightly lower one's set point, but it would not produce substantial weight loss.[116] The authors referenced Herman and Polivy's work on restrained eating to argue

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[112] J. S. Garrow, *Energy Balance and Obesity in Man* (New York: American Elsevier Pub. Co., 1974), 211-212; J. S. Garrow and S. Stalley, "Is There a 'Set Point' for Human Body-Weight?," *Proceedings of the Nutrition Society* 34, no. 2 (1975): 84A-85A.
[113] Irving M. Faust, Patricia R. Johnson, and Jules Hirsch, "Adipose Tissue Regeneration Following Lipectomy," *Science* 197, no. 4301 (1977): 391-393; Irving M. Faust, Patricia R. Johnson, and Jules Hirsch, "Surgical Removal of Adipose Tissue Alters Feeding Behavior and the Development of Obesity in Rats," *Science* 197, no. 4301 (1977): 393-396; Pool, *Fat*, 71-74.
[114] William Bennett, interview by author, by telephone, February 28, 2014.
[115] Bennett and Gurin, *Dieter's Dilemma*, 60-87.
[116] Ibid., 243-272.

that many obese dieters were actually below their natural set point. They also discussed the failures of behavioral therapy to produce long lasting weight loss.[117]

Over the course of the 1970s and 1980s, behavioral therapy programs became longer and more complex. The average duration of a behavioral weight loss intervention grew from 8 weeks in 1974 to 21 weeks in 1987 and clinicians sought to alter more aspects of eating behavior including the circumstances under which patients ate (location, lighting, concurrent activities, time of day), the social dynamics of eating, and the psychological aspects of eating. Programs also increased the duration of follow up for their studies. Studies in the early 1980s indicated that patients tended to regain much of the weight they lost during treatment by one year, but results after that were unclear. The average duration of follow-up increased from 15.5 weeks in 1974 to 44 weeks in 1986. However, long-term results were still poor.[118]

Finally, the Bennett and Gurin argued that obesity was not as detrimental to one's health as was commonly believed. They argued that while "morbid" obesity was associated with illness and early death, obesity to a lesser degree was not necessarily detrimental. The authors noted that Framingham data had failed to show an association between obesity and increased mortality for 15 years, and that many other data sets were equivocal.[119] Given that moderate fatness was not detrimental to health and dieting

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[117] Ibid., 24-59.
[118] Kelly Brownell and F. Matthew Kramer, "Behavioral Management of Obesity," *The Medical Clinics of North America* 73, no. 1 (1989): 185-201; Kelly Brownell and Thomas Wadden, "Etiology and Treatment of Obesity: Understanding a Serious, Prevalent, and Refractory Disorder," *Journal of Consulting and Clinical Psychology* 60, no. 4 (1992): 505-517.
[119] Bennett and Gurin, *Dieter's Dilemma*, 107-141.

endeavors were doomed to failure, they argued, better to concentrate on good eating habits and, especially, exercise.

*The Dieter's Dilemma* generated a few favorable reviews, one by nutritionist Marion Nestle, and the other by Polivy and Herman. Both reviews praised the book. Nestle welcomed the volume as an "addition to the small collection of truly distinguished books on obesity and diets." She wrote,

> It urges health professionals to become far more tolerant of patients who suffer from high setpoints. It suggests that obese people learn to accept their fat and to like themselves despite it….Surely these ideas are long overdue.[120]

Nestle lauded Bennett and Gurin's call for greater tolerance toward fat people. Agreeing that some individuals had naturally high setpoints, she agreed that reducing stigma against the fat and improving self-esteem were important steps. Polivy and Herman praised the book as well, but added one major caveat. They claimed that Bennett and Gurin recommended exercise as a panacea for weight loss, and proclaimed, "We would question this and any other 'solution' that accepts the premise that overweight is the problem and that everyone should be trying to get thin."[121] Although Polivy and Herman lauded *The Dieter's Dilemma*, they wanted Bennett and Gurin to go further, to reject all attempts at weight loss. Reviewed by several well-known experts, *The Dieter's Dilemma* most likely reached at least a small audience of clinicians and scientists.[122] It had its greatest impact, however, within the fat acceptance movement. The book became a

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[120] Marion Nestle, "The Dieter's Dilemma, by William Bennett, M.D., and Joel Gurin," *Möbius* 2, no. 4 (1982): 79-82.
[121] Janet Polivy and C. Peter Herman, "The Dieter's Dilemma, by William Bennett and Joel Gurin," *International Journal of Eating Disorders* 3, no. 2 (1984): 117-120.
[122] Despite favorable reviews, Bennett argued that the book had not reached a widespread audience as he had initially hoped. Bennett, interview.

standard reference for members of NAAFA, fat feminists, and other fat activist organizations.[123]

Bennett and Gurin's book, and *Breaking the Diet Habit*, were both written before an important watershed moment. In 1985, the National Institutes of Health (NIH) held a consensus conference on obesity. At earlier conferences devoted to the topic, in 1973 and 1977, researchers had treated the topic equivocally, arguing that much remained unknown about the condition.[124] Members of the 1985 panel argued that in the past there had been confusion as to whether or not obesity was truly detrimental to health, but that such doubts should be resolved.[125] They called obesity a "killer" disease and declared, "The evidence is now overwhelming that obesity…has adverse effects on health and longevity."[126] The panel cited the growing body of research from animal models on the biochemical nature of obesity as a reason for their view of the condition. The conference was a major turning point. Before 1985, members of the fat acceptance movement could point to a great deal of confusion in the medical literature on obesity, and reasonably make the claim that physicians and scientists disagreed as to whether or not obesity was truly associated with morbidity and mortality. Although debate and doubt persisted after 1985, and indeed, currently persist, scientists reached a level of closure in 1985 that was difficult to undo.

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[123] Council on Size & Weight Discrimination, "Bibliography on Health and Weight," (Mt. Marion, NY: 1997).
[124] NHLBI Obesity Education Initiative Expert Panel on the Identification, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, 6.
[125] William Bennett and Joel Gurin, "A Matter of Fat," *New York Times*, 16 March, 1985; Jane Brody, "Panel Terms Obesity a Major U.S. Killer Needing Top Priority," *New York Times*, 14 February, 1985, A1.
[126] Obesity, "Health Implications of Obesity: National Institutes of Health Consensus Development Conference Statement," 1073-1077.

Paul Ernsberger, one of NAAFA's most stalwart scientific allies, tried. He obtained his Ph.D. in neuroscience from Northwestern University in 1984, completing his thesis on the neural mediation of blood pressure. He became an Assistant Professor of Medicine, Pharmacology and Neuroscience at Case Western Reserve University in 1989.[127] He became a member of NAAFA's advisory board some time prior to 1992.[128]

Along with co-author Paul Haskew, Ernsberger published an extensive critique of dieting and obesity science in 1987 as a monograph issue of *The Journal of Obesity and Weight Regulation*. The special issue was a response to the 1985 NIH consensus conference on obesity. Ernsberger and Haskew claimed that the NIH statement would have numerous detrimental effects, increasing the extent of dieting and related pathology, heightening obesity stigma, and increasing rates of anorexia and bulimia.

In the article, "Rethinking Obesity: An Alternative View of Its Health Implications," Ernsberger and Haskew analyzed the relationships between obesity, morbidity and mortality, and the efficacy of weight loss measures. They argued that moderate obesity did not increase mortality and might even be associated with improved health outcomes for a variety of conditions. They framed the failures of contemporary weight loss therapies in relation to a long history of dangerous and failed remedies,

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[127] "Paul Ernsberger, PhD, Associate Professor," http://www.case.edu/med/nutrition/fac/primary/ernsberger.html (accessed March 28 2013).

[128] I was unable to obtain additional information. Ernsberger was not available for interview. NAAFA Newsletters announced incoming advisory board members but I do not have issues from 1978-1992. I assume he joined the advisory board during that time period.

including dinitrophenol and amphetamines, and they argued that contemporary therapies, like past therapies, led to increased morbidity and mortality for fat people.[129]

This report was an important attempt to prevent closure on the issue of whether or not obesity was pathological. While other critiques, such as those of the Wooleys, Bennett and Gurin, and Herman and Polivy, tended to emphasize the failures of dietary therapy, Ernsberger and Haskew primarily argued against the need for therapy. For those willing to entertain doubt about the pathological nature of obesity, their article was a synthesis of all the issues left unresolved by the 1985 NIH panel.

Academic members of NAAFA's advisory panel engaged with the organization to differing degrees. Ernsberger and the Wooleys became some of NAAFA's most active advisors. They interfaced with the medical and scientific press and appeared at NAAFA events. When members of the press interviewed NAAFA, or when they created press releases or other documents, they drew on the authority of their scientific advisors.

Bennett and Gurin aligned themselves only loosely with the fat acceptance cause. They referred to the Fat Underground, NAAFA, and other fat activists in the book, and preferred to use the term "fat" when not discussing obesity research.[130] Nonetheless, Bennett did not become deeply involved in NAAFA. He recalled,

> Obviously NAAFA was appreciative, invited us. We came to meetings and we made nice. But I should say, that we never really became involved. I think I was asked to be on the board for a period of time. I said sure. Nothing ever came of that. I can't recall ever doing a board members, like, action with them.…Who knows [how long I was on the advisory board for]. I stopped paying attention.[131]

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[129] Ernsberger and Haskew, "Rethinking Obesity," 1-81.
[130] Bennett and Gurin, *Dieter's Dilemma*, xi-xiv.
[131] Bennett, interview.

The advisory board did not, apparently, hold meetings or engage in work together on many issues. For members only tangentially involved, such as Bennett, there was little commitment of time or resources to the movement.

Despite its lack of cohesion, the advisory board produced an array of academic sources that NAAFA drew on for expert support. The organization gained in prestige and legitimacy through these affiliations. These scholarly writings drew new members to the fat acceptance movement, both expert and lay. At least one member of the fat acceptance movement credited the Wooleys with inspiring other researchers such as Paul Ernsberger, Paul Haskew, David Garner, and Esther Rothblum.[132] The *Dieter's Dilemma* influenced fat activist Pat Lyons, and others.[133]

By recruiting members of the scientific community, NAAFA put its imprint on a variety of responses to important scientific topics of the 1970s and 1980s, and generated its own expert response. Lay members of NAAFA, mostly interested in building social lives and a sense of community, did not necessarily keep up to date on these scholarly works, and there was little lay activism around health during this time period. The 1970s and 1980s were not decades of extensive health activism for NAAFA, but they laid the foundation for more extensive mobilization in the 1990s.

## Problems and Challenges for NAAFA in the 1970s and 1980s

[132] Stimson, "Fat Feminist Herstory."
[133] Liz Curtis Higgs, *"One Size Fits All" and Other Fables* (Nashville, TN: Thomas Nelson Publishers, 1993), 170; Pat Lyons, "Fitness, Feminism and the Health of Fat Women," *Women & Therapy* 8, no. 3 (1989): 65-77.

NAAFA was also a problematic organization in several ways. NAAFA drew many members due to their social emphasis. However, the organization also lost some members as the result of their social, rather than political focus. Llewellyn Louderback, and the Los Angeles chapter of NAAFA, for example, left the organization. Perhaps others did not join the group because it was mostly viewed as a social club, or even a "sex club."[134]

The press sometimes dealt with NAAFA jokingly rather than conferring the dignity and respect the organization sought. In a 1984 article with the leading line, "For These Guys, There's Nothing That Can Compare to Big Women," the reporter discussed Conrad Blickenstorfer, and other FAs within NAAFA. The article dealt with the topic of FAs fairly respectfully, but it included details such as the titles of articles in a magazine for FAs, "The Bigger They Come the Harder I Fall," and "Fatasies" and the reporter included description of one woman's vanity plate, "MOR2LUV."[135] In "Women Weigh In With Pride," an article published in 1986, the reporter described a NAAFA dance held in Willow Grove, Pennsylvania.[136] The article explained that NAAFA was an organization that promoted pride amongst fat people, but the reporter focused more on how the women at the dance "[flirted]" and "[jiggled]." In general, there was not much press coverage on NAAFA during the organization's first few decades, so even a few articles emphasizing the group as a somewhat humorous dating organization could be damaging.

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[134] Fabrey, interview.
[135] Miles Corwin, *Los Angeles Times*, August 16, 1984, 3.
[136] Fawn Vrazo, "Women Weigh In With Pride," *Chicago Tribune*, May 25, 1986, 1.

The demographics of NAAFA – predominantly fat, white women, and a few thin, white men who admired them – created troubling racial, gender, and sexual dynamics. From the organization's inception, influential members such as Llewellyn Louderback argued that African Americans were not interested in the movement because the black community was more accepting of larger bodies. Beauty standards for black women may have been different, but large, black women faced a complicated interplay of discrimination based on race, sex, and size. Black women may not have joined the fat acceptance movement, but they certainly faced fat discrimination, and NAAFA failed to take their experiences into account.[137] In its early years, NAAFA did little recruiting. When they began a drive to increase their membership in the late 1970s, they did so largely by reaching out to their existing members and their established social networks.[138] It is difficult to gauge how many people of color joined NAAFA, but only one photograph from the 1973, 1979, and 1980 convention photo spreads featured an African American woman.[139] In 1980, Bill Fabrey wrote on the experiences of black women at the recent NAAFA convention, arguing that many encountered rude remarks about their size and race. He argued that the organization needed to become more welcoming to minorities.[140] Race appeared to be a major lacuna for this organization, claiming to be a civil rights group.

Sexuality, the exploitation of women, and feminism were divisive topics within NAAFA. Many of the fat, heterosexual women within NAAFA felt exploited or

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[137] Roberts, *Killing the Black Body*; Shaw, *Embodiment of Disobedience*.
[138] Fisher, "Membership Report: An Editorial," 1; Fisher, "Founder Honored," 2.
[139] Mae Etta Jones was featured in photo 25 from 1980. Clist and Clist, "Convention '73," 1; "Convention Picture Key," *NAAFA Newsletter*, February-March, 1979, 6; "Convention Picture Key," *NAAFA Newsletter*, January-February, 1980, 6.
[140] Bill Fabrey, "President's Message," *NAAFA Newsletter*, January-February, 1980, 2.

objectified by fat admirers. In 1973 NAAFA offered a calendar for sale featuring "Hilda," a fat, scantily-clad white woman.[141] Their sale of this product implied that commodifying women's bodies as pin-up girls was acceptable, so long as the women were fat. By 1977 Hilda drew negative commentary from NAAFAns objecting to the calendar as sexist and exploitative, but the organization still offered Hilda note cards and expired calendars for sale.[142] Although some NAAFA women found empowerment through fashion shows and events that made them feel beautiful, such treatment could easily shade into objectification and exploitation. The "fat can be beautiful" motif was a powerful way of re-valuing fatness, but it was a double-edge sword.

Even more disturbing, some NAAFA men behaved in a predatory manner. In 1979, Fabrey wrote a commentary on the NAAFA dating scene. He condemned some NAAFA men for exploiting fat women and went so far as to suggest that some of the men didn't even admire fat women; they simply wanted access to vulnerable women who would accept poor behavior. Fat women often had little cultural capital outside of NAAFA, and felt compelled to accept suitors despite rude or inappropriate behavior. Fabrey noted that sometimes women left NAAFA functions in tears as a result of men's cruel remarks.[143] In another article, Fabrey noted that men commented inappropriately on women's bodies, criticizing or insulting moderately fat women because they preferred

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[141] "Hilda," 1.
[142] "Hilda," *NAAFA Newsletter*, September-October, 1977, 2.
[143] Bill Fabrey, "The Singles Scene - NAAFA Style," *NAAFA Newsletter*, May-June, 1979, 1.

very fat women.[144] Some women eventually gave up on dating NAAFA men, due to their womanizing habits.[145]

In the 1970s and early 1980s feminists were marginalized within NAAFA. The Los Angeles chapter left NAAFA after the group was asked to tone down their radical, feminist activities. Members of the former Los Angeles chapter of NAAFA went on to found the Fat Underground, as discussed in chapter three. In the 1970s, they put out numerous publications using the name Fat Liberator Publications. Feminists within NAAFA also found their perspectives marginalized. Three NAAFA feminists attempted to form a feminist caucus in NAAFA in 1974, but the group never formed due to "intense opposition from several anti-feminist Board members."[146] One fat feminist, Karen Stimson, commented that NAAFA rejected feminists in the 1970s, and treated them like "step-sisters" in the movement.[147]

Several members of the Fat Underground maintained ties with NAAFA, including Aldebaran and Lynn McAfee. Aldebaran worked with the organization to put out a packet of their work, "First Fat Liberator." However, the board of directors debated the material, and delayed the packet's publication for two years. Fabrey supported the inclusion of fat feminists, and sympathized with their work but many other members of NAAFA did not. It was finally published by NAAFA and made available to members in 1980.[148] The editor of the *NAAFA Newsletter*, Rosalie Radcliffe, reviewed the packet somewhat favorably. She commented positively on the work's coverage of health

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[144] Fabrey, "President's Message," January-February, 2.
[145] Millman, *Such a Pretty Face*.
[146] Stimson, "Fat Feminist Herstory."
[147] Karen W. Stimson, "Fat Feminism: Politics and Perspective," *NAAFA Newsletter*, August/September, 1997, 2.
[148] Bill Fabrey, "President's Message," *NAAFA Newsletter*, March-April, 1980, 2.

matters, social justice issues, and poems but she noted that there was much repetition in the publication. She further advised potential readers "the articles emerged from a militant group and the writers' personal convictions concerning social politics and radical feminism are a steady refrain throughout the collection."[149] Radcliffe didn't disparage radical feminism per se, but she did frame the perspective as a personal matter rather than something that might pertain to a broader audience, and she framed their politics as a "refrain" rather than an element that was essential to their critique of fat oppression. As an organization, NAAFA was hostile or at the very least, deeply ambivalent toward radical fat feminists.

In 1983 the NAAFA Feminist Special Interest Group formed at a NAAFA convention in New York, with about 30 members (the group later became known as the NAAFA Feminist Caucus, or NAAFA Fat Feminist Caucus, FFC). At the time, the NAAFA Board of Directors was mostly male-driven. Attitudes toward feminism within the NAAFA leadership had warmed somewhat but the organization was still not particularly welcoming to feminists.[150] One fat feminist wrote, "NAAFA has never been an explicitly feminist organization. In fact, a feminist reading NAAFA literature finds striking the glaring omission of any discussion of the association between female and fat oppression."[151] In the late 1980s and early 90s, feminists gained a much stronger position

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[149] Rosalie I. Radcliffe, "The First Fat Liberator," *NAAFA Newsletter*, March-April, 1980, 2.

[150] Carrie Hemenway, "NAAFA's Feminist Caucus," *NAAFA Newsletter*, August/September, 1997, 2; Stimson, "Fat Feminist Herstory"; Nancy Summer and Miriam Berg, "Fat Feminist Caucus Herstory," *New Attitude: NAAFA Fat Feminist Caucus*, Spring, 1997, 2.

[151] Susan Elizabeth Gerard, "Most NAAFA Women Claim Feminist Label," *NAAFA Newsletter*, August/September, 1997, 2.

within NAAFA, as will be discussed in chapter four, but in the 1970s and for most of the 80s, they lacked power within the organization.

There is little direct evidence showing how NAAFA's gender dynamics shaped its health activism. However, there is room for speculation. The leadership of NAAFA was mostly male and most of the members of NAAFA's advisory board during the 1970s and 1980s, with the notable exception of Susan C. Wooley, were also male. This may have encouraged a more respectful attitude toward the physicians and scientists the organization interacted with, who were also mostly male. Furthermore, discrimination against fat people in medical settings was not explained in terms of sexism – as fat feminists later framed the issue. This perhaps limited women's ability to articulate the dynamics shaping medical interactions, and limited their criticisms of medical professionals. Finally, NAAFA's emphasis on women's marital and reproductive importance may have detracted from an analysis of women's health issues.

Little data is available on lesbians and fat men within NAAFA during this time period, but given the emphasis on partnerships between thin male FAs and fat women, these groups may have felt excluded. Into the 1990s, even when feminists gained a solid footing within NAAFA, lesbians still felt excluded and uncomfortable at NAAFA events, generating anger at the organization.[152] NAAFA's conservative, heterosexual and social focus was mostly responsible for generating these feelings. Even less is known about the marginalization of fat men within NAAFA, or the numbers of fat men participating in the organization.

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[152] Carrie Hemenway, "From the Coordinator," *New Attitude NAAFA Fat Feminist Caucus*, Winter, 1991/1992, 1; Cathy Miller, "West Coast Feminist Conference," *New Attitude NAAFA Fat Feminist Caucus*, Winter, 1991/1992, 2.

# Conclusion

The founders of NAAFA envisioned the organization as both a civil rights group, dedicated to protecting the liberties and health of fat people, and a social organization. In the 1970s, the organization's social functions came to dominate. The group hosted conventions and parties, and they created social networks through their newsletters, NAAFA-date and pen-pal service. Although their activism often took a backseat to these functions, as a social institution NAAFA played a crucial role. They created fat community and allowed fat people to feel accepted – providing the social structures necessary for greater activism. Despite the sense of community NAAFA created for some, the organization was problematic in terms of the exclusion of people of color, fat men, lesbians and feminists.

To the extent that NAAFA engaged in health activism during this period, they did so as a socially conservative organization. They partially contested the medicalization of fatness, and often slipped between using the terms "fat," "obese," and "overweight." NAAFA primarily focused on protecting its members from dangerous dietary interventions, and providing greater access to improved medical services. They were interested in greater enfranchisement within the medical establishment, rather than challenging that establishment. Experts affiliated with the organization stayed abreast of developments in obesity science, and critiqued new research. Their work laid a foundation for a more extensive engagement with obesity researchers in the 1990s.

Despite its many problems, NAAFA established crucial networks of fat activists and experts. As explored in upcoming chapters, they laid the groundwork for a multiplicity of fat activist groups including the Fat Underground (FU), the Council on Size and Weight Discrimination (CSWD), and the Association for the Health Enrichment of Large People (AHELP). Moreover, NAAFA itself morphed into a more activist, more inclusive group in the late 1980s and 1990s. The organization's decades as a mostly social organization paved the way for this transformation. Before turning to NAAFA's transformation, I examine the development of radical fat feminism in chapter three.

# Chapter Three

## "Political Problems" Not "Medical Problems"

## Radical Fat Feminists, 1972 – 1984

In 1972 Vivian Mayer, also known as Aldebaran, helped found the Fat Underground, a radical feminist organization that advocated "fat liberation."[1] In an article written in 1977, she proclaimed,

> I see weight loss as murder – genocide, to be precise – the systematic murder of a biological minority by organized medicine, acting on behalf of the law- and custom-makers of this society.[2]

Aldebaran argued that fat women were an oppressed group, a "biological minority," whose differences were genetically determined rather than the cumulative result of too much food and too little exercise. Fatness, in her opinion, was neither blameworthy nor pathological. Elsewhere, she argued that stress and discrimination caused the health conditions linked with obesity, not fatness itself.[3] She claimed that as a

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[1] Aldebaran was the early pseudonym of Vivian Mayer. In this dissertation I refer to Mayer as Aldebaran because she chose the name when she started to identify as a fat activist and published most of her fat liberation work under that name. She chose the pseudonym because Aldebaran is a red star, and Mayer was a communist at the time. In later years, after re-marrying, Mayer went by the name Sara Golda Bracha Fishman. "Fat Liberation," "fat liberationists," and "fat feminist activists" are all actors' categories. Sara Golda Bracha Fishman, "Life in the Fat Underground," *Radiance*, January 31, 1998, 32; Vivian F. Mayer to Joellyn Hawkins, November 12, 1981, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT; McAfee, interview; Judith Stein, "Fat Liberation Resource List," (1980).

[2] This piece was originally published in *State and Mind*. Aldebaran, "Fat Liberation - A Luxury?," *State and Mind* 5, (1977): 35; Vivian F. Mayer, "Fat Liberation - A Luxury?," in *The First Fat Liberator: Fat Liberator Publications, 1978-1979*, ed. Fat Liberator Publications (Westbury, NY: NAAFA, 1980), 23-28.

[3] Mayer, "Fat Liberation - A Luxury?," 23-28; The Fat Underground, *Health of Fat Women...The Real Problem* (Venice, CA: The Fat Underground, 1974); The Fat

fundamentally separate, biological group, fat women were also vulnerable to "genocide," acts of mass violence directed at a particular ethnic, religious or national group.[4] Due to its linkage with the Holocaust, the term "genocide" was inflammatory, but Aldebaran did not use it lightly. She believed that society singled out and persecuted fat women, leading to suffering and death through dangerous weight loss strategies.[5]

Ultimately, Aldebaran blamed broad forces in society, the "law- and custom-makers," for discrimination, and the stigmatization of fat women. She singled out physicians and scientists for absorbing these prejudices, and enforcing the anti-fat standards set by society. In so doing, these mostly-male experts perpetrated dangerous weight loss measures, such as very low calorie diets, bariatric surgery, and the use of amphetamines.[6] According to Aldebaran, society wanted fat women dead, and physicians and scientists were the instruments to carry out this slaughter.

Aldebaran's claims seem extreme by contemporary standards. However, they must be understood in light of several movements of the 1970s. Women were one of the first groups to demand greater equality in the wake of the civil rights movement. Having participated in organizing civil rights events extensively, many women realized that they were still relegated to gendered tasks within the movement, and denied access to leadership roles. By the late 1960s and 1970s, women began to organize to fight against their own oppression.[7]

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Underground, *The Medical Politics of Being Fat* (Venice, CA: The Fat Underground, 1975).

[4] Adam Jones, *Genocide: A Comprehensive Introduction* (London, New York: Routledge, 2006), 3-63.

[5] Mayer, "Fat Liberation - A Luxury?," 23-28.

[6] Ibid., 27.

[7] Echols, *Daring to Be Bad*.

Women, African Americans, and other groups blamed physicians and scientists for treating non-white, non-male bodies as flawed, deviant, or sick. During the 1960s civil rights movement, African Americans in the Black Panther Party formed health clinics in an effort to combat the pathologization of black bodies and provide medical care.[8] Reclaiming the female body became a central project for second wave feminists. Women founded underground networks of health clinics to provide abortions, and formed groups such as the Boston Women's Health Book Collective (BWHBC) to create feminist medical texts, circumventing male medical authority.[9] As explained by members of the BWHBC, "Initially we wanted to do something about those doctors who were condescending, paternalistic, judgmental and non-informative. As we talked and shared our experiences with one another, we realized just how much we had to learn about our bodies." As a result, they compiled and shared health information, and eventually published the book, *Our Bodies, Ourselves*.[10] These feminists argued that the medicalization and denigration of female bodies was a central component of sexism, and that their bodies had been dominated and defined by patriarchal scientific and medical establishments. Male physicians had explained how they should experience their bodies and what their social roles should be based on alleged physical differences. Physicians and scientists had interfered with women's ability to define and master their own bodily experiences.[11]

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[8] John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009); Nelson, *Body and Soul*.
[9] Kline, *Bodies of Knowledge*.
[10] The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York, NY: Simon and Schuster, 1973), 1.
[11] Kline, *Bodies of Knowledge*; Martin, *Woman in the Body*.

Furthermore, African Americans and women harshly criticized the medical profession for actively perpetrating harms against them. When the United States Public Health Service Tuskegee Syphilis Study came to light in 1972, Americans learned that the federal government had purposefully withheld treatment for syphilis from hundreds of African American men in the South. As a result of decades of medical experimentation and neglect, African Americans expressed fear that white physicians would purposefully kill black citizens.[12] Feminists argued that paternalism in medical care harmed women. Before the 1973 *Roe v. Wade* decision, women could not legally obtain abortions without the permission of a physician or hospital board, leading many women to seek out dangerous and illegal abortions.[13] Women often found that physicians and medical authorities withheld crucial medical information on drugs and treatment options.[14] In the 1970s, medicine suffered a profound loss of faith amongst patients, especially women and minorities.[15]

Fat feminists argued that fatness and the dangers of weight loss uniquely pertained to women, as women were held to thinner standards of beauty than men.

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[12] James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981); Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (Chapel Hill, NC: University of North Carolina Press, 2009).

[13] Leslie Jean Reagan, *When Abortion was a Crime: Women, Medicine, and the Law in United States, 1863-1973* (Berkeley: University of California Press, 1997).

[14] Kline examines the controversy surrounding Depo-Provera. Barron Lerner details the treatment of breast cancer in the 20th century. Women underwent one-step operations in which surgeons proceeded directly from a biopsy to a mastectomy without awakening the woman to inform them of their findings. Kline, *Bodies of Knowledge*; Barron Lerner, *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America* (Oxford and New York: Oxford University Press, 2001).

[15] John C. Burnham, "American Medicine's Golden Age: What Happened to It?" in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison, WI: University of Wisconsin Press, 1997), 284-294.

Moreover, they were expected to follow more rigorous dieting regimes. For them, pathologizing fatness was simply one more way of medicalizing and stigmatizing the female body. They further saw their oppression as being linked to the oppression of other minority groups and they demanded equality, grater civic participation, and broader access to social goods and services.[16]

In this chapter, I examine how fat feminist activists challenged the assertion that fat was unhealthy, and attempted to gain support from other feminists in the 1970s and 1980s. I argue that fat feminists made substantial inroads in changing conceptions of obesity within the women's health movement. They successfully linked their work to feminists' broader struggle against the medicalization and pathologization of the female body.

Although I discuss the writings of several fat feminists, I primarily analyze the work of Aldebaran, the most prolific fat feminist author of the 1970s. As one of the founders of the first fat feminist organization, the Fat Underground, she formulated an extensive critique of obesity science, fatness, and health. After the Fat Underground disbanded in the late 1970s, and the other members scattered, she founded Fat Liberator Publications to further disseminate her work. Some of her writings appeared individually as Fat Liberator publications, and many of them were published later as part of a special packet of Fat Liberator papers put out by NAAFA. She worked with her friend Sharon Bas Hannah to compile a book of fat feminist writings. After a long search for a publisher, the anthology, *Shadow on a Tightrope*, was published in 1983.[17] In 1984

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[16] Freespirit and Aldebaran, *Fat Liberation Manifesto*.
[17] Aldebaran to Merry Demarest, July 21, 1977, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT; Fat Liberator Publications, ed.

Aldebaran helped edit a chapter on food in the foundational women's health text, *Our Bodies, Ourselves*. Aldebaran formulated the most extensive, coherent feminist critique of the medicalization of fatness during this time period.

In her attempts to depathologize fat women's bodies Aldebaran relied on both experiential knowledge and scientific research. She claimed that as a fat woman, she was healthy and refused to accept physicians' proclamations that her fat made her diseased. Relying on data published by Ancel Keys, and other scientists who doubted the pathological nature of obesity, Aldebaran argued that scientific research validated her experiences. In her eyes, physicians who pathologized fatness did so because of prejudice, not science.

Initially, fat feminist activists met with little support from the women's health movement, but after the 1978 publication of psychotherapist Susie Orbach's book, *Fat is a Feminist Issue*, feminists paid more attention to their work.[18] Orbach did not identify as part of the fat acceptance movement, and she did not challenge the assertion that fatness was a form of illness. Nonetheless, her work led to greater discussion on the nature and meaning of fatness, a discussion taken advantage of by fat activists.

Aldebaran and Judith Stein – another fat feminist who contributed to *Our Bodies, Ourselves* – met with some success in shaping how the women of the BWHBC understood fatness. The BWHBC supported many fat feminist claims, especially those based on bodily experience. The collective agreed that women should aim for a weight that felt comfortable, and that fat women had the right to take up the space they needed.

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*The First Fat Liberator: Fat Liberation Publications, 1978-1979* (Westbury, NY: NAAFA, 1980); Schoenfielder and Wieser, eds., *Shadow*.

[18] Susie Orbach, *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss* (New York: Berkley Books, 1978).

As historian Wendy Kline and anthropologist Emily Martin have argued, feminists encouraged women to trust their own experiential knowledge of their bodies, rather than rely on what they were told about their bodies by scientists and physicians. Although feminists did not immediately validate fat women's experiences, eventually the BWHBC did.[19] However, the collective did not always agree with fat feminist interpretations of scientific data. Unlike Aldebaran, members of the BWHBC argued that fatness could result in pathology, and they claimed that moderate caloric restriction was safe. Despite these differences, to a great extent the BWHBC supported fat feminist claims about their bodies and health.

Fat activist scholars, including Charlotte Cooper and Stefanie Snider, provide invaluable insight into the early years of fat activism.[20] However, as insider scholars at least partially engaged with the fat acceptance movement, they attempt to persuade readers of the veracity of fat activist claims. In contrast, I take fat activist claims seriously but without attempting to convince the reader of their truth. Furthermore, neither scholar examines the medical claims of fat feminist activists. Aldebaran argued, "Fat Liberation is a health movement." By analyzing these claims I add significantly to the history of the movement.[21]

## The Fat Underground, Aldebaran, and Fat Liberator Publications

[19] Kline, *Bodies of Knowledge*; Martin, *Woman in the Body*.
[20] Cooper, *Fat and Proud*; Fishman, "Life in the Fat Underground"; Snider, "Envisioning Bodily Difference: Refiguring Fat and Lesbian Subjects in Contemporary Art and Visual Culture, 1968-2009."
[21] Aldebaran, "Oob Perpetuating Stereotypes," *off our backs*, December, 1979, 31.

In 1972, Aldebaran, Judy Freespirit (another self-identified fat woman) and a few other women contacted the Radical Psychiatry Center in Berkeley, California and formed a Radical Therapy Collective. "The experience with the collective," Aldebaran recalled, "was humiliating." Other non-fat members of the group assumed that fatness came from eating too much, and that eating too much was the result of being oppressed. Aldebaran attempted to diet, but in the process discovered activist Llewellyn Louderback's book, *Fat Power* (discussed in chapter two). She was particularly struck by his medical and nutritional claims, and she found his evidentiary base convincing. Aldebaran and Freespirit suggested forming a NAAFA chapter with the involvement of the Radical Therapy Collective and recruited about six active members to the cause, including Lynn McAfee, whose health activism I discuss in chapter five.

According to Aldebaran, the chapter "took a confrontational stance with regard to the health professions. We accused them – doctors, psychologists, and public health officials – of concealing and distorting facts about fat that were contained in their own professional research journals."[22] They wrote position papers and lobbied leftist academic health organizations. After about a year NAAFA asked them to tone down their activities. In response the Los Angeles NAAFA chapter folded, and four of the women formed the Fat Underground (FU), a more militant organization that became the heart of the "fat liberation movement."

Although Aldebaran drew a firm distinction between the "fat liberation movement" and NAAFA, she saw them as allies in a common struggle against a dominant society that inappropriately pushed fat people to lose weight. According to her,

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[22] Fishman, "Life in the Fat Underground."

what set fat liberation apart was its origin in radical feminism and radical therapy, and its emphasis on activism as opposed to social activities. These differences are examined later in this chapter. Yet, she explained, "Fat liberation activists have flowed in and out of NAAFA over the years, and the process continues today."[23] It remains unclear whether she viewed fat liberation as a movement within a movement, or as a separate movement entirely, with NAAFA as an ally. However, given the strong historical connections between NAAFA and fat liberation, as well as the continual flow of members between the two, I treat both groups as part of a larger, common fat acceptance movement.

According to fellow FU member Lynn McAfee, it was mostly Aldebaran who formulated the group's health critique. McAfee, who had worked as a medical librarian, taught the other members of the FU how to research health topics and Aldebaran quickly set to work analyzing the medical literature.[24] In all likelihood, Aldebaran's training as a scientist also shaped her work as a fat liberationist. She received her BA in Chemistry in 1967 at University of California, Riverside and she was a graduate student in physical chemistry at the Massachusetts Institute of Technology from September 1967 to June 1968.[25] Although her training in the sciences did not directly relate to health or physiology, she acquired a basic level of proficiency in analyzing scientific papers. Aldebaran was comfortable reading and critiquing the work of health experts.[26] During

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[23] Mayer, "Foreword," ix-xvii.
[24] McAfee, interview.
[25] Aldebaran found Cambridge, MA very "unpleasant." Aldebaran to Sharon Bas Hannah, May 5, 1979, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT; Aldebaran to Bas Hannah, Sharon, December 7, 1979, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT.
[26] Fishman, "Life in the Fat Underground."

her time with the group, Aldebaran wrote more than ten treatises on fatness, with a particular emphasis on feminism, health, and medical oppression.

Members of the Fat Underground singled out medical practitioners and scientists. In 1973, Judy Freespirit and Aldebaran wrote the *Fat Liberation Manifesto*, a statement of the core tenets of fat liberation. In the piece, they demanded respect, equal rights, and "power over [their] bodies and lives." Two of the seven points they raised pertained directly to health and the nature of scientific knowledge. They pronounced:

> 5. We single out as our special enemies the so-called 'reducing' industries. These include diet clubs, reducing salons, fat farms, diet doctors, diet books, diet foods and food supplements, surgical procedures, appetite suppressants, drugs and gadgetry such as wraps and 'reducing machines'. We demand that they take responsibility for their false claims, acknowledge that their products are harmful to the public health, and publish long-term studies proving any statistical efficacy of their products. We make this demand knowing that over 99% of all weight loss programs, when evaluated over a five-year period, fail utterly, and also knowing the extreme, proven harmfulness of repeated large changes in weight.
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> 6. We repudiate the mystified 'science' which falsely claims that we are unfit. It has both caused and upheld discrimination against us, in collusion with the financial interests of insurance companies, the fashion and garment industries, reducing industries, the food and drug industries, and the medical psychiatric establishments.[27]

Aldebaran and Freespirit structured the FU in opposition to diet specialists, including physicians, and medical interventions meant for fat people. Terming these medical constituents their "special enemies" implied that their movement would emphasize engaging with and contesting the work of health authorities. Furthermore, they developed a more far-reaching critique of scientific knowledge. They implied that the

[27] Freespirit and Aldebaran, *Fat Liberation Manifesto*.

authority of science was used to mystify laypersons, placing the health claims of scientists beyond the criticism and bodily experiences of everyday people.

The authors argued that medical authorities intentionally harmed fat women. They attributed "false claims" to diet doctors, and argued that they needed to take responsibility – suggesting an element of blame. They also claimed that "science" "caused and upheld discrimination" and "colluded" with financial interests. They argued that scientists and physicians purposefully singled out and harmed fat people, thus making them enemies of fat activists. They made protecting fat people from perceived medical harms a central element of their organization. Members of the FU formulated an aggressive critique of the medicalization of fatness, far more strident than NAAFA's. Unlike NAAFA, members of the FU singled out members of the medical profession as enemies.

The FU itself was short-lived. As with many social change movements, sexual tensions eroded group cohesion, and ideological conflicts over "political correctness" and elitism arose.[28] Aldebaran and several others left the FU in 1976 and the group soon disbanded. Several former members of the Fat Underground, including Aldebaran, relocated in the aftermath of the turmoil.[29] In 1976 she moved to New York City to be with a friend, but soon relocated to New Haven, Connecticut.[30] In 1980, she began a program in metallurgy in Storrs, at the University of Connecticut.[31]

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[28] McAfee, interview.
[29] Fishman, "Life in the Fat Underground"; Mayer, "Foreword," ix-xvii.
[30] Note dated February 2002 appended to Box 1, Folder 2 of the "Mayer Collection of Fat Liberation," Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs.
[31] Aldebaran to Dianne Denne, May 30, 1980, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT; Mayer, "Foreword," ix-xvii.

Throughout the late 1970s, Aldebaran continued to write on fat liberation, and in 1978 she began selling photocopies of her writings, creating Fat Liberator Publications. After initial resistance from the board, NAAFA agreed to sell a packet of papers from the Fat Underground and Fat Liberator Publications in 1980. In the booklet, *The First Fat Liberator*, Aldebaran and other members of the FU formulated an extensive political and medical critique of fatness.[32] These writings were made widely available to members of NAAFA. Three years later, the volume *Shadow on a Tightrope: Writings by Women on Fat Oppression* was published. Aldebaran and her friend, Sharon Bas Hannah, compiled and contributed to this volume of writings from fat liberationists.[33]

Drawing on her own experiences and the medical literature, Aldebaran made several important claims related to the causes, consequences and treatments of obesity. She argued that for most fat people, fatness was a normal hereditary condition and that it did not require a cure.[34] Just as important, she made several arguments as to what did not cause fatness. Citing the 1966 government report, *Obesity and Health* (discussed in chapter one) as well as studies published by other experts, she argued that on average fat people ate the same amount as slim people and therefore in most cases fatness was not the result of overeating, but rather a condition attributable to metabolic differences.[35] Aldebaran suggested that some people might become fat due to the over-consumption of food, or "civilization syndrome," but she argued that such a condition was rare and that it

[32] I treat her writings as one body of work because she reprinted several pieces between the early 1970s and the 1980s with little change.
[33] Schoenfielder and Wieser, eds., *Shadow*.
[34] The Fat Underground, *Medical Politics*.
[35] Mayer, "The Fat Illusion," 9-22.

was not the same as true obesity.[36] She further argued that fatness was not the result of a lack of exercise, claiming that many active people were quite fat.[37] Furthermore, she alleged that being fat could lead to a lack of exercise, as fat people were ridiculed for being physically active in public and denied access to exercise clothing in appropriate sizes.[38] Perhaps most important in relation to feminism, she argued that fatness was not the result of a personality problem.[39] Her analysis, she proclaimed, went beyond "the standard feminist analysis that says that women get fat because they 'overeat' to compensate for problems created by oppression by men." Aldebaran argued that blaming women's eating and fatness on psychological damage caused by male oppression only served to reinforce the perception of fat as a psychological ailment rather than a normal condition.[40] During the 1960s and 1970s psychiatrists and patients questioned the value of mental health treatments in what came to be known as the anti-psychiatry movement.[41] Aldebaran's hostility toward the psychologization of fatness, and psychiatry more generally, must be understood as part of a broader trend challenging mental health authorities.

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[36] In particular, Mayer suggested there were many "well-padded" men who got that way through over-eating, but she was skeptical that many women did so due to the social pressures women faced to be thin. Aldebaran, to Anne Marie Bremmer, 8 November 1979; The Fat Underground, *Medical Politics*.
[37] Mayer, "The Fat Illusion," 9-22.
[38] The Fat Underground, *Medical Politics*, 8.
[39] Mayer, "The Fat Illusion," 9-22.
[40] Aldebaran to Sharon Bas Hannah, May 5, 1979, Special Collections; Aldebaran to Diane Denne, September 17, 1979, Special Collections.
[41] Sue E. Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community* (Berkeley, CA: University of California Press, 1981); Thomas Szasz, *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy* (New York: Basic Books, 1965); Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York, NY: Harper & Row, 1974), 97-110.

Aldebaran argued that the stress of being fat, not fatness itself, increased morbidity and mortality. As she explained, "fat is not unhealthy…fat people suffer enormously from the prejudice against fat."[42] Put another way, fat people were "persecuted into illness."[43] According to Aldebaran, the ailments produced by discrimination included atherosclerosis, high blood pressure and diabetes – the very same ailments associated with obesity.[44] Aldebaran argued that the data on fatness and mortality were mixed, but she suggested that in communities lacking fat prejudice mortality was not increased. As an example, she pointed to the Roseto study. Adults in this Italian-American community weighed more than average Americans and, according to Aldebaran, did not stigmatize fatness. However, they died less frequently from myocardial infarction than the general population.[45] Finally, she extended her analysis to include individuals across a wide spectrum of weights. Aldebaran argued, "Fat is not a health hazard. This is as true for the person who weighs six hundred pounds as for the person who would like to weigh twenty pounds less than she does."[46] Whereas authors affiliated with NAAFA, such as Louderback and Grosswirth, limited their claims on fatness and health to individuals within 150 pounds of "normal," her claims were more far-reaching. Potentially, this made the movement more inclusive, but it also increased their burden of proof.

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[42] The Fat Underground, *Health of Fat People: The Scare-Story Your Doctor Won't Tell You* (1974).
[43] The Fat Underground, *Medical Politics*, 7.
[44] The Fat Underground, *Health of Fat People*; The Fat Underground, *Medical Politics*, 8.
[45] Mayer, "Fat Liberation - A Luxury?," 23-28.
[46] The Fat Underground, *Health of Fat People*.

Aldebaran argued that obesity treatments were ineffective and harmful, and that women were especially targeted. She claimed that 99% of reducing programs failed when long term results were taken into account, and that interventions such as very low calorie diets (800 kcal/day or less), amphetamines, and low carbohydrate diets damaged health.[47] Aldebaran also framed weight loss interventions in feminist terms. She argued that weight loss surgery, still in the early stages of development, was a special form of violence against women.[48] She accused physicians of "gynocidal malpractice," claiming, "the relationship between doctors and fat women is sado-masochistic" in that physicians helped fat women manipulate their bodies and transform themselves into sex objects with the use of weight loss treatments.[49] Aldebaran's critique of "fat oppression," was gendered. She argued that scientific and medical knowledge of fatness served as a means of targeting and demeaning women – further pathologizing female bodies that were already the target of medicalization.

Many weight loss therapies were dangerous and caused great suffering. As argued in chapter two, bariatric surgery fell into disrepute in the 1970s due to high morbidity and mortality rates, and liquid diets came under attack after over 60 deaths were reported to the FDA and CDC. Several fat feminists described suffering and anger after undergoing bariatric surgery. In the volume, *Shadow on a Tightrope*, Fat Underground member Betty Shermer explained,

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[47] Aldebaran, "The Political Manipulation of Fat Women," in *New Haven Women's Health Conference* (New Haven, CT: 1980); Freespirit and Aldebaran, *Fat Liberation Manifesto*; Howard, "The Historical Development, Efficacy and Safety of Very-Low-Calorie Diets," 195-208; Mayer, "Fat Liberation - A Luxury?," 23-28.
[48] Aldebaran to Anne Marie Bremmer, November 8, 1979, Special Collections, Thomas J. Dodd Research Center, Storrs, CT.
[49] Mayer, "The Fat Illusion," 9-22; Mayer, "Fat Liberation - A Luxury?," 23-28.

> Meanwhile, right after the operation I got yellow jaundice and a collapsed lung. I lost half of my hair. I lost the skin on my hands, feet, and legs. I think that was from the fever. The doctor told me that the lining of my stomach had rotted; this was also from the fever. I was nauseous, throwing up constantly…They told me they would not know for six months whether my liver would heal. I became very, very depressed…*Now I see what I went through as a medical crime against women*.[50]

Aldebaran and other members of the Fat Underground interpreted dangerous weight loss interventions as an act of aggression toward women. Shermer suffered greatly as the result of her bariatric surgery, and she came to understand it as a form of violence rather than an intervention meant for her benefit.

Finally, Aldebaran blamed mental health professionals for offering ineffective treatments and making women feel that fatness was their fault. She wrote, "The 99% failure of reducing diets is fat people's collective experience, and therapy tells us to ignore it. *You* can lose weight if *you* try hard enough." However, Aldebaran explained, "Most fat people I know hate being fat. The notion that we only think we hate being fat, but *subconsciously* choose it, is pure therapy-bullshit."[51]

In her work politicizing fatness, Aldebaran explicitly compared fat people to minority groups. In their declaration of principles, the *Fat Liberation Manifesto*, she and Freespirit proclaimed, "We see our struggle as allied with the struggles of other oppressed groups against classism, racism, sexism, ageism, capitalism, imperialism, and

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[50] Italics in the original. Betty Shermer, "Intestinal Bypass," in *Shadow on a Tightrope: Writings by Women on Fat Oppression*, ed. Lisa Schoenfielder and Barb Wieser (San Francisco: Aunt Lute Books, 1983), 157-161.
[51] Mayer, "Fat Liberation - A Luxury?," 23-28.

the like."[52] More specifically, she argued that for many, fatness was an innate and unchangeable condition. This made fat people "a biological minority" like African Americans, whose differences she saw as rooted in biology.[53] For example, she argued, "a fat person who loses weight is no more a real slim person than a white person who gets a suntan is a real black person."[54] As a biological difference, fatness was not something that could be cured but a lived reality. She questioned, "Why does the culture obsessively look for cures, and assume we can find cures? (Do we look for a cure for being black?)."[55]

She argued that the social positioning of fat people and the consequences of fatness rendered them distressingly similar to African Americans. Due to the pathological consequences of stress and discrimination, "the health problems of fat people resemble the problems of other oppressed minorities."[56] Aldebaran aligned her arguments with well-respected contemporary medical research. During the 1960s and 1970s physicians began linking stigma to diseases, such as cardiovascular disease and mental illness, in the African American community.[57] The field of inquiry was in the early stages of

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[52] The Fat Underground also allied itself against the oppression of lesbians. Freespirit, herself, was a lesbian and she challenged homophobia elsewhere. I suspect homophobia was not included on this list for rhetorical reasons – it did not end in "ism." Freespirit and Aldebaran, *Fat Liberation Manifesto*.
[53] Mayer, "Fat Liberation - A Luxury?," 23-28.
[54] Ibid., 26.
[55] The Fat Underground, *Medical Politics*, 3.
[56] The Fat Underground, *Health of Fat People*.
[57] B. P. Dohrenwend, "Social Status, Stress, and Psychological Symptoms," *American Journal of Public Health* 57, no. 4 (1967): 625-632; Ernest Harburg et al., "Skin Color, Ethnicity, and Blood Pressure I: Detroit Blacks," *American Journal of Public Health* 68, no. 12 (1978): 1177-1183; S. A. James and D. G. Kleinbaum, "Socioecological Stress and Hypertension Related Mortality Rates in North Carolina," *American Journal of Public Health* 66, no. 4 (1976): 354-358; A. M. Ostfeld, "The Interaction of Biological and

development, and adding fat people to the list of oppressed groups facing stress seemed like a logical extension to Aldebaran. Finally, in a deliberately provocative passage, she argued that fat people would not have much success in trying change the perceptions of physicians because, "such a discussion might have some of the aspects of a black slave trying to convince a white plantation owner that black people really aren't all best off picking cotton."[58] Aldebaran's inflammatory rhetoric was meant to excite sympathy in her audience, but is also revealed insensitivity to the historical differences between fat people and African Americans. Indeed, there were no African American fat liberationists until at least the mid-1970s. Like NAAFA, the FU and the loose network of activists who continued fat liberation after it disbanded were predominantly white.[59]

Aldebaran used these comparisons to further demands for rights, and greater civic participation. As a group facing discrimination fat people, she claimed, were excluded from key areas of society. As part of the *Fat Liberation Manifesto*, she and Freespirit demanded equality, access to goods and services, and "an end to discrimination against us in the areas of employment, education, public facilities and health services."[60] She wanted to reframe fatness as a political problem, and expressed frustration that "these problems of fat women are not seen as political problems, but as medical problems; and as not needing a political solution but as needing a medical solution."[61]

She critiqued medical knowledge, arguing sarcastically, "it seems to be scientific, because it is certainly uttered by the same people with the white coats who invented

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Social Variables in Cardiovascular Disease," *Milbank Memorial Fund Quarterly* 45, no. 2 (1967): 13-18.
[58] The Fat Underground, *Health of Fat People*.
[59] McAfee, interview.
[60] Freespirit and Aldebaran, *Fat Liberation Manifesto*.
[61] Aldebaran, "The Political Manipulation of Fat Women," 28-29.

antibiotics, and all those wonderful scientific medical things, and so it must be true."[62] Although she relied on scientific studies elsewhere in her work, Aldebaran derided medical authority. She respected the scientific process, but reserved the right to interpret medical and scientific evidence herself, rather than blindly relying on authority figures.

Furthermore, Aldebaran claimed that fat women did not experience their bodies as pathological or sick. Fat women knew their own habits better than the scientific and medical experts who published articles on the eating and exercise practices of the obese. A re-evaluation of obesity science, she argued, should be based "upon the assertion of the masses, the reality of oppressed fat people."[63] She further claimed that fat women had experience with multiple types of weight loss regimes and they caused significant distress, including symptoms of starvation. Using herself as an example, she claimed that regaining weight after weight loss was inevitable.[64] She argued, "every diet that we go on increases our weight successively."[65] In short, as a feminist fat activist, she sought validation for how she experienced her own body, and she expected other feminists to honor her perceptions.[66]

Aldebaran also challenged medical knowledge based on the work of scientific experts. She argued that physicians willfully misrepresented or ignored the scientific literature on obesity. In her own writings, she quoted medical studies to support her

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[62] Conference proceedings are at in the "Mayer Collection of Fat Liberation," Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs. Ibid.
[63] Mayer, "The Fat Illusion," 9-22.
[64] Aldebaran described eight years of dieting. Aldebaran, "The Political Manipulation of Fat Women"; Mayer, "The Fat Illusion," 9-22.
[65] Aldebaran, "The Political Manipulation of Fat Women," 30.
[66] Ibid.; Aldebaran to Diane Denne, March 8, 1980, Special Collections.

assertions on the nature of fatness.[67] She enlisted on the work of physiologist Ancel Keys, the 1966 government report, *Obesity and Health* (both discussed in chapter one), and other studies to maker her points.[68]

Taken as a whole, Aldebaran's writings offered a systematic and radical critique of obesity science and societal perceptions of obesity. She denied that obesity led to negative health consequences and instead insisted on treating fatness as a natural, biological category. According to her, the problems stemming from fatness were due to discrimination and political oppression, similar to the stresses faced by African Americans and other minority groups. As physician and historian Georges Canguilhem argues, the line between the pathological and the normal is blurred and constantly shifting, sometimes due to the input of patients.[69] Corpulent women demanding treatments from their physicians in the 1910s played a role in the early medicalization of obesity, and patient demand continued to shape the availability of diet options.[70] Aldebaran fought to retrench medical and societal understandings of obesity; to once again make fatness normal rather than pathological. Despite her efforts, Aldebaran's work proved contentious within feminist groups over the course of the 1970s and early 1980s.

## Feminist Responses to Fat Activism:

## *Ms.*, and *Off Our Backs*

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[67] Mayer, "The Fat Illusion," 9-22.
[68] Diseases, *Obesity and Health: A Source Book of Current Information for Professional Health Personnel*; The Fat Underground, *Health of Fat Women*.
[69] Canguilhem, *The Normal and the Pathological*.
[70] Schwartz, *Never Satisfied*.

In the late 1960s and early 1970s, feminists generated a broad array of periodicals, including several hundred newsletters, sixty newspapers, and nine magazines.[71] It remains outside the scope of this dissertation to examine this plethora of sources in their entirety, but two periodicals in particular offer a glimpse into feminist responses to fat activism. *Ms*. and *off our backs* were two of the most enduring feminist publications. *Ms*., established in 1972, remains in print today and *off our backs*, founded in 1970, remained in print until 2008. Both publications reached a national audience, whereas most feminist publications were geared toward a local readership and disappeared after only a few years in print.[72]

Initially, Aldebaran's work as a fat feminist activist gained little traction in broader feminist circles.[73] *Ms.* magazine paid scant attention to fatness, and no attention to fat liberation in its pages. The feminist publication *off our backs* (*oob*) paid more attention to weight issues, but gave fat feminist activists very little coverage. With Susie Orbach's 1978 publication of *Fat is a Feminist Issue* (*FIFI*) feminist publications paid more attention to Aldebaran and fat activism, but often rejected her radical analysis.

Fat feminist activism drew little attention in one of the most central publications of second wave feminism, *Ms.* magazine. As a powerful platform for reaching feminists

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[71] Kathryn Thoms Flannery, *Feminist Literacies, 1968-1975* (Urbana and Chicago, IL: University of Illinois Press, 2005), 23.
[72] Farrell, *Yours In Sisterhood*, 1-14; "About *off our backs*," off our backs: the feminist newsjournal, http://www.offourbacks.org/ (accessed June 20 2014); Agatha Beins, "Free Our Sisters, Free Ourselves: Locating U.S. Feminism through Feminist Periodicals, 1970-1983," (PhD diss., Rutgers University, 2011), 14, 18.
[73] The Fat Underground gained some local support from feminists in the Los Angeles area, but this support quickly dissipated with the crumbling of the group in 1976. Fishman, "Life in the Fat Underground."

and a broader audience, with some 3 million subscribers, the magazine's stance on fat activism held the potential to influence a wide array of readers.[74] However, until 1985, *Ms*. did not include any coverage of fat activist activities, and fat activists did not benefit from this potential source of media exposure.[75]

The few fat-related articles *Ms*. published in the 1970s and 1980s failed to address the political and medical concerns central to Aldebaran's work. Rather, the writings tended to focus on the personal and subjective nature of fatness. In a 1973 piece, contributor China Altman emphasized fat could be beautiful. She explained, "But weight, that shibboleth, had all of us hung up – fat, skinny, chubby, stocky, medium-size – all of us." The article ended with the members of her self-help group holding a naked meeting, admiring the bodies of all women, including the "overweight" ones.[76] Although fat women potentially experienced this as liberating, there was no medical or political analysis attached to the group's actions.

In a special edition, "Why Women Don't Like Their Bodies," *Ms*. included two articles on fat.[77] In "Never Too Thin to Feel Fat," the author described her experience with fatness, as well as the experiences of eight interviewees. Seven women and one man of various ages and weights described struggling with food, binging, food addiction and the need to feel thin. The author's conclusions were limited and apolitical. She argued,

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[74] "Back Matter," *Ms.*, July, 1978, 106; Farrell, *Yours In Sisterhood*, 1-14.
[75] Pat Lyons and Debby Burgard, *Great Shape: The First Exercise Guide for Large Women* (New York: Arbor House / W. Morrow, 1988); Carol Sternhell, "We'll Always Be Fat But Fat Can Be Fit," *Ms.*, May, 1985, 66-68, 141-154; Stimson, "Fat Feminist Herstory."
[76] China Altman, "Woman's Body, Woman's Mind," *Ms.*, July, 1973, 23-25.
[77] Letty Cottin Pogrebin, "Barbara Cook: Fat Can Set You Free," *Ms.*, September, 1977, 51-52; Judith Thurman, "Never Too Thin to Feel Fat," *Ms.*, September, 1977, 48-51, 82-84.

"[eating] is a moment of true feeling...fatness is an idea we consume at face value and which subsequently distracts us from real experience." In this formulation, fatness was not a natural bodily state or a political experience. Rather, it was a form of distracting false consciousness, drawing women away from their "true feeling."[78]

The title of the second article, "Barbara Cook: Fat Can Set You Free," held out the promise of a more political critique of fatness. However, it did not deliver such an analysis. The interviewee, Broadway singer Barbara Cook, explained, "I guess I'm ambivalent about being fat…[sometimes I think] Fuck it! This is how I look…at the same time I don't think I'd want to see myself in a bathing suit."[79] At the end of the article, she described going on a diet. Although Cook offered a glimmer of acceptance toward fat, she ultimately conformed to thin standards of health and beauty.

The fat-related articles appearing in *Ms*. can best be understood as a product of cultural feminism. Unlike radical feminists who challenged political institutions and attempted to restructure society, cultural feminists sought to create separate, women-oriented spaces.[80] Re-valuing fat as beautiful created an alternate reality, but did little to change existing social institutions or realities. Aldebaran strenuously objected to this type of fat critique. Chiding an imagined opponent she wrote, "you want a nice liberal discussion about freedom and beauty, while you and I both know that the most urgent issue is *death* – the pain and death of fat people."[81] Mainstream feminism did little to support fat feminist activists, but the more radical publication, *off our backs* (*oob*) offered more press exposure.

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[78] Thurman, "Never Too Thin to Feel Fat."
[79] Pogrebin, "Barbara Cook: Fat Can Set You Free," 52.
[80] Echols, *Daring to Be Bad*.
[81] Mayer, "Fat Liberation - A Luxury?," 23-28.

Beginning publication in 1970, *oob* drew a smaller and more radical audience. In contrast to *Ms.*, *off our backs*, was published by a collective of women based in Washington D.C., with no paid staff and no formally assigned jobs for its members.[82] The magazine identified itself as an irreverent news source and liberation publication.[83] *Oob* pointedly defined itself in contrast to *Ms*. magazine, characterizing their rival as "basically a capitalist, commercial enterprise."[84] Although *oob* drew a smaller readership – estimated at 60,000 in 1979 – the publication dealt with more controversial, less commercial material, and the collective purposefully published a multitude of perspectives in order to develop readers' critical and analytic skills.[85]

In the early 1970s, *oob* mentioned issues related to fat discrimination only a few times. In 1976, one correspondent wrote to complain about the consistent portrayal of capitalists as fat (as in fat pigs), but received no response.[86] In 1977, writer Emily Toth described the first National Women's Studies Association convention. She wrote, "There was an important suggestion that fat women, as an oppressed minority, be represented in

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[82] Susan Brownmiller, *In Our Times: Memoir of a Revolution* (New York, NY: The Dial Press, 1999), 74-75.
[83] Fran Moira and Carol Anne Douglas, "Ten Years of Off Our Backs," *off our backs*, February, 1980, 2-3, 25, 30-31.
[84] The negative characterization of *Ms.* intensified in 2002 when publication changed hands. For details, see *oob*'s 2002 letter in which a writer argued, "Ms. magazine is now the mere mouthpiece of hegemonic, U.S.-centric, ego-driven, corporate feminism. One test of the editorial freedom of *Ms*. is whether its owners will allow…for a letter that disagrees." Elizabeth Miller, "An Open Letter to the Editors of Ms. Magazine," *off our backs*, September-October, 2002, 59-61; The oob Collective and Carol Anne Douglas, "Oob Commentary," *off our backs*, July, 1975, 8, 11.
[85] The writer estimated the magazine had 3,000 individual subscriptions and 3,000 bulk orders, and that each copy was read by 10 people. "The Body Politic," *off our backs*, August-September, 1979, 34; Flannery, *Feminist Literacies*, 26-27, 30, 31.
[86] Deb Roark, "Sized Up & Boxed In," *off our backs*, July-August, 1976, 30.

delegations. While the suggestion did not pass, it was pleasing to see it taken seriously."[87] While Toth did not express outrage at the conference's failure to guarantee fat women representation, the author certainly took the concerns of fat women seriously. Toth did not represent the entire staff of *oob*, but her work suggested the possibility of dialogue with regards to fat oppression.

The 1978 publication of Susie Orbach's *Fat is a Feminist Issue* fundamentally changed the nature of the dialogue between fat feminist activists, *oob* readers, and *oob* writers. Susie Orbach did not identify as a fat activist, but she leveled her own devastating critique of weight standards, the diet industry, and the mass media.[88] In *FIFI,* Orbach argued that fat women subconsciously wanted to be fat and that they viewed fatness as a protection from their sexuality. According to her, women became fat as the result of compulsive eating, a common behavior in women, and a response to a sexist society.[89]

After *oob* published a review of *FIFI*, fat oppression became a regular topic in the magazine. They included announcements for fat activist publications and events, authors often described "coming out" or identifying as fat, and authors routinely included fat oppression when listing forms of discrimination.[90] Introducing the April 1979 issue,

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[87] Emily Toth, "Women's Studies," *off our backs*, March, 1977, 23.
[88] Kim Chernin, *The Obsession: Reflections on the Tyranny of Slenderness* (New York, NY: Harper & Row, 1981); Orbach, *Fat is a Feminist Issue*.
[89] Orbach, *Fat is a Feminist Issue*.
[90] For examples fat liberation event listings and publications see the "Chicken Lady" column. "Chicken Lady," *oob*, June, 1978, 24-5; "Chicken Lady," *oob*, April 1980, 24-5; "Chicken Lady," *oob*, December 1980, 26-7; "Chicken Lady," *oob*, March, 1982, 24; "Chicken Lady," *oob*, February, 1990, 25-6; "Chicken Lady," *oob*, February, 1992, 24-5; K. Freeperson, "Oppressive Work," *off our backs*, May, 1991, 20-21; "Grrrls Riot in Philadelphia," *off our backs*, October, 1996, 7-9; Pam Hinden, "The Fats of Life: Reflections on the Tyranny of Fatophobia," *off our backs*, March, 1983, 30-32; Barbara

which included two reviews of *FIFI*, the *Fat Liberation Manifesto*, and other writings on fatness. The editors explained, "The issue of food and fat affects most women in some way….we welcome more opinions on and experiences of this issue."[91]

Of the two reviews, "One View," was the most positive. The author, Martha Tabor, found Orbach's insights to be to "helpful and liberating." Tabor suggested that "Orbach is not at all advocating staying fat, but rather understanding what's in it for women so that we can choose consciously and not compulsively how we wish to be."[92] Although the reviewer praised the book, she did not perceive it to be particularly fat positive. The other review, "Another View," was more critical. Margaret House praised the book for taking up an important and little-discussed topic but she argued that Orbach paid too little attention to the social context of eating concerns, and that the book should have taken a more theoretical and less therapeutic approach.[93] These criticisms, engaged little with the perspective of fat activists.

The two articles on eating disorders dealt less directly with issues surrounding fatness, in and of itself, and more with disordered eating. To represent fat activist views, *oob* included the "Fat Liberation Manifesto." Judy Freespirit's and Aldebaran's work clearly articulated the demands of the fat liberation movement, calling for a revolution in how society interacted with fat people.[94]

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Ruth, "Past, Present, and Future Passions, Poems," *off our backs*, May, 1988, 16; Susannah Shive, "Out of the Mouths of Girls (Review)," *off our backs*, August-September, 1996, 18-19.

[91] "Front Matter," *off our backs*, April, 1979, 18.

[92] Martha Tabor, "One View," *off our backs*, April, 1979, 18, 28.

[93] Margaret House, "Another View," *off our backs*, April, 1979, 18, 28.

[94] Judy Freespirit and Aldebaran, "Fat Liberation Manifesto," *off our backs*, April, 1979, 18.

Several readers responded to April 1979 issue by expounding on the dangers of fatness, or by taking a moderate stance somewhere between accepting fat liberation and accepting fatness as a form of pathology. An anonymous author wrote to describe her sick friend, arguing, "she eats herself into a stupor…if wanting to see a sick friend get well is sexist oppression I'll wear the title proudly…in some cases fat kills."[95] Another letter-writer argued that at 5'4" and 175 lb., she feels "damn good," but that 75 lb. heavier she had no energy and felt dizzy all the time. "There is a happy medium…[but] it's painful, frustrating, and dangerous to be too fat."[96] The letter-writer suggested that a moderate amount of fat was safe, but unlike fat activists she argued that extreme levels of fat were dangerous and unhealthy. Yet another letter-writer suggested accepting various elements of fat liberation and *FIFI*. She wrote:

> "I was dissatisfied with Orbach's underlying message that thin is the way and fat is the other. But I also agree that thinner is better than the situation described in the 'fat kills' letter in july oob. I agree with Orbach that western patriarchal society has alienated many women from their bodies. This is why the acceptance of the Fat Liberation Manifesto (april oob) is a much needed change in society."[97]

In many ways, the writer's response reflected a typical feminist reaction to fat feminist activism. She accepted the argument that 1970s standards of beauty oppressed women and alienated them from their bodies, and she argued for the acceptance of the *Fat Liberation Manifesto*. Nonetheless, she rejected a central tenet of fat liberation – the claim that fat people could be as healthy as thin people.

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[95] "Fat Kills," *off our backs*, July, 1979, 28.
[96] Niki Galbraith, "Good, Strong Diet," *off our backs*, August-September, 1979, 34.
[97] Robin Goldner, "Compulsive Vomiter," *off our backs*, August-September, 1979, 34.

Fat feminist activists responding to the April 1979 issue of *oob* argued that the coverage of *FIFI* and the issues surrounding fat was not good enough. Several readers were excited to see *oob* addressing the topic of fat, but then sorely disappointed with the content of the articles. In particular, letter-writers objected to Susie Orbach's work. K.R. beseeched, "Now imagine my disappointment when I read your articles…explaining all the reasons you (and the women who wrote the book "fat is a feminist issue") think women who are fat are as good as neurotic." Another correspondent, Elly Janesdaughter, wrote, "I feel that despite Orbach's constant exhortations of self-acceptance, she contributes to and rationalizes the oppression of fat people." Both writers argued that Orbach inappropriately linked fatness with compulsive eating, disempowering and mischaracterizing fat women in the process.[98] Another group of fat activists angrily questioned, "Does Orbach truly believe that if patriarchy and its oppressive institutions disappeared all women would be thin? Bullshit." For these writers, fatness was a natural bodily state, not a pathological response to oppression.[99] Orbach claimed a feminist mantle for her work, but for fat feminist activists her book felt like a betrayal of feminism.

Furthermore, both of these letter-writers likened the cause of fat oppression to lesbianism in an attempt to galvanize support. The April 1979 issue reminded K.R. "of the old line (that much of the left regrets ever having said) that lesbianism is a (pathological) response to the decadence of capitalism." Janesdaughter commented on the title of Orbach's book, "Fat is a Feminist Issue: The Anti-Diet Guide to Permanent

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[98] Elly Janesdaughter, "Fatophobic Feminists," *off our backs*, July, 1979, 28; K.R., "Free to Be Fat," *off our backs*, May, 1979, 28.
[99] Lizard, Helen, and Shan, "Thin Thinking," *off our backs*, May, 1979, 28.

Weight Loss" by suggesting a title for a hypothetical book, "Lesbianism is a Feminist Issue: A Guide to a Permanent Sex Life with Men." Both writers astutely pointed out that in its early years the feminist movement pathologized lesbianism, only to regret it later.[100]

Respondents also argued that feminists in general did not yet acknowledge fat oppression, and that *oob*'s coverage perpetuated fat stereotypes. Janesdaughter wrote, "fat women, unlike Lesbians, haven't organized against our oppression. Therefore the feminist community doesn't acknowledge that fat oppression exists – indeed it condones the fatphobia of the general culture."[101] A group of Seattle fat activists argued, "We believe that it is about time that feminists begin to seriously deal with their fat oppressive and looksist attitudes and consider fat oppression and looksism the true patriarchal threat to feminism that it is."[102] These fat activists claimed that feminists undermined them in general, and they viewed *oob*'s coverage as detrimental to the cause of fat liberation. Ruth Silverman argued, "The materials in the article and letters you printed reflected the opinion, held by many in our society, that only the ignorant, stupid, or weak-willed are fat."[103] Another reader argued that reprinting "Fat Fear" and the "Fat Liberation Manifesto" was "tokenistic," only done so "[*oob*'s] asses were kept clean."[104] The writers objected that *oob* did not solicit responses to *FIFI* from fat activists, but rather opted to publish old material without initiating a dialogue.

Aldebaran also strenuously objected to *oob*'s coverage of *FIFI* and fatness. She agreed with many of the points made by other fat activists – that Orbach's work

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[100] Janesdaughter, "Fatophobic Feminists"; K.R., "Free to Be Fat."
[101] Janesdaughter, "Fatophobic Feminists."
[102] Lizard, Helen, and Shan, "Thin Thinking."
[103] Ruth Silverman, "Dieting: The Modern Footbinding," *off our backs*, December, 1979, 31.
[104] Lizard, Helen, and Shan, "Thin Thinking."

pathologized fat women, that the women's movement had not supported fat liberation, and that fat liberation should be taken as seriously as lesbianism.[105] She also offered an expanded critique, emphasizing the detrimental health effects of dieting and the need for a political redefinition of fatness. According to Aldebaran, the caloric deprivation of dieting, not psychological pathology, caused compulsive eating in some women. Dieting also led to loss of menstruation, anxiety, depression, elevated free fatty acids, and in most women, weight gain after the initial loss.[106] She emphasized fat liberation as a health response, "If you oppose fat liberation, what do you recommend to sick, suffering, self-hating fat women?...The issue is health and survival. Fat Liberation is a health movement."[107]

While defining fat liberation as a health movement, she also pushed for recognition of the political aspects of fatness. Aldebaran urged, "Feminists must reject the terms that define fat women's problems as primarily medical and psychiatric. Our problems are political, and the solutions must be political."[108] Fat liberation was a health movement in the sense that the oppression of fat people led to ill health, but it was a political issue in the sense that oppression was the result of social forces.

Finally, Aldebaran attacked *oob*'s editorial treatment of fatness at length, and elicited several editorial responses from them. Aldebaran objected to the letter title, "Fat Kills," arguing that it represented an editorial choice implying fat was dangerous. She also objected that *oob* had apparently not studied works on fat liberation, and they did not

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[105] Aldebaran, "Compulsive Eating Myth," *off our backs*, July, 1979, 28; Aldebaran, "Oob Perpetuating Stereotypes"; Aldebaran, "Liberal on Fat," *off our backs*, March, 1980, 31.
[106] Aldebaran, "Compulsive Eating Myth," 28.
[107] Aldebaran, "Oob Perpetuating Stereotypes," 31.
[108] Aldebaran, "Compulsive Eating Myth," 28.

sufficiently include the opinions of fat liberationists in their April 1979 issue.[109] Finally, she argued editors took the "passive approach" of publishing all letters on fatness and did not respond in italics to articles dealing with the "dangers" of fat, as they responded to some other letters.[110]

The editors of *oob* chose to respond to several of her letters, but not in a manner Aldebaran found satisfactory. One editor wrote, "I think some of the terms have gotten confused…NOT all fat women are compulsive eaters."[111] Although agreeing with Aldebaran that fat women don't necessarily eat compulsively, the editors didn't respond to the allegation that *FIFI* implied fat women eat compulsively. They also defended their editorial choices, arguing that the letters published in *oob* were the unedited opinions of readers, including some fat liberationists.[112] *Oob*'s approach to editorializing – presenting the views of a wide swath of readers – perhaps represented a reasonable approach for some topics, but for Aldebaran, statements on the negative health effects of fat, or on its psychological underpinnings, lay outside the pale of inclusion. Even though *oob* had ceased writing joint editorials on most topics by the late 1970s, she nonetheless wanted the publication to take a stronger stand on fat oppression.[113]

In their April 1979 issue, and subsequent discussions of fat oppression, *oob* provided a platform for fat liberationists, but the editors themselves did not take a firm stand. In subsequent discussions of fat liberation, *oob* responded in a similar manner –

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[109] Aldebaran, "Oob Perpetuating Stereotypes," 31; Aldebaran, "Liberal on Fat," 31.
[110] Aldebaran, "Liberal on Fat," 31.
[111] Ibid., 28.
[112] Aldebaran, "Oob Perpetuating Stereotypes," 31.
[113] Moira and Douglas, "Ten Years of Off Our Backs," 31.

offering a forum, but not a strong voice of opposition to fat oppression. Readers claimed that fat liberation continued to be a controversial topic.

Although *oob* provided a forum for fat feminist activists and their writings, the publication never took an editorial stance on fat liberation. They gave fat feminist activists an unprecedented outlet for broadcasting their views, but they also published skeptical letters and articles on the topic. Despite gaining greater visibility, fat liberation remained controversial.

## *Our Bodies, Ourselves*

Gathering and disseminating health information for thousands of women between the 1970s and the 2010s, *Our Bodies, Ourselves* can be viewed as a barometer of feminist opinion on health matters, as well as an influential tool for shaping feminist views.[114] Unlike the writers of *oob*, the Boston Women's Health Book Collective summarized and synthesized material in order to present a cohesive perspective on health issues. Between the 1973 and the 1984 edition, the writers of *OBOS* incorporated fat liberationist perspectives to a remarkable extent. Indeed, for the 1984 edition, authors collaborated with two fat activists. Judith Stein (of Boston Area Fat Liberation) contributed to the chapter, "Body Image" and Aldebaran helped edit the chapter, "Food."[115] At the same time, the writers of *OBOS* also tempered the claims of fat activists, including elements of Susie Orbach's work and weakening the health claims presented by fat liberationists.

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[114] Kline, *Bodies of Knowledge*, 9-40; Morgen, *Into Our Own Hands*.
[115] The Boston Women's Health Book Collective, *OBOS (1973)*, 5, 8, 11.

Over time, *OBOS* paid much greater attention to the social stigma attached to being fat and the social pressure women faced to be thin. In the 1973 edition, an author explained, "we turn to food when we are unhappy, frustrated, tense, or anxious…Such situations usually involve complex emotions, and would require a much longer discussion than possible here."[116] The 1973 edition also discussed the emotional valence of weight gain with reference to pregnancy, suggesting that "many women find it very hard to get rid of all that extra weight after the baby is born; and sometimes not being as light as you want can be depressing after all those months of heaviness."[117] These passages remained unchanged in the 1976 edition of *OBOS*, but changed in the 1984 edition.

Certainly, *OBOS* writers of the 1970s recognized the pressures that women faced to be slender – suggesting that food carried a strong emotional valence, and that weight gain could be emotionally trying. But these issues became a major focus of concern starting with the 1984 edition. The book included, as a first chapter, "Body Image." Wendy Sanford, one of the founding members of BWHBC, argued that women – especially fat women – were taught to feel terribly about themselves by the beauty industry and mass media.[118] In the section on "Body Image and Weight," Sanford argued that historically fat had been considered a sign of beauty and wealth, making the contemporary United States the exception rather than the rule in terms of beauty standards. According to her, women spent too much time obsessing about weight, counting calories and feeling guilty.[119] She also presented the views of fat activists,

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[116] Ibid., 81.
[117] Ibid., 162.
[118] Morgen, *Into Our Own Hands*, 21.
[119] The Boston Women's Health Book Collective, *The New Our Bodies, Ourselves: A Book By and For Women* (New York: Simon & Schuster, Inc., 1984), 7.

explaining "Fat activists suggest that making women afraid to be fat is a form of social control. Fear of fat keeps women preoccupied, robs us of our pride and energy, keeps us from *taking up space*."[120] By including the work of fat activists, the writers of *OBOS* gave them a powerful platform for broadcasting their views and winning adherents. Moreover, they made a space in *OBOS* for the politicization of fatness.

The 1984 chapter on body image also featured an inset, written by Judith Stein and other fat activists, "Being Fat in an AntiFat Society." In this piece, Stein went beyond examining the pressure women faced to be slim; she emphasized the discrimination fat women experienced on a day-to-day basis. According to her, fat women were insulted, ridiculed for exercising or being interested in romance, pushed to diet and forced to make do in a built environment not suitable for very large bodies. She described being judged as weak-willed and morally lax, and being refused treatment by healthcare providers who "make all kinds of assumptions about [fat peoples'] emotional and psychological state ('She must have emotional problems to be so fat')." In contrast to Susie Orbach, Stein vehemently challenged the construction of fatness as a psychological ailment and suggested that such a psychological perspective was a form of pathologization.[121]

In comparison to the 1973 and 1976 editions, the 1984 chapter on food and nutrition paid far greater attention to fatness and the emotional valence of eating. Another one of the founding members of BWHBC, Esther Rome opened the chapter by explaining, "Food touches practically every aspect of our lives and affects how we feel

[120] Ibid., 7-8.
[121] Ibid., 8.

physically and emotionally…eating has enormous emotional importance for women."[122] In a section on "Fear of Fat," Rome argued that regaining weight after a diet was not a personal failure, but "a physiological adaptation to stress that our bodies have made to help us survive."[123] In the section on "Obesity (Fatness)," she claimed that fat women were further victimized by medical practitioners pushing diet pills and dangerous weight loss surgeries.[124] Whereas older editions of *OBOS* paid scant attention to the experiences of fat women, and the emotional significance of fat and dieting, the 1984 edition took up those themes as central concerns.

Moreover, fatness and fat activism became more central concern for *OBOS* as reflected in their use of sources. The 1973 and 1976 editions of *OBOS* did not reference any fat activist works, and Susie Orbach had not yet written her foundational work on fatness and fear of fat.[125] By 1984, in the chapters on body image and food, authors referenced fat activists (described in chapter two) including Llewellyn Louderback, Aldebaran, Susan and Orland Wooley, Barb Wieser and Lisa Schoenfielder and Marcia Millman; skeptics of obesity science including H. J. Roberts, William Bennett and Joel Gurin; and feminist authors dealing with body and weight issues including Susie Orbach and Kim Chernin. Additionally, *OBOS* authors listed Fat Liberator Publications as a

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[122] Edward T. James, Janet Wilson James, and Paul S. Boyer, *Notable American Women: A Biographical Dictionary Completing the Twentieth Century* (United States of America: Harvard University Press, 2004), 553-555; The Boston Women's Health Book Collective, *OBOS (1984)*, 11.
[123] The Boston Women's Health Book Collective, *OBOS (1984)*, 20.
[124] Ibid., 22.
[125] The Boston Women's Health Book Collective, *OBOS (1973)*, 82.

source of information.[126] Fatness and fat activism became more central topics for *OBOS* over time.

Yet, *OBOS* did not adopt the fat liberation platform – as outlined by Aldebaran – without reservations and alterations. Authors modulated how they discussed fatness and disease, but they did not entirely renounce a connection between weight and certain pathological conditions. In the 1973 edition of *OBOS*, authors uncritically suggested a link between overweight and heart disease.[127] In the 1976 edition, authors listed obesity as a cause of hypertension and infertility and a risk factor for uterine cancer.[128]

In the 1984 edition, *OBOS* authors had become more critical of the supposed linkages between fatness and disease. In her piece "Being Fat in an AntiFat Society," Judith Stein argued that for fat people ill-health comes from the stress of living in a fat-hating society and dieting.[129] Along similar lines, Esther Rome argued, "Ironically, the medical world considers fatness a disease…[and recommends] a severe reducing diet or fast [yet] sudden and repeated weight loss may well be responsible for many of the diseases associated with fatness."[130] Writing on body image, Wendy Sanford argued that people didn't really know what ideal body weights were, and that "many health problems blamed on overweight turn out to have a more complex relationship to weight."[131]

Yet, other sections of the 1984 edition allowed for the possibility of a connection between fatness and various health conditions. In 1984, *OBOS* authors were equivocal

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[126] The Boston Women's Health Book Collective, *OBOS (1984)*, 29-32.
[127] The Boston Women's Health Book Collective, *OBOS (1973)*, 162.
[128] The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York, NY: Simon and Schuster, 1976), 124, 318-319, 146. The Boston Women's Health Book Collective, *OBOS (1973)*, 124, 318-319, 146.
[129] The Boston Women's Health Book Collective, *OBOS (1984)*, 8.
[130] Ibid., 22.
[131] Ibid., 8.

about the relationship between weight and diabetes, writing, "[Non-Insulin-Dependent Diabetes (NIDD)] seems to be closely associated with weight. Eighty-five percent of all NIDD diabetics are 20 percent above their so-called 'ideal weight'…obesity seems to make cells less sensitive to insulin…NIDD often disappears with weight loss. It is not clear, however, that being overweight actually *causes* diabetes."[132] Although the authors remained unwilling to posit a causal relationship between overweight and diabetes, they suggested that weight might play a role, and even suggested a mechanism for this role.

The authors were similarly equivocal about the relationship between overweight and hypertension but they suggested, "losing weight if you are very large can prevent or lower high blood pressure."[133] The authors of *OBOS* appeared to be walking a fine line between standard medical arguments on the dangers of overweight, and the fat liberation perspective – as exemplified by Aldebaran – that all negative health effects of fatness could be attributed to dieting or stress. The authors perhaps strayed from mainstream medical thinking in suggesting proportionality and individuality with regards to weight, but they also suggested weight loss as a health intervention – an idea anathema to fat liberationists.

Authors of *OBOS* became more critical toward dieting over time, but did not entirely dismiss the prospect of weight loss. In 1973, the section on nutrition and food gave a chart listing the "Calorie 'Cost' Per Gram of Usable Protein" in various foods, suggesting that women might want to maximize protein consumption but without unwanted (fattening) calories.[134] The 1976 edition included a chart, "Burning Up

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[132] Ibid., 539.
[133] Ibid., 542.
[134] The Boston Women's Health Book Collective, *OBOS (1973)*, 78.

Calories" and argued, "Obesity, a serious health hazard for so many of us, is primarily a matter of eating too many high-calorie foods and/or getting too little exercise. You might want to compare the calories you burn up and the calories you eat in an average day to see if they are about the same."[135] By providing women with calorie charts for food and exercise in the context of discussing obesity, the 1970s editions of *OBOS* implied that women should manage their intake and output to control body weight.

The 1984 edition took a more negative stance on dieting, but the authors did not entirely dismiss the practice. Wendy Sanford argued, "repeated low-calorie dieting is in fact a major cause of ill health." She argued that women should experiment to try to establish what weight feels comfortable, and/or eat healthy foods and exercise and let body weight settle where it may.[136] In the chapter on food, Esther Rome expressed similar ideas – suggesting, "dieting doesn't 'cure' fatness…dieting is a debilitating form of self-starvation."[137] In this passage, Rome primarily referred to diets 1200 calories a day and under, comparing such regimens to the World Health Organization's classification of starvation (less than 1000 calories per day). Both Rome and Sanford rejected low-calorie dieting, but in the 1984 edition Rome included a section entitled, "If You Choose to Diet."[138] She argued that even if people knew the negative effects of dieting, many women would still do so and should know more about how to do it safely. Her recommendations included exercise, slow weight loss, and moderate caloric restriction. Although these recommendations were quite conservative, the passage still condoned a form of dieting. This stands in stark contrast to the writings of fat

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[135] The Boston Women's Health Book Collective, *OBOS (1976)*, 100.
[136] The Boston Women's Health Book Collective, *OBOS (1984)*, 8.
[137] Ibid., 20.
[138] Ibid., 22.

liberationists, which condemned all forms of caloric restriction and weight loss. Moreover, as detailed above, authors of the 1984 edition were open to weight loss to reduce disease severity.

Finally, *OBOS* did not take a definitive stand in the ideological conflict between Aldebaran and Susie Orbach. While involving Aldebaran as editor of the 1984 chapter, "Food," the authors of *OBOS* still referenced Orbach and still included ideas about the psychology of food and dieting reminiscent of her work. Although *OBOS* authors did not generally conflate fatness with emotional or compulsive eating, they did focus on compulsive eating as a central feature of weight gain.[139] Esther Rome also suggested the ubiquity of emotional or compulsive eating, arguing, "Most of us at one time or another have used food to numb or deny our feelings, to comfort ourselves or to put some order into our lives."[140] Fat feminist activists, on the other hand, denied that the experience of compulsive eating was ubiquitous in their lives.

The women of the BWHBC respected both women's subjective bodily experiences and scientific knowledge generated by experts. They struggled to balance the two in the pages of *Our Bodies, Ourselves*. Although the editors did not find Aldebaran's and Stein's scientific arguments entirely convincing, they were swayed by their personal experiences of discrimination and their demands for equality. The 1978 publication of *Fat is a Feminist Issue* most likely played a role in expanding the coverage of fatness in *OBOS*. As women began to take fat more seriously, they would expect the topic to be covered in such a foundational feminist health text.

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[139] Ibid., 20-21.
[140] Ibid., 23.

By 1984, *OBOS* authors accepted fat liberation beliefs to a remarkable extent. Like fat liberationists, the authors denounced fat stigma and discrimination, and argued that beauty standards pushed women into an unhealthy preoccupation with weight. They further claimed that heredity mostly determined weight, and that women should seek a weight they found comfortable rather than relying on charts to define ideal weight. Finally, the collective agreed that physicians and the medical literature had exaggerated the health consequences of fatness, and it denounced severe dieting as a form of unhealthy starvation.

Nonetheless, the position adopted by *OBOS* differed in a few key ways. The collective argued that fatness might be the cause of diabetes, high blood pressure and heart disease. Unlike Aldebaran, they did not attribute these conditions to the stigma faced by fat women. Furthermore, the women of the BWHBC did not entirely condemn dieting. The authors maintained that moderate caloric restriction, in combination with a healthful selection of foods, was an acceptable means of losing weight. This formulation of fatness and health was critical. Through *OBOS*, this version of fat acceptance circulated far more broadly than the writings of fat liberationists or NAAFA.

## Conclusion

In many ways, fat liberation remained a limited movement. Fat feminist activists attempted to align themselves with other minority causes, but this comparison with African Americans did not succeed. Aldebaran's comparison of fatness and blackness in

fact used blackness as little more than a rhetorical foil. She did not develop an extended analysis of how the two types of oppression could be considered similar or different. Fat liberationists did not cultivate ties with African American civil rights groups, and most fat feminist activists were white women.

Aldebaran's scientific analysis of obesity was not as well received as other aspects of her work. The editors of *OBOS* did not significantly alter the sections on diabetes or cardiovascular disease in response to her work. It is unknown how many letters she wrote to physicians, but at least one letter went without reply. Even radical science organizations, such as Science for the People, rejected her work.[141] Although it is difficult to say why something did not happen, stigmatization of fatness may have played a role. Wendy Kline's work on Depo-Provera provides an interesting comparison. Feminist health activists, with equally polemical views, argued the drug was unsafe and prevented its FDA approval through scientific argumentation rather than the presentation of women's personal experiences.[142] Aldebaran enlisted scientific claims, but that aspect of her work met with limited acceptance. It would see that feminists' ability to challenge medical knowledge rested with more than their ability to frame scientific or medical arguments. Social positioning was also key, and fat women lacked social power.

Despite their limitations, fat feminist activists such as Aldebaran and Stein significantly shaped discussions of fatness within the women's health movement. After the 1978 publication of *Fat is a Feminist Issue*, fat activism gained recognition in *off our backs*. The publication printed articles and letters from fat feminists and supported some

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[141] See Box 1, Folder 22 of the "Mayer Collection of Fat Liberation," Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs.
[142] Kline, *Bodies of Knowledge*.

of their claims related to fatness and lesbianism. Fat feminist activists successfully drew parallels with lesbian feminism, perhaps because many fat activists were themselves lesbians.[143] The seminal feminist health text, *Our Bodies, Our Selves*, further entrenched the influence of fat feminist activists. The Boston Women's Health Book Collective took seriously Aldebaran's and Stein's arguments about fat oppression. They printed material on the oppression of fat women, the negative effects of dieting, and the importance of body diversity. They agreed that fat people should not face stigma, even if they were more equivocal on the health effects of "obesity (fatness)" as they termed it, enlisting both the medicalized and politicized term.[144]

Various elements of fat liberation continued to be influential into the 21st century. A few feminist health manuals contain references to fat acceptance, most likely a legacy from its inclusion in *OBOS*.[145] Despite Aldebaran's antagonism toward *FIFI*, Susie Orbach herself was swayed by some fat liberation claims and eventually came to support certain elements of fat acceptance.[146] In recent years, Orbach even appeared at a size acceptance conference sponsored by the Association for Size Diversity and Health (ASDAH).

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[143] Aldebaran to Sharon Bas Hannah, April, 1980, Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs.
[144] BWHBC, *OBOS*, 1984, 22.
[145] See, for example, Nancy Worcester, "Fatphobia" and Carol Sternhell, "We'll Always Be Fat but Fat Can Be Fit," in *Women's Health: Readings on Social, Economic, and Political Issues* (3rd ed), Nancy Worcester and Mariamne H. Whatley (ed.), 397-398, 403-405.
[146] Dana Shuster, interview by author, San Francisco, CA, April 1, 2012.

# Chapter Four

## "Consumer Distrust Has Coalesced With Feminism"

## NAAFA, Oprah, and the FTC

In the 1990s, the fat acceptance movement gained unprecedented visibility. In this chapter I examine how a confluence of factors – including the women's health movement, the so-called anti-diet movement, and a series of government inquiries into weight loss programs – led to widespread denunciation of dieting among feminists, politicians, and journalists. This anti-diet sentiment peaked after 1992, in the wake of a series of Congressional hearings into the diet industry, and a conference hosted by the National Institutes of Health (NIH), designed to evaluate weight loss programs. Members of the fat acceptance movement contributed to this moment of anti-diet sentiment, and benefited from it.

In the late 1980s and 1990s, NAAFA underwent a transformation. Feminists pushed for greater inclusion in NAAFA and became a dominant force in the organization's leadership, bringing a much stronger activist-orientation to the group. NAAFA did not become a feminist organization, in the sense that it espoused feminist goals or offered a feminist critique of fatness, but it became more politically active, less male-dominated and more reflective of its female membership base. In 1990, NAAFA executive director Sally Smith worked with House Representative Ron Wyden (D-OR) to prepare for the hearings, and she subsequently met with the small business subcommittee

to discuss FTC enforcement efforts.[1] By the early 1990s, the group expanded its activist role, although it was still mostly perceived as a social group by the mainstream media.

In the late 1980s and early 1990s, women's health organizations continued to support elements of fat activism, including the ideas that fatness was not as medically dangerous as was commonly believed, that fat stigma was wrong, and that strenuous dieting was dangerous. The editors of *Our Bodies, Ourselves (OBOS)* continued to refer readers to publications from the fat acceptance movement and fat acceptance organizations including NAAFA.[2] A new edited volume, written for a women's studies class on health, took up fat acceptance themes.[3] In the late 1980s, feminist members of the fat activist movement Pat Lyons and Debby Burgard helped advance the ideology of "fat can be fit" by co-authoring the first exercise book for fat women in 1988.[4] The broader dissemination of fat acceptance ideas during this time period was largely the product of feminist influence. As historians Alice Echols, Van Gosse and Ruth Rosen have argued, even though many women in the 1990s eschewed the feminist label,

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[1] William J. Fabrey, "The Fabrey Files," *Radiance*, 30 April, 1993, 7; "FTC Charges Big Five Diet Companies," *NAAFA Newsletter*, October / November, 1993, 1, 7; Sally Smith, "Naming Our Fear, Claiming Our Courage," *NAAFA Newsletter*, September / October, 1992, 5, 7.

[2] On the resource list the editors included *The Dieter's Dilemma*, *Rethinking Obesity,* and *Shadow on a Tightrope*, as well as works by Fat Liberator Publications, Susan C. Wooley, C. Peter Herman and Janet Polivy. They also listed NAAFA. The Boston Women's Health Book Collective, *The New Our Bodies, Ourselves: A Book By and For Women* (New York: Touchstone, 1992), 52-53.

[3] Nancy Worcester and Mariamne Whatley, eds., *Women's Health: Readings on Social, Economic, and Political Issues*, 1st ed. (Dubuque, IA: Kendall/Hunt Pub. Co., 1988).

[4] Lyons and Burgard, *Great Shape: The First Exercise Guide for Large Women*.

feminism profoundly shaped women's expectations and popular culture in the late 20th century.[5]

Another strain of feminist thought shaped beliefs about fatness during this time period, the "anti-diet" approach to weight. The core of this approach was the belief that diets could not produce significant, long-term weight loss. Adherents, not all of whom identified as part of a movement or as feminists, drew different conclusions based on this premise, not all of them amenable to the fat acceptance cause. Still, the fat acceptance movement benefited from the spread of the belief that diets didn't work. For fat activists, the belief that diets couldn't produce long-term weight loss was the first step in learning to accept fat bodies and abandoning weight loss interventions.

A series of government inquiries was perhaps the most significant factor in spreading the message that diets were unsafe and ineffective. Between 1990 and 1992 the Congress held four hearings on the dangers of weight loss programs. As a result, the Federal Trade Commission (FTC) launched a series of investigations into advertising practices in the industry, and the National Institutes of Health (NIH) convened a technology assessment conference in 1992 to evaluate weight loss programs. I address the 1992 NIH conference in chapter five. Widespread coverage of these government actions spread the message that diet companies were disreputable, and that diets were ineffective. These investigations drew attention to the lack of efficacy of weight loss interventions, and how companies misrepresented their success rates.

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[5] Echols, *Daring to Be Bad*, 293-295; Van Gosse, "Postmodern America: A New Democratic Order in the Second Gilded Age," in *The World the Sixties Made: Politics and Culture in Recent America*, ed. Van Gosse and Richard R. Moser (Philadelphia, PA: Temple University Press, 2003), 1-36; Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Penguin Books, 2006).

NAAFA benefited from anti-diet sentiment greatly. After 1992, the organization built on popular distrust of diets and became more of an activist organization. NAAFA spelled out its agenda more clearly by formulating a series of policies with the help of its scientific advisory board. Although fat feminists in the 1970s and 1980s relied extensively on personal experience in their activism, NAAFA did not fully embrace this aspect of feminism. The organization relied on personal stories when making claims about discrimination, but it continued to rely on and recruit experts for claims related to health. In the 1990s, even many formerly radical groups turned to experts to advance social causes. NAAFA's enlistment of professionals can be understood in the broader context of social movements becoming less radical and more institutionalized in the 1990s.[6]

After 1992, the organization became increasingly visible in the media, and the executive director, Sally Smith, was recognized in the press as representing a special interest group, fat people. The *New York Times* ran a series of articles on the movement, and fatness in America, and continued to represent the fat acceptance movement in its pages afterward. Such coverage did not necessarily dissuade women from dieting. However, the American public, and women especially, were presented with a potentially viable alternative to weight loss and a different way of understanding fat bodies.

## "Movers and Shakers"

## Feminists and NAAFA

[6] Epstein, *Impure Science*; Gosse, "Postmodern America: A New Democratic Order in the Second Gilded Age," 1-36.

Starting in the late 1980s, NAAFA incorporated more feminists into its leadership structure, and became more of an expertise-oriented group. The organization did not become more feminist in its aims or activism strategies, but it better represented its mostly female membership. As in the 1970s and 1980s, the group continued to rely on experts, and made them central to its political work. They were still not an activist group, but they made changes that left them poised for greater activism in the mid to late 1990s.

The power of feminists grew within the ranks of NAAFA, until the organization was eventually forced to recognize and institutionalize fat feminists in the leadership. Feminists brought with them to the leadership an ethos of activism and political engagement. NAAFA's Feminist Special Interest Group (later re-named the Fat Feminist Caucus, FFC) formed in 1983, and began publishing a newsletter, *New Attitude*, in 1986. In 1987 a major battle erupted in NAAFA over the organization's annual Distinguished Achievement Awards. The lesbian feminist quarterly, *Matrix*, published an issue on fat liberation. Members of the FFC wanted to confer a Distinguished Achievement Award upon the magazine, but met with resistance from NAAFA's board. As William Fabrey recalled,

> Matrix did some really great, fantastic article on size [but]… there was a huge, huge battle at the board level [over giving the award]…The whole gay connection was very divisive at the time [and] there were women who were active in NAAFA, even at the board level, who didn't want to be associated with feminism.[7]

At that point in time, NAAFA was mostly a heterosexual, socially conservative organization, and members of the board found both feminism and lesbianism too

[7] William Fabrey, Interview.

threatening to recognize. However, a letter-writing campaign by mostly lesbian and feminist members of NAAFA convinced the organization to confer an Achievement Award, although not a "Distinguished" one, on the magazine. According to FFC member Karen Stimson, this event marked a major turning point for feminists in NAAFA, as the leadership was finally forced to recognize the strength of feminists within the organization.[8]

As Fabrey recalled, the feminists in the fat acceptance movement were really the "movers and shakers in the movement." He claimed there were ten times as many feminists as there were non-feminists truly dedicated to activism in the fat acceptance movement. Fabrey himself identified as feminist, but felt that NAAFA was not representing their interests before the 1990s.[9]

In late 1988, NAAFA made another change that fostered greater activist involvement; they hired Sally Smith as executive director and moved their offices to Sacramento, where she lived. These efforts were aimed at increasing membership on the West Coast, and increasing membership numbers overall.[10] Smith ran the office, produced the *NAAFA Newsletter*, and coordinated the group's programs. Perhaps most important, Smith represented NAAFA as a spokesperson at many venues, including press conferences, NAAFA conventions, international conferences, and even Larry King Live.[11]

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[8] Stimson, "Fat Feminist Herstory."
[9] Fabrey, interview.
[10] Conrad Blickenstorfer, "Reflections," *NAAFA Newsletter*, September / October, 1992; Sally Smith and Conrad Blickenstorfer, "Board Approves Organizational Restructuring Plan," *NAAFA Newsletter*, December 1993 / January 1994, 1994, 3.
[11] "At Deadline," *NAAFA Newsletter*, October / November, 1993; "At Deadline," *NAAFA Newsletter*, June / July, 1994; ibid.; "At Deadline," *NAAFA Newsletter*, December 1994 /

Little information on Smith is available, but according to NAAFA member Lynn McAfee, she was a "strong feminist," who refused to tolerate sexism from fat admirers in NAAFA. Smith was dedicated to turning NAAFA into an activist organization, and she crafted a five-year plan to transform the group.[12]

McAfee recalled Smith's appointment as significant,

> [NAAFA] really was all about women meeting men for a long, long time. It wasn't okay. Until Sally Smith took over as executive director. She insisted on changing things. She had backing from that point on. She was on the board, I was on the board. Until then it really was just about getting laid and buying clothes. That's fine but that can't be all there is.[13]

According to McAfee, Sally Smith was a powerful force in NAAFA. Smith disrupted the organization's emphasis on heterosexuality and sociability, and laid the foundation for a new era of activist engagement.

Other feminists gradually came to positions of power within NAAFA. By 1992, chairman Conrad Blickenstorfer wrote that he was uncomfortable giving the "state of NAAFA address" as a thin man, and he opted to have president Frances White give the address from that year onward.[14] In 1993, he ceded his position as chair of the board to Louise Wolfe. While the title of president was mostly honorary, the chair of the board was responsible for running board meetings and serving as the organization's

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January 1995, 1995; Daniel Davis, "What Does the NAAFA Office Do, Anyway?," *NAAFA Newsletter*, July / August, 1996; "ED Says FDA Sold Out," *NAAFA Newsletter*, September / October, 1997; "FDA Announces Withdrawal of Fenfluramine and Dexfenfluramine," *NAAFA Newsletter*, September / October, 1997, 1, 8, 9; "Spreading the Word," *NAAFA Newsletter*, March / April / May, 1998.

[12] Unfortunately, I have no details of Smith's five-year plan. I was unable to obtain Smith's contact information. Lynn McAfee, interview.

[13] McAfee, interview.

[14] Blickenstorfer, "Reflections," 1.

figurehead.[15] Prior to Wolfe's leadership, William Fabrey, and then Conrad Blickenstorfer headed the group, both thin, white men. Wolfe was explicit about the changing face of NAAFA leadership. In her "State of NAAFA Address," Wolfe noted that she was the first fat person and the first woman to lead the organization. She hailed the change as an important transition, making the leadership of the NAAFA more representative of its membership.[16]

In addition to implementing structural changes, NAAFA changed its name to make its activism more explicit and urged its membership to become more political. In 1989, the organization became the National Association to Advance Fat Acceptance rather than the National Association to Aid Fat Americans, retaining the acronym, NAAFA. Members felt that the old name encouraged fat people to demand aid from the organization, rather than encouraging a sense of activism. Furthermore, some felt that the name excluded thin people, implying that the group was only for the fat. The group also debated dropping the word "fat" from its title, but several members argued that it was important to have an organization politicizing the term "fat," trying to make it an acceptable, neutral descriptor. The organization kept the word in its title.[17]

As part of its bid to become a more powerful activist organization, NAAFA continued to enlist experts on its advisory board, and positioned itself as an authority on weight-related issues. Although the advisory board undertook virtually no organized activities, and entailed few duties for those involved, it functioned as a means of

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[15] There were 11 board members, including the chair. This number varied slightly over time. "NAAFA Inc.," *NAAFA Newsletter*, January / February, 1992, 8.
[16] Louise Wolfe, "1993 State of NAAFA Address," *NAAFA Newsletter*, October / November, 1993, 5, 6.
[17] "Organization Founded June 13, 1969," 2; Fabrey, interview.

bolstering the organization's image. Officially, "NAAFA's Advisory Board [was] a group of physicians, psychiatrists, psychologists, and sociologists who [endorsed NAAFA's] purposes and [were] willing to give their time to aid the membership. Guidance and advice, within their particular fields of specialization, [were] readily available."[18] Although participation varied, the experts who joined the advisory board officially endorsed NAAFA, and gave their support to the organization.

By 1992, NAAFA had amassed a substantial scientific advisory board, composed primarily of mental health professionals. Four of the nine members, including David Garner, Paul Haskew, O. Wayne Wooley, and Susan C. Wooley, discussed in chapter two, were psychologists. Additionally, psychologist Barbara Altman Bruno, who was part of the board of directors instead of the advisory board, also helped edit the organization's health pamphlets.[19] Angela Barron McBride was a psychiatric nurse, and Harry K. Panjwani was a psychiatrist. As discussed in chapter five, mental health professionals were particularly drawn to the fat acceptance movement. Two other advisory board members, William Bennett and Abraham Friedman, were physicians. Paul Ernsberger, discussed in chapter two, was a neuroscientist with expertise in nutrition.[20]

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[18] "Wooleys Become NAAFA Advisors," 1.

[19] The board of directors made policy decisions for NAAFA and met regularly, whereas the scientific advisory board was not involved in the day-to-day operations of the organization and the members met infrequently. Until 2000 members of NAAFA could only be one of the two boards. Even though Bruno performed many of the functions of a scientific advisory board member, she maintained a more active role as a member of the board of the directors. Frances M. White, "Lynn Meletiche Appointed to NAAFA Advisory Board," *NAAFA Newsletter*, December, 2000.

[20] "NAAFA Inc.," 8; Department of Nutrition, "Paul Ernsberger, PhD," Case Western Reserve University School of Medicine http://www.case.edu/med/nutrition/fac/primary/ernsberger.html (accessed October 24 2011); David Bennett, interview by author, by telephone, February 28, 2014.

In the 1990s, NAAFA approached people to be on the advisory board with the explicit aim of recruiting credentialed experts to boost the organization's authority. Barbara Altman Bruno, a psychologist who served on the board of directors from 1991 to 1997 explained,

> The first NAAFA convention I went to, I think was '89. And it may have been there that [Sally Smith] was, you know, she was first placing her dream about wanting, you know, someone with degrees to validate it…They wanted somebody with a degree, you know, who could validate some of what they were saying. So I stepped forward and I said, "here I am."[21]

In Bruno's experiences, NAAFA placed a high value on credentials, and made an explicit goal to attract experts. Smith took an active role in recruiting experts. Not only did she recruit Bruno, she also may have enlisted psychologist David Garner. Her work as executive director was part of an ongoing strategy to gain support for NAAFA from credentialed professionals. The board of NAAFA did not, apparently, have a particular type of expertise in mind, just so long as it involved "degrees" and the authority that came with them.[22]

For NAAFA, maintaining an advisory board served the important rhetorical purpose of building credentials. While many members chose to be very active in the fat acceptance movement, membership on the advisory board, like many advisory boards, entailed few official duties and was perhaps more of an honorary distinction. Garner recalled, "there weren't regular meetings of the advisory board…I don't think there were actually meetings, at least I didn't attend them." Although Garner chose to be active in

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[21] Barbara Altman Bruno, interview by author, Pleasantville, NY, June 22, 2012.
[22] Garner, interview.

NAAFA, by consulting with the board of directors, interpreting scientific articles, and attending NAAFA meetings, these were not official duties. As discussed in chapter two, William Bennett did not participate in any advisory board activities or attend any meetings.[23] Ernsberger and Wooley, in contrast, were quite active at NAAFA events. The advisory board was a loosely organized entity, and its members participated to varying degrees. Nonetheless, by gathering a list of credentialed, expert members of the organization, NAAFA claimed their views were based on sound, scientific knowledge.

NAAFA started to draw slightly more attention from the media in the early 90s. In 1990, the *Times* featured two articles devoted to NAAFA. For the first article, a reporter visited the Westchester chapter of NAAFA, and the second article was a Q & A session with Cheryl Affinito, of the Connecticut chapter of NAAFA. The reporters created a sympathetic portrayal of NAAFA, and increased the visibility of the organization.[24]

The articles suggested that fatness was beyond the control of some individuals. The first article quoted NAAFA board member Barbara Altman Bruno explaining, "everyone was not meant to be thin." Affinito argued, "Some people are heavy for medical reasons…it's possible that genetics has a lot to do with it…I'm energetic, organized and healthy." Despite her good health habits and high level of energy, she claimed, her weight was beyond her control. The author of the first article reported that one of the NAAFA members drank diet soda because she didn't want to gain more weight. This coverage suggested that members of NAAFA did their best to maintain

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[23] Garner, interview; Bennett, interview.
[24] Lynne Ames, "Acceptance of Fatness Is Sought," *New York Times*, May 6, 1990, 8-9; Andi Rierden, "Where Fat 'Is Not a Dirty Word'," *New York Times*, August 5, 1990.

healthful habits and reduce weight gain, but that fatness was beyond their control. By implication, the authors argued that members of NAAFA did not deserve society's harsh treatment.

The authors suggested that fat people were often victimized and discriminated against. In the first article, a NAAFA member described being hired as a nurse, and then fired once the assistant director of nursing realized she was fat. The second article discussed prejudice in hiring, as well as the public humiliation and heckling faced by fat people in daily life. According to Affinito, fat individuals often faced the most abuse from family members. The two *Times* reporters treated these stories of discrimination and stigmatization with sympathy, and argued that NAAFA fulfilled an important role, by providing relief from social stigma and isolation, and improving fat peoples' self-esteem.

The *Times* authors presented NAAFA at its most moderate. Some members of NAAFA argued that body weight was genetically determined for almost everyone and that fatness did not significantly contribute to ill health.[25] However, these two articles did not highlight those beliefs, instead emphasizing more moderate claims. The articles' message, that some people couldn't lose weight despite good health habits and still deserved respect, may have been more palatable to Americans who believed in a strong association between thinness and health.

These two articles increased NAAFA's visibility, and portrayed the organization and its members sympathetically. The authors gave detailed information on NAAFA's structure and its activities, and treated the group as an important resource for people who

[25] Ernsberger and Haskew, "Rethinking Obesity," 1-81; Louderback, *Fat Power*.

couldn't lose weight. Although downplaying some of the more contentious aspects of NAAFA, the press coverage drew attention to the group.

By the early 1990s, NAAFA had undergone several changes that eventually facilitated greater activism. Its leadership structure included feminists for the first time, and its scientific advisory board gave the organization added legitimacy. NAAFA did not receive extensive press coverage, but a few key articles in the *New York Times* portrayed the organization sympathetically, as a moderate group dedicated to improving the lives of fat people.

## "Dashed Hopes (And Oprah)"

## Women, Feminism and Fat Acceptance

In 1988, Oprah Winfrey dramatically wheeled 67 pounds of animal fat onstage during her television talk show. That's how much weight Oprah had lost after completing Optifast, a four-month liquid protein fast. However, just two years later, Oprah appeared again in an episode of her show entitled, "The Pain of Regain," to admit that she had regained all the weight, plus more. The media icon swore off dieting, and vowed to accept her larger size.[26]

By the early 1990s, women were increasingly told that diets didn't work and that they should strive for self-acceptance instead. Women's health institutions continued to circulate texts from the fat acceptance movement, reaching a large, mostly female audience. At the same time, members of what became as the "anti-diet movement"

[26] Kitty Kelley, *Oprah: A Biography* (New York: Crown Publishers, 2010), 231-232.

encouraged women to stop dieting and learn to be happy with themselves. Powerful female roles model such as Oprah Winfrey argued that diets didn't work and that one could be happy and successful despite being fat. With the support of the women's health movement, and these strong role models, more women were encouraged to give up dieting.[27]

Starting in the mid-1980s, fat acceptance became a more important topic in the women's health movement, and subsequently reached a far broader audience than ever before. The publication *Network News: Newsletter of the National Women's Health Network* covered fat acceptance and anti-dieting sentiment for the first time, and the first edition of *Women's Health: Readings on Social, Economic, and Political Issues*, addressed the topic in its first edition. The 1992 edition of *Our Bodies, Ourselves* continued to feature writings on fat acceptance published in the 1984 edition. Well-known leaders in the women's health movement, including Judy Norsigian and Nancy Worcester, made similar arguments to those found in the 1984 edition of *OBOS*, but with a few important differences. They supported the claim that "fat can be fit," emphasized that the fat acceptance movement was growing, and treated the subject with more urgency.[28]

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[27] Data on dieting prevalence rates is difficult to interpret because how the question is framed has a strong impact on responses. According to a marketing company that tracks eating patterns, dieting peaked in the early 1990s and declined thereafter. Simone A. French and Robert W. Jeffery, "Consequences of Dieting to Lose Weight: Effects on Physical and Mental Health," *Health Psychology* 13, no. 3 (1994): 195-212; NPD Group, "Tne NPD Group Reports Dieting is at an All Time Low - Dieting Season Has Begun, but it's Not What it Used to Be!," https://www.npd.com/wps/portal/npd/us/news/press-releases/the-npd-group-reports-dieting-is-at-an-all-time-low-dieting-season-has-begun-but-its-not-what-it-used-to-be/ (accessed April 19 2014).

[28] Lyons and Burgard, *Great Shape: The First Exercise Guide for Large Women*; Sternhell, "We'll Always Be Fat But Fat Can Be Fit"; The Boston Women's Health Book

Passages dealing with fat acceptance in the 1992 edition of *OBOS* appeared mostly unchanged from the 1984 edition, but the wording was subtly altered to add a greater sense of urgency and commitment to the cause. Both editions included the section, "Taking Care of Ourselves" with chapters on body image, food, and women in motion. In the 1992 edition, the authors emphasized that the movement was growing, claiming, "Recently there has been an increase in support groups and positive resources for fat women." They encouraged readers to "form or join a group or organization that promotes self-acceptance and self-love for all our sizes and in all our diversity." Unlike the 1984 edition, the 1992 edition encouraged women to become active in the fat acceptance cause, and emphasized the movement's growing role in the lives of women.[29]

The authors also took a firmer stance against dieting. In the 1984 edition the authors wrote, "Even when we know about the effects of dieting, many of us will continue to diet. These guidelines may help you to avoid the worst problems." In the 1992 edition, they authors recommended, "against low-calorie dieting for weight loss. We include the following suggestions, however, because we are aware that many women will continue to diet even after learning about dieting's long-term ineffectiveness and its possible adverse consequences." In the 1992 version, the authors strengthened their statement against dieting by calling for an end to the practice, emphasizing dieting's health consequences and high failure rate. In the 1984 passage the authors wrote implied that even the authors of *OBOS* might give in to the temptation to diet. In the 1992 edition,

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Collective, *OBOS (1992)*; Worcester and Whatley, eds., *Women's Health: Readings on Social, Economic, and Political Issues*.

[29] The Boston Women's Health Book Collective, *OBOS (1992)*, 26, 27.

they referred to the "many women" who might continue to diet, but did not imply they might attempt weight loss.[30]

Other than emphasizing opportunities available through the fat acceptance movement, and rejecting diets more firmly, the writings on fat acceptance in *OBOS* remained virtually unchanged. This was not simply an oversight. Other sections of the book were dramatically overhauled between the 1984 and 1992 editions, so the retention of this material showcased the authors' ongoing to commitment to the fat acceptance cause. By 1995, over 3 million copies of *OBOS*, had been sold, greatly expanding the reach of the fat acceptance message.[31]

In the late 1980s and early 1990s, the biggest change in fat acceptance ideology was the advent of the "fat can be fit" concept. Although not represented within the pages of *OBOS*, the idea spread widely throughout women's health movement publications. In 1985, Carol Sternhell published the first article on fat acceptance in *Ms.* magazine. This article served as a turning point, generating greater coverage of fat acceptance and the "fit can be fat" concept in such publications as *Network News: Newsletter of the National Women's Health Network*, and *Women's Health: Readings on Social, Economic, and Political Issues*, which actually reprinted the article.[32]

Sternhell's 1985 article built on writings from the fat acceptance movement, but added renewed emphasis to the argument that fat women could attain health through

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[30] The Boston Women's Health Book Collective, *OBOS (1984)*, 22; The Boston Women's Health Book Collective, *OBOS (1992)*, 43.
[31] "Esther Rome, 1945-1995," *Network News: Newsletter of the National Women's Health Network* July/August, 1995, 8.
[32] Sternhell, "We'll Always Be Fat But Fat Can Be Fit"; The Boston Women's Health Book Collective, *OBOS (1992)*; Worcester and Whatley, eds., *Women's Health: Readings on Social, Economic, and Political Issues*.

physical fitness. In the article, she described her personal journey to fat acceptance. After going to fat camp as a teenager, and trying multiple diets as a young adult in graduate school, she consistently regained any weight she lost and felt alienated by the self-hating culture of dieting.

As Sternhell explained, "My fairy godmother showed up after all, but she didn't change my body: she changed my mind." She didn't specify the identity of her fairy godmother, but she described buying a NAAFA button as a key transformational moment. The influence of the fat acceptance movement in shaping her beliefs about fat was evident throughout the article. Sternhell relied heavily on NAAFA experts Wooley and Ernsberger to argue that fat was not necessarily detrimental to health. She also included NAAFA, *Shadow on a Tightrope*, and *The Dieter's Dilemma*, on the resource list, further strengthening her article's connection with the fat acceptance movement. Although she included Susie Orbach's *Fat Is a Feminist Issue* on her list of resources, Sternhell added a critique initially formulated by Aldebaran – that Orbach's book emphasized weight loss, and conflated fatness with compulsive eating. Sternhell's work was influenced by the fat acceptance movement, and her work, in turn, increased the circulation of texts and ideas from the fat acceptance movement.[33]

With a renewed emphasis on physical activity for fat women, Sternhell also made her own lasting contribution to fat acceptance ideology. In the 1984 edition of *OBOS*, the authors argued that fat women could seek health through better nutrition and exercise, but they did not offer an extended discussion of how physical activity could improve the health of fat women. The section on exercise and fat women had more to do with

[33] Sternhell, "We'll Always Be Fat But Fat Can Be Fit."

overcoming barriers to physical activity, such as shame, than the health benefits of exercise per se. In contrast, Sternhell wrote at length about the fat-friendly exercise studio, "The Greater Woman," quoting the owner on the importance of building lean body mass, and raising the metabolic rate. The chance to exercise in an environment free of stigma and shame was framed as an opportunity rather than an obligation. As compared to the authors of *OBOS*, Sternhell created a much more detailed account of what "fat and fit" looked like, and how it could be achieved.

Sternhell drew on her own experiences to argue that dieting was futile and fat could be fit. She recalled attending Camp Stanley, a weight loss camp for overweight girls. After subsisting on "three scoops of a cottage cheese a day and all the diet soda [she] could drink, Sternhell lost weight but then promptly regained it. In her experience, every time she lost weight, she regained more. Diet programs such as Overeaters Anonymous encouraged women to feel badly about themselves, like "a piece of shit," without the program's guidance. After all of her negative experiences with dieting Sternhell declared, "I can be fat and unhealthy or I can be fat and healthy. I can find a new miracle diet, or I can eat sensible food…avoid cigarettes, and get plenty of exercise. I'll still be fat, but fat can be fit." By making the article personal, she drew the reader in and built sympathy for the "fat can be fit" cause. Her article was convincing not just because she enlisted expert knowledge, but also because she herself had struggled to control her weight, and had come to the conclusion that she could feel healthy without weight loss. As the first author to popularize the "fat can be fit" ideology, Sternhell contributed greatly to the fat acceptance cause, and underlined the importance of bodily knowledge.

The development of the "fat can be fit" concept fostered cross-pollination between the women's health activists and fat activists. In 1988, NAAFA members Pat Lyons and Debby Burgard published, *Great Shape: The First Exercise Guide for Large Women*. Four years earlier, Lyons had completed her master's thesis in sports psychology and women's health, guided by the premise that it was possible to be both fat and fit. In 1985, she came across Sternhell's article and immediately contacted the author. Sternhell wasn't interested in pursuing a longer project, but she put Lyons in touch with a literary agent who had requested that she write a book on the "fat can be fit" concept. Lyons contacted the agent, who successfully proposed the project to the publisher Arbor House. Sternhell's work played a central role in bringing *Great Shape* to press.[34]

The book made exercise and physical activity more central to the fat acceptance movement. In the book, Lyons and Burgard argued that fat people needed to rethink physical activity. By treating exercise more like recess, an enjoyable and healthful break, as opposed to a chore, necessary for weight loss, they claimed that fat women could become healthier and happier. Lyons wrote chapters on sports activities for large women and Burgard, a clinical psychologist, wrote about fat women and dance. They argued that a wide variety sports could be adapted for larger bodies, and they explored the psychology of sports and motivation. At the end of the book, the authors included such resources as a bibliography, lists of exercise classes for large women by state, clothing retailers for large exercise-wear, and information on how instructors could start classes

[34] Lyons, "Fitness, Feminism and the Health of Fat Women," 65-77; Lyons and Burgard, *Great Shape: The First Exercise Guide for Large Women*, ix.

for fat women. The book became a classic in the fat acceptance movement.[35] Although exercise physiologist Steven Blair is often credited with popularizing the idea that fitness is more important than fatness in the 1990s, feminists supported the "fat can be fit" ideology several years before he began his work.[36]

The "fat can be fit" ideology, as articulated by Sternhell, Lyons and Burgard, may have appealed to many women. The fat acceptance movement had long advocated that fat people could maintain good health through appropriate medical care, healthful eating, and physical activity, but the movement had not emphasized exercise. The act of accepting one's fatness was not meant as an end to good health habits, but to some, the framing of "acceptance" may have implied that one had no control over one's body. As scholar Kathleen LeBesco has argued, the seeming uncontrollability of fat bodies made them frightening and repugnant.[37] The "fat can be fit" ideology offered women an empowering means to take health into their own hands. It also offered women the opportunity to choose an activity they enjoyed and to define health in terms of their own bodily experiences. Lyons described running the Bay to Breakers race in San Francisco as an uplifting event. She loved running, and even though she ran extremely slowly by the standards of the other contestants, she felt empowered and radiant with health.[38]

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[35] Cooper, *Fat and Proud*; Esther Rothblum and Sondra Solovay, eds., *The Fat Studies Reader* (New York: New York University Press, 2009).
[36] Steven N. Blair, *Living With Exercise* (Dallas, TX: American Health Publishing Company, 1991); Steven N. Blair et al., "Changes in Physical Fitness and All-Cause Mortality," *Journal of the American Medical Association* 273, no. 14 (1995): 1093-1098; Steven N. Blair et al., "Physical Fitness and All-Cause Mortality: A Prospective Study of Healthy Men and Women," *Journal of the American Medical Association* 262, no. 17 (1989): 2395-2401.
[37] LeBesco, *Bodies Out of Bounds*.
[38] Lyons and Burgard, *Great Shape: The First Exercise Guide for Large Women*.

Members of the women's health movement, known for embracing bodily knowledge, may have found this formulation appealing.

Sternhell's article shaped how prominent authors and publications within the women's health movement interpreted fatness. Judy Norsigian, one of the founding members of the Boston Women's Health Book Collective and a board member of the National Women's Health Network (NWHN), was one such author. Norsigian wrote the section on nutrition in the 1973 and 1976 editions of *OBOS*, including a chart detailing how many calories various activities burned. She claimed, "obesity, a serious health hazard for so many of us, is primarily a matter of eating too many high-calorie foods and/or getting too little exercise." She argued that fatness was simply a matter of consuming too many calories and/or exercising too little, and implied, through the calorie chart, that women could manage their body weight through counting calories.

By 1986, Norsigian's views had changed. In her 1986 article, Norsigian no longer blamed obesity on a caloric imbalance, but instead argued that fat women ate the same amount as thin women, and were larger due to a hereditary "setpoint" for body weight. To support her claims, Norsigian cited Paul Ernsberger and other fat activists. Finally, she directed readers to Sternhell's article "fat can be fit," claiming that physically active fat women could be healthy.[39] This article represented both a significant departure from previous coverage by the NWHN and from Norsigian's earlier work. Prior to 1986, the newsletter had published a few articles on the dangers of diet pills containing phenylpropanolamine (PPA), but the editors had not condemned the practice of dieting,

[39] Judy Norsigian, "Dieting is Dangerous to Your Health," *Network News: Newsletter of the National Women's Health Network*, May/June, 1986, 4, 6.

nor had they spoken out against "fat phobic" attitudes. Sternhell's work, and fat activist writings, had a significant impact on Norsigian and the publication.

The NWHN remained an important ally for the fat acceptance movement, and the "fat can be fit" ideology. In 1992, another member of the Boston Women's Health Book Collective, Demetria Iazzetto, published an article on women and body image in the *Network News*:

> Although the 1970s language of fat liberation has been replaced by the politically milder talk of 'size discrimination' and 'size acceptance,' the goals remain the same: to empower women to accept themselves at their present sizes and to shatter the man-made media image of the body ideal…More and more fat support groups, exercise ("fat can be fit"), dance, and massage classes show up in every major city for large women.[40]

Iazzetto supported the acceptance of larger women as a form of empowerment, and argued that the movement – whatever its name – was growing and thriving. Like Norsigian, she drew on fat activist writings and directed readers to resources in the fat acceptance movement. In the same issue, Pat Lyons wrote an article based on her book, *Great Shape*, in which she made many of the same arguments. The *Network News* continued to publish articles on the fat acceptance movement into the 1990s, including an article on weight loss drugs written by Lynn McAfee in 1997, and another article by Pat Lyons in 1998.

The National Women's Health Network provided a powerful platform for fat activists. As historian Sandra Morgen has argued, the NWHN gave the women's health movement a unified voice. By including fat activist literature and opinions in their

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[40] Demetria Iazzetto, "What's Happening With Women and Body Image?," *Network News: Newsletter of the National Women's Health Network*, May/June, 1992, 1, 6-8.

newsletter, they circulated those ideas widely.[41] As of 1984, the NWHN claimed to represent 500,000 individuals across the country, and had attracted 400 organizational members. As an organization with a substantial following, and an important presence within the women's health movement, the NWHN reached a far broader audience fat acceptance literature. Indeed, by the 1990s, the women's health movement reached the peak of its influence. Women's health advocates during the early 1990s fought for legislative change and to have women included in medical research. These powerful allies helped spread elements of fat acceptance.[42]

Nancy Worcester and Mariamne Whatley, also members of the NWHN, further supported the fat acceptance movement and the idea that "fat can be fit." In 1988, Worcester and Whatley edited the first edition of *Women's Health: Readings on Social, Economic, and Political Issues*. As editors, they chose to include four articles related to fat acceptance in the chapter "Food and Body Image." Worcester wrote "Fatophobia," and "Mental Health Issues Related to Dieting." The other two articles were reprints of Norsigian's "Dieting is Dangerous to Your Health" and Sternhell's "We'll Always Be Fat But Fat Can Be Fit." In the volume, the authors made arguments similar to those put forth in *Network News*, and the 1984 edition of *OBOS*. They argued that fatness was not as detrimental to health as commonly assumed, that dieting was dangerous and ineffective, and that "fatophobia" wreaked havoc in women's lives. The book also placed great emphasis on the importance of fitness for fat people. The volume included a reprint of

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[41] Morgen, *Into Our Own Hands*, 39.
[42] Judith D. Auerbach and Anne E. Figert, "Women's Health Research: Public Policy and Sociology," *Journal of Health and Social Behavior* 35, no. Extra Issue: Forty Years of Medical Sociology (1995): 115-131; Carol S. Weisman, *Women's Health Care: Activist Traditions and Institutional Change* (Baltimore: The Johns Hopkins University Press, 1998).

Sternhell's article, and both Norsigian and Worcester directed readers to her work. In a later edition of *Women's Health*, Sternhell's article was marked with an asterisk to denote its status as a "classic" article. As an academic text, first used to teach women's studies courses at the University of Wisconsin-Madison, the book reached a slightly different and important audience: academics and students. As the book became a "staple text" in Women and Health courses nationwide, ideas from the fat acceptance movement gained an audience at institutions of higher education.[43]

NAAFA did not play a major role in these developments among women's health advocates, but the organization did foster closer ties with feminists. NAAFA's most important action in reaching out to feminists was the organization's push to win the official endorsement of the National Organization for Women (NOW). In 1988, fat activists in California and members of California NOW crafted a resolution asking the national NOW leadership to go on record against size discrimination and in 1989 FFC members joined a NOW rally in Washington DC supporting the Equal Rights Amendment and abortion rights. In 1990, the national NOW leadership passed an anti-size discrimination resolution.[44] These events showcased the growing power of the FFC in the broader feminist community, and their interest in engaging with feminists beyond NAAFA.

In the 1990s, the fat acceptance movement gained powerful allies within the women's health movement. There were, however, limitations to this development.

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[43] University of Wisconsin-Madison Department of Gender and Women's Studies, "About Mariamne H. Whatley," http://www.womenstudies.wisc.edu/giving/whatley.html (accessed September 23 2013); Worcester and Whatley, eds., *Women's Health: Readings on Social, Economic, and Political Issues*.

[44] "Resolutions Passed in San Francisco," *National NOW Times: Official Journal of the National Organization for Women (NOW)*, 1990; Stimson, "Fat Feminist Herstory."

Although NOW and the NWHN supported many fat acceptance claims, the organizations did not undertake significant fat activism projects. NOW, for example, did not publish on the topic in their national newsletter and did not sell fat-related pamphlets or political buttons. The NWHN offered literature on a variety of topics, but not fatness. In 1998 Pat Lyons published an article in the *Network News* on feminists' unwillingness to speak out against fat prejudice. She argued that members of the women's health movement needed to speak out against the medicalization of fatness.[45]

*Ms.* magazine, the most widely distributed feminist publication, only gave limited support to the fat acceptance movement. After publishing Sternhell's article in 1985, the magazine featured another article on fitness for fat women.[46] However, the magazine did not publish another article mentioning fat acceptance until 1994, when fat activist Nomy Lamm was featured as one of the "many faces of feminism." Lamm wrote about the discrimination and prejudice she faced as a fat woman, but the article, and a later article on her work in 1996, did not discuss the health of fat people.[47] As discussed in the introduction, the argument that fatness was compatible with health was a central, and often contentious, component of the fat acceptance movement. While other feminist texts claimed that fat people could be healthy, *Ms.* magazine avoided the topic.

The magazine did not take a stance on fat acceptance claims about body weight and health, but the editors did publish a controversial interview dealing with the topic. Fitness guru and self-proclaimed feminist Susan Powter explained,

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[45] Pat Lyons, "The Great Debate: Where Have All the Feminists Gone?," *Network News: Newsletter of the National Women's Health Network*, September/October, 1998, 1, 4, 5.
[46] Madeline Lee, "Fit At Any Size," *Ms.*, 1986, 76, 78, 82, 118-119.
[47] Nomy Lamm, "Fat Is Your Problem," *Ms.*, 1996, 96; "The Many Faces of Feminism," *Ms.*, 1994, 33-64.

> The other day I was looking through the newest edition of *Our Bodies, Ourselves*, which is a book I just worshiped, and I found something as offensive as I find in *Playboy*. Every woman in there looked like a sack of shit…What I say is: tell the truth to somebody who weighs 350 pounds. Here's the bottom line. You can be fat and love yourself. You can be fat and have a great personality, you can be fat and do whatever, you want, but you cannot be fat and healthy. You cannot![48]

Powter blamed *OBOS* for encouraging women to be fat – according to her, a condition that precluded health and made women disgusting. Strikingly, the author who introduced the story said nothing to counter Powter's inflammatory description of *OBOS* and fat women. *Ms*. magazine failed to stand up for fat women in response to Powter's claims, and did not throw its editorial influence behind the fat acceptance movement.

Nonetheless, the women's health movement provided fat activists with some of its most powerful allies. Widely circulated, influential publications like *Our Bodies, Ourselves* and *Network News* supported fat women and voiced concern over the dangers of dieting and the need to emphasize fitness rather than just body weight. Even though *Ms.* magazine published Powter's inflammatory comments, the interview drew anger from the magazine's readership. Norsigian, for example, responded to the piece on behalf of *OBOS*, defending fat women and reiterating the argument that "fat can be fit."[49]

At the same time fat acceptance texts circulated in feminist circles, another strain of thought related to fatness and bodies came to the fore. Starting in 1988, the *New York*

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[48] Mary McNamara, "(S)he Says: Susan Powter," *Ms.*, July/August, 1996, 70, 72.
[49] Judy Norsigian wrote a letter to *Ms.* on behalf of the Boston Women's Health Book Collective, protesting Powter's portrayal of the book and arguing that women can be fat and fit. Other readers denounced her fat-hating comments as well. "Letters," *Ms.*, 1996, 6.

*Times* identified a group of "anti-dieters," and later identified an "anti-diet movement."[50] The term "anti-diet" was first popularized as the subtitle of Susie Orbach's *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss*, but did not come into widespread use until the late 1980s.[51] The author of the 1988 *Times* article connected such authors as Jane Hirschmann, Carol Munter, Janet Polivy and C. Peter Herman to the "anti-diet approach," and in 1992 a *Times* reporter associated Susan C. Wooley, feminist author Naomi Wolf, and NAAFA with the "anti-diet movement." Yet another *Times* article associated obesity research John Foreyt with the "nondiet" approach to weight.[52] The "anti-diet" or "nondiet" movement was not a true movement in the sense that these parties did not identify themselves as banding together to fight a common cause, and they did not form organizations dedicated to the "anti-diet" cause. Nonetheless, the *Times* identified a common thread in their work: the idea that diets didn't work.

The beliefs of those identified as part of the "anti-diet movement" varied greatly. Authors such as Orbach, Hirschmann, Munter and Wooley argued that diets didn't work because they distorted normal eating patterns, and that diets were a means of restricting and punishing women. They claimed that a return to "intuitive eating," that is, eating based on biologically driven hunger as opposed to psychological need, would restore women to health. Orbach claimed that the process would also make the former dieter slender, whereas Wooley argued that many women would remain fat even if they gave up

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[50] Trish Hall, "When Dieting By Not Dieting is the Best Approach," *New York Times*, May 18, 1988, C1; Molly O'Neill, "A Growing Movement Fights Diets Instead of Fat," *New York Times*, April 12, 1992.
[51] Orbach, *Fat is a Feminist Issue*.
[52] Jane E. Brody, "For Most Trying to Lose Weight, Dieting Only Makes Things Worse," *New York Times*, November 23, 1992.

restrictive eating.[53] Others identified as "anti-diet" advocates, including Foreyt, Polivy, Herman, and NAAFA, argued that diets didn't work based on scientific data, showing high long-term failure rates for weight loss programs.[54] They did not emphasize the gendered nature of dieting, nor was their "anti-diet" critique particularly feminist.

The members of this group, identified as "anti-dieters," also varied in how they imagined the ramifications of giving up dieting. Orbach, Hirschmann and Munter argued that giving up dieting would lead to weight loss or weight stabilization. Foreyt argued that people could give up dieting, but still lose weigh through sensible eating, or that bariatric surgery or pharmacotherapy would eventually provide safe methods of weight loss. Members of NAAFA, in contrast, argued that abandoning diets would not lead fat people to lose weight, and that the answer to fat peoples' problems was self-acceptance rather than thinness. They also tended to dismiss bariatric surgery and pharmacotherapy as dangerous, and equally ineffective.

Despite these significant differences, members of NAAFA viewed the spread of "anti-diet" beliefs as a promising development. Fabrey noted the *New York Times* coverage of anti-diet sentiment, and argued it was an important sign that public opinion about dieting was becoming more negative.[55] For members of the fat acceptance movement, the belief that diets didn't work was the first step in the process of coming to

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[53] Orbach, *Fat is a Feminist Issue*; Wooley, Wooley, and Dyrenforth, "Obesity Treatment Reexamined," 238-250.

[54] These approaches were not mutually exclusive. Wooley identified as a feminist and argued that women were encouraged to deny their need for food and shape their bodies to please men, but she also relied on poor outcomes data from long-term weight loss studies. Patricia Fallon, Melanie A. Katzman, and Susan C. Wooley, *Feminist Perspectives on Eating Disorders* (New York: Guilford Press, 1994); David Garner and Susan C. Wooley, "Confronting the Failure of Behavioral and Dietary Treatments for Obesity," *Clinical Psychology Review* 11, no. 6 (1991): 729-780.

[55] William J. Fabrey, "The Fabrey Files," *Radiance*, 1992, 40.

accept fatness. As anti-diet sentiment grew in the late 1980s and early 1990s, it seemed to members of NAAFA that the fat acceptance movement might also win more adherents.[56]

Although not identified as part of the "anti-diet" movement, television star Oprah Winfrey briefly encouraged anti-diet sentiment. After Oprah's dramatic weight loss in 1988, the liquid diet industry experienced unprecedented growth. Optifast received over 200,000 calls immediately after her television show, and liquid diet sales rose from virtually nothing to over $200 billion per year.[57] However, when "the ever-expanding-and contracting Oprah Winfrey" dramatically regained her lost weight, the liquid diet industry was devastated.[58] In an article entitled, "Blame It On Dashed Hopes (and Oprah)," a reporter for the *Wall Street Journal*, noted that liquid diet companies' profits had tumbled 44%, with no end to their declining profits in sight.[59]

Oprah became a symbol for the failure of diets, and the need for women to accept themselves at higher weights. In 1991, *People* magazine featured Oprah on the front cover giving a thumbs-up sign with the caption "I'll Never Diet Again." In the cover story, the author gave a re-cap of Oprah's dramatic weight loss and gain. She quoted Oprah, "I've been dieting since 1977, and the reason I failed is that diets don't work. I tell people, if you're underweight, go on a diet and you'll gain everything you lost plus more...That's why I say I will never diet again." The author supported Oprah's decision to stop dieting, arguing it "[brought] some truth" because 95% of people who lost weight

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[56] O'Neill, "A Growing Movement Fights Diets Instead of Fat."
[57] "3 Liquid Diet Marketers Told to Alter Ad Claims," *New York Times*, October 17, 1991, D2; Jane Brody, "Liquid Diet Safe But Demanding," *New York Times*, November 24, 1988, A1.
[58] Barbara Presley Noble, "Crash Is Out, Moderation Is In, And Diet Companies Feel the Pinch," *New York Times*, November 24, 1991.
[59] Kathleen Deveny, "Blame It on Dashed Hopes (and Oprah): Disillusioned Dieters Shun Liquid Meals," *Wall Street Journal*, October 13, 1992, B1; Kelley, *Oprah: A Biography*.

on diets subsequently regained the pounds.[60] As one of America's most powerful and visible women, Oprah's denunciation of dieting carried profound significance. In the early 1990s, Oprah averaged approximately 12 million viewers, meaning that her anti-diet message spread far and wide.[61] Oprah became a kind of touchstone in any discussion of the dangers and failures of diets.[62] Although Oprah eventually resumed her attempts at weight loss, for at least a few years she sent a powerful anti-diet message.[63]

## "Unexpected and Unnecessary Health Risks"

## Fat Acceptance and the FTC

Perhaps the most powerful factor in changing popular attitudes toward dieting in the early 1990s, was a highly-publicized series of Congressional hearings on the diet industry and an equally well-publicized spate of FTC inquiries into various weight loss

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[60] Marjorie Rosen, "Big Gain, No Pain," *People*, 1991, 82-92.

[61] Remarkably, race played little role in the discussion generated by Oprah Winfrey's weight changes. The intersection of race and fatness beyond the confines of the fat acceptance movement is beyond the scope of this dissertation, but it remains a fruitful area for further research.

[62] Mark Guarino, "Oprah Winfrey Queen of a Declining Empire - Daytime TV," *The Christian Science Monitor*, November 22, 2009; Molly O'Neill, "Dieters, Craving Balance, Are Battling Fears of Food," *New York Times*, April 1, 1990; Jeanne Saddler, "FTC Targets Thin Claims of Liquid Diets," *Wall Street Journal*, October 17, 1991, B1; Denise Webb, "Obesity is Hazardous; So is a Failed Diet," *New York Times*, November 20, 1991, C4.

[63] Even Oprah lost weight again in 1994 by hiring a personal chef, she framed the process as a healthy lifestyle change and a way to "release weight as an issue from [her] life" rather than a diet. Rosie Daley, *In the Kitchen with Rosie: Oprah's Favorite Recipes* (New York: A.A. Knopf, 1994), xii.

companies. Dieters learned that weight loss programs were ineffective, expensive, falsely advertised and dangerous.

In the 1980s, the diet industry had experienced an economic boom, as Americans became obsessed with health and fitness. In 1966 polls indicated that 14% of women and 6% of men were attempting to lose weight. By 1985, those numbers had risen to 44% of women and 25% of men.[64] Weight loss corporations such as Weight Watchers and Jenny Craig experienced record growth rates of 10% to 12%, and by 1990 the weight loss industry as a whole took in an estimated $33 billion per year. In 1991, 7.9 million people enrolled in commercial weight-loss programs, generating more than $2 billion in revenue, not including those using liquid diets.[65]

In 1990, Congressman Ron Wyden (D-OR) initiated a series of four hearings for the House Committee on Small Business about regulating the diet industry. NAAFA helped to initiate the Congressional hearings, and sent psychologist David Garner as a

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[64] These data sets may not be directly comparable, as there are no longitudinal data sets tracking weight loss attempts during this time period. However, the magnitude of the change indicates that significantly more Americans were dieting in the 1980s than previously. Robert W. Jeffery et al., "Prevalence of Overweight and Weight Loss Behavior in a Metropolitan Adult Population: The Minnesota Heart Survey Experience," *American Journal of Public Health* 74, no. 4 (1984): 349-352; Marilyn G. Stephenson et al., "1985 NHIS Findings: Nutrition Knowledge and Baseline Data for the Weight-Loss Objectives," *Public Health Reports* 102, no. 1 (1987): 61-67.

[65] In the 1980s, Obesity rates in the US rose substantially. However, Americans were not aware of this development until after 1994. This development is discussed in chapter five. "Diet Data," *Wall Street Journal*, May 29, 1985, 33; Philip Elmer-Dewitt and Janice M. Horowitz, "Fat Times," *Time*, January 16, 1995, 58-63; James S. Hirsch, "Heinz, Pleased With Plump Earnings, Expands Weight Watchers Product Line," *Wall Street Journal*, December 4, 1989, B6; Suein Hwang, "Jenny Craig's Debut On the Big Board Gains Fat Return," *Wall Street Journal*, October 30, 1991; Committee to Develop Criteria for Evaluating the Outcomes of Approaches to Prevent and Treat Obesity, *Weighing the Options: Criteria for Evaluating Weight-Management Programs* (Washington, D.C.: National Academy Press, 1995); Lourdes Valeriano, "Diet Programs Hope Broader Services Fatten Profits," *Wall Street Journal*, August 5, 1993.

representative to testify on the dangers of diets. The committee heard testimony from individuals who had suffered as a result of using diet products and programs, clinicians involved in treating obesity and eating disorders, corporate leaders from the diet industry, and government officials from the FTC, FDA, and NIH. Throughout the proceedings, Wyden vigorously challenged witnesses, and asked pointed questions about the safety and efficacy of weight loss programs. Various witnesses characterized the industry as dangerous, deceptive and inefficacious. As a direct result of the hearings, the FTC and FDA made regulating and the weight loss industry a higher priority and the NIH invested greater resources in obesity research.[66] Members of the fat acceptance movement viewed the Congressional hearings as a great victory. For them, proving that diets were ineffective and potentially harmful was the first step toward accepting fatness as an inevitable condition for some people.[67]

One of the most important findings presented in the hearings, was that no diet program or product had been shown efficacious over the long run. Various commercial diet program executives representing Weight Watchers, Jenny Craig, Diet Centers, Physicians Weight Loss Centers of America, and Nutri/System, as well as representatives

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[66] "Deception and Fraud in the Diet Industry, Part II," in *Subcommittee on Regulation, Business Opportunities, and Energy of the Committee on Small Business*, House of Representatives (Washington, DC: U.S. Government Printing Office, 1990); "Deception and Fraud in the Diet Industry, Part IV," in *Subcommittee on Regulation, Business Opportunities, and Energy of the Committee on Small Business*, House of Representatives (Washington, DC: U.S. Government Printing Office, 1992); "Deception and Fraud in the Diety Industry, Part I," in *Hearing Before the Subcommittee on Regulation, Business Opportunities, and Energy of the Committee on Small Business*, House of Representatives (Washington, DC: U.S. Government Printing Office, 1990); "Juvenile Dieting, Unsafe Over-The-Counter Diet Products, and Recent Enforcement Efforts by the Federal Trade Commission," in *Subcommittee on Regulation, Business Opportunities, and Energy of the Committee on Small Business*, House of Representatives (Washington, DC: U.S. Government Printing Office, 1990).

[67] Fabrey, "The Fabrey Files."

from hospital-based programs such as Optifast and Medifast, all claimed their programs were safe, effective, and appropriately advertised.[68] However, clinicians argued that companies provided inadequate data, and that no program had been proven efficacious in the long run. According to Jules Hirsch, physician-in-chief of Rockefeller University Hospital and renowned obesity researcher, weight loss companies provided poor quality and insufficient data to the panel of scientists charged with evaluating the diet industry. He further argued that fewer than 5% of Americans entering the very highest-quality programs could maintain a significant weight loss for a 5-year period.[69] Other clinicians testifying before Congress, including Nancy Wellman, president of the American Dietetic Association, and Arthur Frank, medical director of the George Washington University Obesity Management Program, agreed that patients could lose weight, but that "we have not solved the awful problem of maintenance of weight loss."[70]

In addition to being ineffective in the long run, witnesses testified that weight loss programs actively endangered Americans. A panel of physicians concluded that the potential side effects of dieting included gall bladder disease, cardiac arrhythmias, fatigue, hair loss, dizziness, and unknown long-term effects.[71] Wyden noted that dieters also suffered from edema, neurological problems, arthritic conditions, and depression. The Congressman accused the diet industry of "playing Russian roulette with the health and well-being of people who are extremely obese and extremely vulnerable."[72]

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[68] "Deception and Fraud in the Diet Industry, Part II," 3-68.
[69] "Deception and Fraud in the Diet Industry, Part IV," 32-33.
[70] Ibid., 37; "Deception and Fraud in the Diety Industry, Part I," 53.
[71] "Deception and Fraud in the Diet Industry, Part IV," 7.
[72] "Deception and Fraud in the Diet Industry, Part II," 2, 99.

Witnesses testifying about their personal experiences with diet drugs shared distressing stories of loss. One woman's husband went into cardiac arrest as a result of insufficient protein and vigorous exercise. He ended up in a coma and lost many of his cognitive abilities. Another witness's 12-year-old daughter needed to have her gall bladder removed after aggressively dieting.[73] Indeed, dieting in youngsters was a particular topic of concern at the third congressional hearing. Witnesses addressed the dangers of phenylpropanolamine (PPA) an unregulated, over-the-counter diet aid known to cause dangerously elevated blood pressure. Adolescents, often of normal weight, bought the substance to become even thinner. According to associate professor of pediatrics, William Dietz, such dieting in youngsters was particularly hazardous, delaying growth and compromising immune function.[74]

Witnesses further testified that dieting could encourage and enable disordered eating. Wellman argued that restrictive diets led to a sense of deprivation, causing binge eating and the "yo-yo" syndrome of weight regain.[75] C. Wayne Calloway, associate professor of medicine at George Washington University, argued that "starving [led] to stuffing."[76] David Garner, a psychologist and member of NAAFA's scientific advisory board, pointed out an advertisement for the diet product, "Responsible Bulimia," noting that the diet industry encouraged disordered eating and set up dieters – mostly women – for long-term eating disorders.[77] Parents of anorexics, and the founder of the National Association of Anorexia Nervosa and Associated Disorders (ANAD), testified that eating

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[73] "Deception and Fraud in the Diety Industry, Part I," 28-33.
[74] Ibid., 47; "Juvenile Dieting, Unsafe Over-The-Counter Diet Products, and Recent Enforcement Efforts by the Federal Trade Commission," 28.
[75] "Deception and Fraud in the Diety Industry, Part I," 53.
[76] Ibid., 42.
[77] "Deception and Fraud in the Diet Industry, Part II," 94-96.

disorders in adolescents often began with simple diets that spun out of control. They pointed to the easy availability of diet products and cultural standards of slenderness as precipitating factors.[78] Over the course of the hearings, witnesses and Congressman Wyden indicted diet programs and products as hazardous and ineffective.

Participants argued the weight loss industry was poorly regulated, and engaged in fraudulent advertising practices. In his introduction to the proceedings, Wyden claimed, "a new mix of questionable products, untrained providers, and deceptive advertising is exposing our citizens to unexpected and unnecessary health risks." He argued that the industry did not provide appropriate medical supervision, and that undertrained counselors misrepresented themselves as medical experts.[79] Witnesses argued that weight loss programs promised quick results, even though rapid weight loss was often dangerous, and they deceived clients about the costs of treatment. Finally, weight loss programs provided no information on long-term results or side effects. Wyden concluded that the industry was "rife with advertising hucksterism."[80]

Obesity experts, diet industry executives, and federal agency representatives dominated the proceedings, but NAAFA played a role in the hearings. Executive director Sally Smith acted as a catalyst initiating the proceedings and she later met with members of the small business subcommittee to discuss enforcement efforts. NAAFA also assisted

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[78] "Juvenile Dieting, Unsafe Over-The-Counter Diet Products, and Recent Enforcement Efforts by the Federal Trade Commission," 17-26.
[79] "Deception and Fraud in the Diety Industry, Part I," 1.
[80] "Deception and Fraud in the Diet Industry, Part II," 2, 72-76; "Deception and Fraud in the Diety Industry, Part I," 42-45, 51-52.

Wyden's subcommittee staff in preparation for the meetings.[81] Although little is known about NAAFA's involvement, the organization had at least enough clout to gain an audience with Congressman Wyden.

At the hearings, David Garner spoke as a representative of NAAFA. Like other witnesses, he emphasized the dangers of dieting, the plethora of misleading advertisements, and the cultural pressures dieters – especially women – faced to be thin. Unlike other witnesses, who claimed that weight loss would lead to health benefits, he questioned the health benefits of losing weight. He argued that the scientific literature on the relationship between obesity and mortality was inconclusive, and that the data showed it was healthier to be slightly overweight as opposed to underweight. He further argued that the research did not distinguish between the harmful effects of weight cycling and those of obesity. While other witnesses decried the current state of diet programs but affirmed the value of weight loss, Garner suggested that weight loss should not be pursued as a goal. Members of NAAFA connected the idea that diets didn't work with the argument that fat people should stop pursuing weight loss. Garner presented this claim before Congress, although its unclear whether his testimony had much of an impact.[82]

As a direct result of the congressional hearings, the FTC prosecuted several weight loss companies for fraudulent advertising and the FDA increased its regulation of over-the-counter diet pills.[83] Wyden aggressively pushed representatives of both agencies

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[81] Unfortunately, I have no additional information related to Smith's involvement. I was unable to contact her for an interview. "FTC Charges Big Five Diet Companies," 1, 7; Smith, "Naming Our Fear, Claiming Our Courage," 5, 7; Garner, interview.

[82] "Deception and Fraud in the Diet Industry, Part II," 96-97; "Deception and Fraud in the Diet Industry, Part IV," 8.

[83] Also as a result of the congressional hearings, the NIH held a technology assessment conference on weight loss technologies, to be discussed in chapter five.

to pursue the matter further. He successfully pressed representatives from the FDA to complete a weight loss practices survey and to finalize a monograph on over-the-counter diet pills that allowed for greater regulation of the products.[84] Wyden pushed the FTC just as forcefully. He argued, "…the previous FTC – particularly under Chairman Daniel Oliver – has let the consumer protection program crumble, while the hucksters multiplied." He urged the new chairwoman to pursue the industry more aggressively.[85]

The FTC began an inquiry into the diet industry to investigate fraudulent advertising practices. The commission raised questions about the credentials of the diet centers' staff and the accuracy of the advertised prices. They also asked companies to provide data on how many dieters maintained weight losses. By September of 1990, the agency had reached settlements with six diet companies. In the case of Pacific Medical Clinics Management of San Diego the FTC froze the company's assets and obtained a restraining order due to false advertising. The clinics had lied about how much weight people lost with their program.[86] After the first round of settlements, the FTC launched an investigation of fourteen more diet programs, including Nutri/System, Physicians Weight Loss Centers of America, the Diet Center, Jenny Craig International, Weight Watchers, Optifast, and Medifast. The FTC reached settlements with three more diet companies – Nutri/System, Diet Center, and Physicians Weight Loss Centers – in late September of

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[84] About five years before the Congressional hearings, the FDA proposed a "landmark survey of the weight-loss industry…to find out which diet products and services work and which don't, who chooses what kind of products and why, and how to develop effective preventive and ongoing treatment strategies." However, the project remained in the planning phases as of the first Congressional hearing in 1990. "Deception and Fraud in the Diet Industry, Part II," 77-90; "Deception and Fraud in the Diet Industry, Part IV," 2-3; "Deception and Fraud in the Diety Industry, Part I," 2.

[85] "Deception and Fraud in the Diety Industry, Part I," 3, 19.

[86] Marian Burros, "U.S. Investigating Claims Made by Diet Programs," *New York Times*, September 25, 1990.

1993, without the companies admitting any guilt. Weight Watchers and Jenny Craig did not reach settlements with the FTC.[87]

While some scholars have compared obesity with smoking a comparison between diet companies and cigarette companies may be more apt.[88] Jules Hirsch argued,

> If you asked me what would I most like to have on such a product, it would be something like the Surgeon General's statement on cigarettes, to say these products and products like them are not in and of themselves effective in the long run for the treatment of weight reduction.[89]

Hirsch was referring to the inefficacy of diet products and the need to hold companies accountable for faulty products. Dieting did not cause harm as extensively as smoking. However, in other ways the industries were similar. Congressman Wyden, who initiated the diet industry inquiry, was later the one of the two congressmen to whom confidential cigarette industry documents were leaked. He participated in the subsequent congressional hearings on the cigarette industry, and what corporate CEOs knew about the dangers of tobacco at what point in time.[90]

Diet companies also used strategies similar to those of tobacco companies seeking to lessen the impact of federal investigations. Just as tobacco companies sought increased governmental regulation in order to preempt lawsuits in the 1960s, so diet companies lobbied the FTC for uniform advertising regulations. In

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[87] "Company News; 3 Diet Companies Settle in F.T.C. Inquiry," *New York Times*, October 1, 1993; "FTC Charges Big Five Diet Companies," 1, 7.
[88] Kelly Brownell et al., "Personal Responsibility And Obesity: A Constructive Approach to a Controversial Issue," *Health Affairs* 29, no. 3 (2010): 379-387.
[89] "Deception and Fraud in the Diet Industry, Part IV," 34.
[90] Allan M. Brandt, *Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product that Defined America* (New York: Basic Books, 2007), 369-375; Philip J. Hilts, "Tobacco Company Was Silent on Hazards," *New York Times*, May 7, 1994, 1.

August of 1992, five diet companies – Jenny Craig International, Nutri/System, Physician's Weight Loss Center, and Weight Watchers – joined forces and petitioned the FTC for industry-wide standards and regulations for fair advertising. A representative of Weight Watchers argued that the FTC investigations and rulings would lead to a patchwork of rulings and numerous inconsistencies and inequities. Wyden argued that it was "a classic effort to stall the Federal process…it's a strategy to evade hard-nosed settlements and evade providing a factual basis for their advertising claims." [91]

Finally, diet companies sought to diversify their product offerings in an effort to retain market share. Companies offered long-term treatment plans and re-positioned themselves as "weight management" programs with preventive health services. There was little scientific support for most of these maintenance programs in terms of results or their design. The duplicity and greed of the diet industry does much to explain growing anti-diet sentiment in the early 1990s.[92]

The press published several articles on the Congressional hearings, the FTC's increased regulation of the diet industry, and the dangers of weight loss products. Between 1990 and 1992, the *New York Times* published ten articles mentioning Wyden and the congressional hearings. In the first article, the *Times* quoted widely from the hearings, including a brief description of the dieters and dieters' family members who had suffered as a result of using weight loss products. The articles quoted Wyden on the

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[91] Brandt, *Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product that Defined America*, 251-255; Molly O'Neill, "5 Diet Companies Ask U.S. For Uniform Rules on Ads," *New York Times*, August 25, 1992.
[92] Brandt, *Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product that Defined America*, 449-450; O'Neill, "5 Diet Companies Ask U.S. For Uniform Rules on Ads"; Valeriano, "Diet Programs Hope Broader Services Fatten Profits."

fraudulent nature of the industry. Speaking with a *Times* reporter, he argued, "these programs are built on false promises and false hopes," and he condemned the deceptive use of before and after photos. Several articles reported on specific products, such as Fibre Trim and Cal-Ban, a guar-based gum that led to 50 reports of serious injury. The *Times* especially condemned liquid diets for setting up dieters for binge eating, weight regain, and health problems in the long run. Finally, the *Times* reported on the FTC's enforcement actions against the diet industry, including the fourteen actions the agency pursued in 1990 and the three liquid diet makers the agency confronted in 1991. The coverage sent a strong message to the public about the dangers of weight loss, especially the stories of individuals who undergone major operations as a result of dieting. Furthermore, the *Times* coverage indicated the high failure rate of diets, and the deceptive nature of the industry.[93]

The *Wall Street Journal* also published numerous articles on the congressional hearings and FTC enforcement actions against diet companies, but with more of an emphasis on the business and legal aspects. The paper briefly mentioned the congressional proceedings but, except for an article on the dangers of over-the-counter diet pills for adolescents, went into very little detail on the nature of the inquiry, the inefficacy of diets, the dangers of weight loss, or the false advertising practices rampant

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[93] "3 Liquid Diet Marketers Told to Alter Ad Claims," D2; Marian Burros, "Children are Focus of Diet-Pill Issue," *New York Times*, October 3, 1990; Burros, "U.S. Investigating Claims Made by Diet Programs"; "The F.T.C., F.D.A., And Congress, Too," *New York Times*, November 24, 1991, F5; "Judge Critical Of Diet Product," *New York Times*, October 1, 1991; Barry Meier, "Diet-Pill Death Raises Questions on F.D.A. Role," *New York Times*, August 4, 1990; Molly O'Neill, "Congress Looking Into the Diet Business," *New York Times*, March 28, 1990; O'Neill, "Dieters, Craving Balance, Are Battling Fears of Food"; Molly O'Neill, "In Fighting Shape, 3 Diet Companies Mix It Up Over Advertising Claims," *New York Times*, June 8, 1991; O'Neill, "5 Diet Companies Ask U.S. For Uniform Rules on Ads."

in the diet industry. However, the paper's extensive coverage of the FTC's enforcement efforts vividly portrayed a deeply troubled industry, rife with highly questionable advertising practices. The paper examined lawsuits brought against Physicians Weight Loss Centers, Weight Watchers, Jenny Craig, Nutri/System, and the makers of Fibre Trim, Medifast, Optifast, Ultrafast, and three additional, lesser-known liquid diets. The paper did not editorialize on the dangers of the products or the deceptive advertising claims, but the volume of coverage alone indicated to readers the extent of the industry's woes.

The extent to which readers paid attention to the Congressional hearings and FTC inquiries became evident as sales of diet products plummeted in the early 1990s. In 1991, dieters turned away from rapid weight loss measures, and the number of dieters fell from 65 million in 1986, to 48 million.[94] By 1992, Jenny Craig stock had tumbled 46%, becoming "dirt cheap" as a result of the FTC inquiry.[95] Nutri/System declared bankruptcy in 1993, after creditors seized their assets and temporarily halted operations at 283 weight loss centers.[96] Heico Inc. later purchased the chain but the entire diet industry continued its earnings slump. By 1994, H. J. Heinz Company, reporting a 20% fall in third-quarter profits, mostly the result of a decline in its Weight Watchers business.[97] Of the factors

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[94] Noble, "Crash Is Out, Moderation Is In, And Diet Companies Feel the Pinch."
[95] John Dorfman, "Jenny Craig Might Be on a 'Yo-Yo' Diet," *Wall Street Journal*, May 27, 1992, C1.
[96] "Nutri-System Closes Stores After Banks Seize Accounts," *Wall Street Journal*, April 30, 1993, A5.
[97] "Company Reports; Heinz (H.J.) Co. (N)," *New York Times*, March 10, 1994; "Purchase of Nutr/System Is Completed by Heico Inc.," *Wall Street Journal*, December 29, 1993, B5; Elisabeth Rosenthal, "Commercial Diets Lack Proof of Their Long-Term Success," *New York Times*, November 24, 1992; Valeriano, "Diet Programs Hope Broader Services Fatten Profits"; Lourdes Valeriano, "Nutri/System to Offer 'Wellness'

encouraging anti-diet sentiment discussed in this chapter, the Congressional hearings and FTC inquiries had perhaps the most acute effect in sending the diet industry into a tailspin.[98]

## "Our Name Might Be FED-UP, Instead of NAAFA"

### NAAFA as an Activist Organization

In the wake of the Congressional hearings, the FTC inquiries into the diet industry, and the NIH conference on weight loss technologies, NAAFA became more visible, and engaged in more activist events.[99]

In 1992, the *New York Times* featured a front-page series, "Fat in America," running for three consecutive days in 1992. The series, written by well-known science writers Gina Kolata, Jane Brody, and Elisabeth Rosenthal, covered the fat acceptance movement, the experiences of fat people, and the dangers and failures of diets. The reporters suggested that diets didn't cause significant long-term weight loss, that some people should not attempt weight loss at all, and that fat discrimination was unfair. The

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Plan of J&J as Part of Weight-Loss Program," *Wall Street Journal*, February 28, 1994, A9.

[98] Deveny, "Blame It on Dashed Hopes (and Oprah): Disillusioned Dieters Shun Liquid Meals," B1.

[99] For example, for the years 1980-1989 NewspaperARCHIVE.com retrieved 163 hits for "NAAFA," whereas the database retrieved 353 hits for the years 1990-1999. For the same years, the database returned 145 hits and 235 hits for the term "anti-diet." There may have been more coverage on the anti-diet sentiment, as many different terms were used to describe giving up caloric restriction.

articles also featured members of NAAFA, bringing the fat acceptance movement front and center.[100]

Kolata quoted an obesity researcher who found "that most people actually have little control over their body weight." Going into slightly more detail, Brody argued that recent studies pointed to the existence of a "set point" mechanism – a poorly understood means through which the body maintained a nearly constant weight. According to her, the research suggested that over 90% of dieters regained lost weight within a few years due to this mechanism. According to Rosenthal, weight loss companies were in the process of developing long-term programs to support dieters in maintaining weight losses, but she argued that such programs were expensive and lacked data on efficacy.[101] According to these reporters, the data showed that most people could not control their weight, and that the same mechanism that controlled body weight prevented successful dieting. Rosenthal further suggested that the changes undertaken by diet industry were unlikely to result in significant improvements.

One of the three articles, Brody's, offered the most complete description of how disillusioned dieters might proceed. She examined a "nondieting approach" to weight management, the treatment recommendations of psychologist David Schlundt. He identified three patterns among obese women and developed treatment recommendations for each group. For two of those groups, he recommended weight maintenance, or gave no specific weight goal but emphasized severing the connection between emotions and

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[100] Brody, "For Most Trying to Lose Weight, Dieting Only Makes Things Worse"; Gina Kolata, "The Burdens of Being Overweight: Mistreatment and Misconceptions," *New York Times*, November 22, 1992; Rosenthal, "Commercial Diets Lack Proof of Their Long-Term Success."

[101] Rosenthal, "Commercial Diets Lack Proof of Their Long-Term Success."

eating. Brody didn't officially endorse this method of treatment, but she framed it as a reasonable alternative to dieting. She quoted another specialist in the field, John Foreyt, claiming that lifestyle was more important than dieting and weight. Giving up weight loss as a goal was presented as a reasonable option for some people.

Kolata's article dealt extensively with the difficulty of dealing with weight stigma and discrimination. She told the story of Aleta Walker, who was ridiculed and bullied every day as a teenager due to her weight. Walker endured nearly constant heckling and made few friends. Other overweight women shared stories of having food snatched from their shopping carts at grocery stores, and dealing with prejudice from physicians. According to research, Kolata reported, obese people made less money and were less likely to be admitted to elite colleges. Kolata presented the discrimination and cruel treatment as unjust given that researchers argued weight was beyond the control of most people. She painted a sympathetic portrait of fat people, and noted that a few were learning how to combat blatant insults.

Kolata's article also drew attention to the fat acceptance movement, citing personal experiences from NAAFA members, and relying on members of NAAFA as experts. Kolata drew attention to medical prejudice by sharing the story of Lynn Meletiche, a nurse and member of NAAFA, whose doctor refused to operate on her for cervical cancer unless she lost 100 pounds first.[102] To make the point that diets didn't work, and that members of NAAFA faced high levels of discrimination, Kolata relied on the work of Susan C. Wooley and Esther Rothblum. Finally, she cited Sally Smith as a source in her discussion of the legality of weight-based discrimination in employment. In

[102] Meletiche found another physician who would operate on her.

her article, she relied on the personal experiences of NAAFA members to understand the experience of fatness and weight-based stigma, and she relied on experts affiliated with NAAFA to frame the medical and legal issues surrounding fatness.

The *New York Times* series increased the visibility of the fat acceptance movement, and legitimated the arguments that diets didn't work and some people should not make weight loss a goal. As a result of coverage in the *New York Times*, over a million readers potentially learned of the existence of the fat acceptance movement, and its innermost workings. Moreover, these readers were encouraged to believe that diets didn't work, and that fat people unjustly faced discrimination in their daily lives. The views of fat activists, such as Sally Smith, were presented as a legitimate part of the discussion on fatness and obesity treatments.[103]

Another *New York Times* article published in 1992 argued that the "anti-diet movement" was growing. According to the reporter, women increasingly formed support groups, gave up dieting, and demonstrated against the practice by smashing scales en masse. According to Sally Smith, more and more people were expressing interest in NAAFA, arguing "I'm big and I'm fine." The reporter quoted obesity research Kelly Brownell, "The pendulum is swinging away from dieting so fast that I find myself in the uncomfortable position of actually defending weight-loss programs." Although Brownell was uncomfortable with the change, he could not help but notice the growing popularity of anti-diet, fat acceptance ideologies. Indeed, the article's author noted that several health maintenance organizations (HMOs) had stopped offering weight-loss programs

[103] Richard Perez-Pena, "U.S. Newspaper Circulation Falls By More Than 10%," *New York Times*, October 26, 2009, B3.

and were offering anti-diet programs, featuring instruction on healthy eating, exercise, and weight maintenance, instead.[104]

The author reported on several members of the fat acceptance movement, explaining their core beliefs. Susan Wooley, of NAAFA's scientific advisory board, argued that fatness was associated with disease but didn't necessarily cause illness. Other "anti-diet" proponents argued that dieting didn't work, and could lead to binge eating and eating disorders. Finally, fat acceptance advocates argued that fat people could become healthier through exercise, improved eating and weight maintenance, whereas traditional diet programs were dangerous.[105] This article placed NAAFA in the context of a growing movement, suggesting that fat acceptance was increasingly important way of understanding large bodies.

The *New York Times* held at least a modicum of power to shape public opinion. As media scholars have noted since at least the 1980s, the *New York Times* was the elite U.S. newspaper, reaching millions of Americans, and even defining the international news agenda.[106] For example, Gary Taubes's 2002 *New York Times Magazine* article on the nutritional dangers of carbohydrates helped propel Americans into a low-carb diet frenzy.[107] The *Times* framed fat acceptance as a legitimate way of approaching fatness

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[104] O'Neill, "A Growing Movement Fights Diets Instead of Fat."
[105] Ibid.
[106] Guy Golan, "Inter-media Agenda Setting and Global News Coverage: Assessing the Influence of the New York Times on Three Network Television Evening News Programs," *Journalism Studies* 7, no. 2 (2006): 323-333; Spiro Kiousis, "Explicating Media Salience: A Factor Analysis of New York Times Coverage During the 2000 US Presidential Election," *Journal of Communication* 54, no. 1 (2004): 71-87.
[107] Julia Moskin, "Waiter, Are There Carbs in My Soup?," *New York Times*, November 13, 2002, F1; Susan Orenstein, "Dr. Atkins Is Getting Fat," CNN Money http://money.cnn.com/magazines/business2/business2_archive/2003/04/01/339802/

and weight-based stigma, and gained NAAFA and the fat acceptance movement increased media exposure.

After the events of 1992, NAAFA continued to incorporate more feminists into its leadership structure, and to emphasize its reliance on expertise and the lived experiences of fat people. By 1994, FFC members gained a majority of seats on the NAAFA board of directors.[108] Frances White, the new president of NAAFA contributed to *New Attitude*, writing on feminism, size, relationships, and her attendance at the NOW southwest regional meeting.[109] Lynn Meletiche, vice president of the board, served as the FFC marketing officer. Terry Lawler Early, secretary of NAAFA, contributed to the FFC publication, *New Attitude*, and drew a cartoon claiming, "activism is not a spectator sport!"[110]

In 1994, the *NAAFA Newsletter* ran a special feature on fat feminism, allowing feminists the opportunity to comment on their progress and goals within the organization. In a survey of the membership, 72% of women claimed to a feminist or "somewhat a feminist." The anonymous author of the introduction to the series used the poll as a launching point to argue that feminists had become an important force in NAAFA numerically, but that much work remained to be done so that the organization reflected its feminist membership. Susan Gerard noted that even though most members of NAAFA identified as feminists, NAAFA's literature and publications did not show a feminist

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(accessed March 10 2014); Gary Taubes, "What if It's All Been a Big Fat Lie?," *New York Times*, July 7, 2002, E22.

[108] Stimson, "Fat Feminist Herstory."

[109] Frances White, "Feminism, Size, and Relationships," *New Attitude*, Fall, 1991; Frances White, "Caucus is "Free to Be Fat" at California NOW," *New Attitude*, Summer, 1994.

[110] Terry Lawler Early, "Lobbying Your Legislature," *New Attitude*, Fall, 1994.

influence. She wrote, "I hope this [issue of the newsletter] is the beginning of a dialogue that will clarify our several views on these issues, and that may also move NAAFA to take bolder positions on behalf of our members' beliefs." Karen Stimson, a member of the FFC, struck a more positive note, writing, "Fortunately, feminists in NAAFA now sit in positions of authority, and in the mainstream feminist movement fat women's issues – civil rights, health care, access – are finally beginning to be heard…The door is now open." These feminist NAAFAns argued that by incorporating feminists into the leadership, NAAFA was finally catching up to its membership base, paving the way for greater political activism.[111]

Other organizational changes fostered greater activism. In 1994, NAAFA formed a for-profit subsidiary corporation to handle programming and merchandise, implemented aggressive efforts to obtain corporate and foundational grants, and placed increased emphasis on advocacy and public education. NAAFA wanted to shift away from offering services to members in exchange for dues, and to inspire members to give to the group instead. NAAFA already offered corporate and small business memberships, but in 1992 they pursued corporate members more aggressively with the hope of attracting more business funding.[112]

Structural changes fostering greater activism within NAAFA continued into the late 1990s. In 1997, NAAFA created the position of Activism Chair, and selected Jody Abrams for the job. She wanted to facilitate the energy of NAAFAns and act as "the grand cheerleader." Abrams argued that NAAFA chapters contained "strong oarsmen, but

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[111] "Special Feature: Fat Feminism," *NAAFA Newsletter*, August / September, 1994, 6-8.
[112] "Corporate Membership Introduced," *NAAFA Newsletter*, March, 1992; Smith and Blickenstorfer, "Board Approves Organizational Restructuring Plan," 3.

we are not all rowing the boat in the same direction." To better coordinate the organization, she sent each chapter an activism report form asking for a history of their activism, and about their allies and upcoming activism projects. She collected the information in the hopes of establishing a task force, and writing a regular activism column for the *NAAFA Newsletter*. Abrams hoped that NAAFA chapters across the country would collaborate on activism projects.[113] Although the *Newsletter* did not feature regular activism reports, her work did lead to several chapters receiving activism awards. Abrams efforts fit with NAAFA's broader efforts to strengthen the organization and better showcase their chapters. Later editions of the *Newsletter* featured articles on chapters across the country, fostering a sense of connectedness, and an awareness of fat activism in other regions.

In the 1990s, NAAFA leaders explicitly set out to make the group more of an activist organization. In a *NAAFA Newsletter* article published in 1994, Smith and Blickenstorfer expressed their wish that NAAFA would become more like ACT UP or MADD, in that they wanted NAAFA to foster grassroots activism.[114] Later that year, Blickenstorfer went so far as to suggest that NAAFA's name should be "FED-UP" rather than NAAFA. He argued that NAAFAns were too focused on creating a "nice" environment within the organization, and they continued to be "too nice for an activist organization." He called for intensified activism, and increased aggressiveness, "in a blunt message as to who and what we are."[115]

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[113] Jody Abrams, "Activism Anyone?," *NAAFA Newsletter*, July / August, 1997.
[114] "Corporate Membership Introduced"; Smith and Blickenstorfer, "Board Approves Organizational Restructuring Plan," 3.
[115] Conrad Blickenstorfer, "The Times, They are A'Changin...Again," *NAAFA Newsletter*, October / November, 1994.

Both MADD, Mothers Against Drunk Driving, and ACT UP, the AIDS Coalition to Unleash Power, successfully employed powerful emotional appeals and direct action to effect change. In 1980, Candy Lightner's 13-year-old daughter, Cari, was struck and killed in a hit and run accident involving a drunk driver. Five days later, Lightner and a group of friends formed MADD, to combat drunk driving. MADD became one of the most well-recognized, successful grassroots public health groups in the country, and the organization is widely given credit for changing attitudes about drunk driving in the United States. MADD effectively put a face on drunk driving deaths, and made drunk driving a moral issue by blaming the "killer drunks" for alcohol-related traffic deaths. ACT UP, formed in 1987 in New York City and other chapters rapidly formed throughout the country. The organization enlisted dramatic tactics to achieve their aims – acts of civil disobedience, die-ins, and street theater. The organization was tremendously effective, forcing the FDA to expedite the drug approval process for AIDS medications. Both organizations formed over a decade later than NAAFA, but achieved more significant inroads in crafting social policy and changing public opinion. Blickenstorfer hoped that by changing tactics, NAAFA might enjoy such success.[116]

In the late 1990s, NAAFA became more aggressive, and engaged in more political actions. By 1992, NAAFA hosted a Convention Activism Event each year at its convention. At the 1992 NAAFA convention, NAAFAns hosted a mock tea party. NAAFAns threw "symbols of their fat oppression" into a mock Boston Harbor. Members

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[116] James C. Fell and Robert B. Voas, "Mothers Against Drunk Driving (MADD): The First 25 Years," *Traffic Injury and Prevention* 7, no. 3 (2006): 195-212; Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Chicago: University of Chicago Press, 2009); Frank J. Weed, "The MADD Queen: Charisma and the Founder of Mothers Against Drunk Driving," *The Leadership Quarterly* 4, no. 3 (1993): 329-346.

threw away surgical supplies (meant for bariatric surgery), scales, tape measures, height/weight charts, Barbie dolls, a Miss America banner, Metrecal, diet powder, diet soda, cottage cheese, diet pills, diet magazines and diet books. They also discarded calendars, clocks and diaries to represent the time fat people lost to dieting. They dumped polyester clothing, as a commentary on the ugly fashions fat women were often restricted to wearing. Wolfe proclaimed, "Early feminists burned their bras; it's time for fat militants to bury their girdles!"[117]

For the 1994 convention, about 200 NAAFAns staged a demonstration at the White House, protesting the Clinton Administration. Smith argued that the Clinton administration had been unresponsive to the needs of fat people. Clinton declined to speak at the convention, NAAFA's 25th Anniversary event, and the NIH had refused to include a fat person on their obesity task force. Signs included one with the message, "Health Care for Fat People." NAAFAns also critiqued the Clinton plan for universal coverage. There had been discussion of only covering those leading "healthy lifestyles" and NAAFAns were worried that fat would be perceived as a voluntary lifestyle choice. It would have been a means of disenfranchising fat people from health care reform. The Clinton administration did not respond to the demonstration, but the media covered the event, including CNN and the Associated Press. Smith framed the event as a major victory for NAAFA, "a dramatic leap forward in legitimizing size-related issues."[118] President Louise Wolfe argued that actions such as the Washington D.C. rally

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[117] Louise Wolfe had a feminist sensibility with regards to the event, but it remains unclear whether the other participants linked their destruction of a Miss America banner to the famous 1968 Miss America Pageant protest organized by New York Radical Women. Louise Wolfe, "Boston "Free" Party, The Revolution WIthin; the Revolution Without," *NAAFA Newsletter*, December, 1992, 4-6.

[118] "White House Demonstration," *NAAFA Newsletter*, October / November, 1994, 1-2.

represented the future of the organization, with an increased focus on activism and policy change.[119]

There were no convention activism events in 1995 (Seattle) or 1996 (New Orleans). At the 1997 annual convention in Philadelphia, NAAFAns participated in a Liberty Bell Rally. The rally drew 150 NAAFAns. They carried picket signs and listened to presentations. New York Assemblyman Daniel Feldman spoke about anti-size discrimination legislation he sponsored in New York. The mayor of Philadelphia, Ed Rendell, spoke. He welcomed NAAFAns to the city and described his own growing awareness of size issues related to seating and public accommodations. Marilyn Wann and Lynn McAfee also spoke at the event. The event was covered in the local press. Jody Abrams spoke at the rally. She argued that NAAFAns' presence at the "cradle of freedom" for the country offered an important message of strength and hope. She referenced the Holocaust as "a grim reminder of what happens when one group in society decides that an entire other group in society is worthless." She argued that fat people had been forced into second-class citizenship. She denounced the FDA for pushing dangerous diet drugs on fat people. Finally, she invoked the words of Martin Luther King Jr. and the civil rights movement, "if there is injustice anywhere, there can't be equity everywhere."[120]

For the 1998 Convention, held in Los Angeles, NAAFA staged the "Million Pound March," organized by activism chair Jody Abrams. The rally, held in Palisades Park in Santa Monica, was meant to bring fat people together to confront discrimination,

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[119] Louise Wolfe, "State of NAAFA," *NAAFA Newsletter*, October / November, 1994.
[120] Jody Abrams, "A Message of Strength and Hope," *NAAFA Newsletter*, July / August, 1997; "Liberty Bell Rally," *NAAFA Newsletter*, July / August, 1997.

to heal their spirits, and to remember fat people they had lost. For the march, they gathered support from the press, and celebrities such as Rush Limbaugh and former Boston Bruins player Lyndon Byers.[121] The march drew over 200 supporters and featured celebrities including Camryn Manheim and Carnie Wilson. Supporters arrived by car and in a five-bus caravan from the conference hotel, with buses sponsored by Bodacious Babes, Ltd (a clothing store for fat women?), *Dimensions Magazine*, Rochester Big & Tall, and other businesses and individuals. Marilyn Wann, Michael Loewy, Sondra Solovay, and Ruth Ann Grider also spoke. The march was covered by the "serious" media as opposed to the "shock jocks" usually covering fat acceptance events.[122]

Manheim's participation was a significant victory for NAAFA. Over the course of her career, she not only denounced dieting and promoted self-esteem for fat women; she actively supported the fat acceptance movement. Camryn Manheim, most famous for her role as attorney Ellenor Frutt on ABC's *The Practice*, always felt fat growing up. She repeatedly used amphetamines to lose weight, but promptly gained the pounds back again when she stopped taking the drugs. At New York University's Tisch School of the Arts, one of the premiere acting schools in the country, Manheim felt marginalized and harassed due to her fatness. She started taking speed to lose weight, but stopped after a near overdose. Manheim gained back all the weight, but also came to terms with being a fat woman. She confronted her parents about their rejection of her due to size, and she started dating. In this process, a friend introduced her to the fat acceptance movement.

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[121] Jody Abrams, "Unity in the Making," *NAAFA Newsletter*, March / April / May, 1998, 1, 3; "The Million Pound March," *NAAFA Newsletter*, March / April / May, 1998.
[122] "Get On The Bus!," *NAAFA Newsletter*, August / September, 1998; "Kudos to Camryn," *NAAFA Newsletter*, August / September, 1998; Camryn Manheim, *Wake Up, I'm Fat!* (New York: Broadway Books, 1999), 100; "Million Pound March A Huge Success," *NAAFA Newsletter*, August / September, 1998, 1, 2.

She read *Dimensions*, a fat-positive magazine, and quickly subscribed to other fat acceptance publications. Manheim found that many of the men in the fat acceptance movement were only interested in dating very large women, but she found a community in which she felt welcome, and became a card-carrying member of NAAFA. Shortly after the NAAFA rally, on August 29, 1998, when Manheim won an Emmy for best supporting actress for her role in *The Practice*, she hoisted the award in the air and proclaimed, "This is for all the fat girls!"[123] By dedicating one of the crowning moments of her career to fat women, Manheim showed solidarity with fat people. She presented her achievement as a personal victory, but also a victory over the discrimination she had faced as a fat actor.

NAAFA's activism events were not based on the authority of experts, but on fat people sharing their lived experiences with fatness. Members of NAAFA made themselves seen and heard, and drew attention to their cause based on their stories and their physical presence. Participants at the rallies were not as explicit as feminists about their access to embodied knowledge of fatness, but they nonetheless laid claim to inside knowledge of fat lives.

To more effectively engage policy-makers, health care providers, and the public, NAAFA also enhanced its image as an expert organization through a series of publications. In the 1990s, NAAFA's policies, pamphlets, and newsletter articles took a more confrontational stance toward obesity researchers and physicians, and positioned

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[123] BellaWoman, "Camryn Manheim," http://bellawoman.50megs.com/photo3.html; "Camryn Manheim," *People*, December 28, 1998, 75; IMDb, "Primetime Emmy Awards," http://www.imdb.com/event/ev0000223/1998 (accessed 8 March 2014); Ms. Magazine, "This is What a Feminist Looks Like," http://www.msmagazine.com/mar03/manheim.asp (accessed 8 March 2014); Manheim, *Wake Up, I'm Fat!*, 120-133; "Million Pound March A Huge Success," 1, 2.

NAAFA as a competing source of knowledge on fatness. In 1990, at the behest of board member Louise Wolfe, NAAFA started to develop official policies on a variety of topics, including medical issues. Before Wolfe's request, NAAFA had only one official position statement, condemning weight loss surgery. By 1998, the organization had developed over 20 policy statements, with input from members of their scientific advisory board.[124] The health-related topics included very low calorie diets, weight loss surgery, mental health and self-esteem, dieting, fitness, health care, weight loss drugs, and obesity research.[125] NAAFA also stepped up the production of pamphlets, many of which centered on health-related issues.[126] Finally, Sally Smith authored numerous editorials on fat-related research findings for the *NAAFA Newsletter*, complementing these publications.[127]

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[124] "How Are NAAFA Policies Developed?," *NAAFA Newsletter*, June / July, 1998.
[125] "At Deadline, Policy Making Continues," *NAAFA Newsletter*, January / February, 1992; NAAFA Board of Directors, "NAAFA Policy on Fitness," *NAAFA Newsletter*, August / September, 1993; NAAFA Board of Directors, "NAAFA Policy on Health Care," *NAAFA Newsletter*, August / September, 1993; NAAFA Board of Directors, "Policy on Activism," *NAAFA Newsletter*, August / September, 1994; NAAFA Board of Directors, "Policy on Networking and Alliance Building," *NAAFA Newsletter*, August / September, 1994; NAAFA Board of Directors, "NAAFA Policy: Obesity Research," *NAAFA Newsletter*, June / July, 1998; NAAFA Board of Directors, "NAAFA Policy: Weight Loss Drugs," *NAAFA Newsletter*, June / July, 1998.
[126] These pamphlets included, "Behavior Assessment: Supporting the Physical and Emotional Health of Fat People Through Social Change," "Weight Loss: Fact and Fiction," "Before you Start Your Next Diet…," "Do You Have an Eating Disorder?," "Declaration of the Rights of Fat People in Healthcare," "Guidelines for Health Care Providers in Dealing with Fat Patients," "Guidelines for Therapists Who Treat Fat Clients," "Facts about Hypertension and the Fat Person," and "How to Weigh Your Supersize Patients." "NAAFA Offers Educational Brochures," *NAAFA Newsletter*, April, 1992; "New Brochures Published," *NAAFA Newsletter*, May, 1993; "New Educational Brochures Available," *NAAFA Newsletter*, October / November, 1993.
[127] "Amphetamine Redux? The Scary Spectre of New Diet Drugs," *NAAFA Newsletter*, February / March, 1996; "NIH Claims Yo-Yo Dieting Safe," *NAAFA Newsletter*, December / January, 1994/1995.

In these publications, NAAFA laid out their health agenda. The organization advocated for changes to the health care fat people received and changes in how clinical trials were conducted. The board further demanded legislative changes to protect fat people from dangerous diet products, and a role in educating health care providers.

NAAFA criticized physicians, pharmacotherapy and weight loss surgery. In NAAFA's 1993 *Policy on Health Care*, the organization's board denounced physicians for providing inappropriate accommodations and equipment for fat people; a lack of knowledge about how medications functioned differently in larger bodies; negative attitudes toward fat people; and medical advice centered almost exclusively on weight loss to the detriment of treating other conditions.[128] The NAAFA board argued that weight loss drugs rarely produced long-lasting weight loss or health improvements, and that they often had serious side effects. According to the board, most weight loss drugs had been subjected to little testing, especially for long-term side effects, exposing fat people to unnecessary danger. The board proclaimed, NAAFA "strongly [discourages] people of any size from taking drugs for the purpose of weight loss."[129] NAAFA condemned weight loss surgery as a dangerous, and potentially lethal intervention for fat people. They urged their members not to undergo such procedures.[130]

The NAAFA board recommended many changes in the health care fat people received. They called for "access to unbiased, appropriate health care for all people,

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[128] Directors, "NAAFA Policy on Health Care."
[129] Directors, "NAAFA Policy: Weight Loss Drugs."
[130] Unfortunately, I was unable to obtain a copy of the NAAFA policy on weight loss surgery, written in 1984. However, several articles in the *NAAFA Newsletter* indicate the group's animosity toward the procedures. "Medical Foundation Hits Bypass Operation As Dangerous and Ineffective," 2; Lynn Meletiche, "WLS Victim Needs Help," *NAAFA Newsletter*, January / February, 1992, 2.

regardless of size."[131] To avoid bias, the organization wanted physicians to avoid assuming that fatness was the cause of all of their ailments and to treat them with more respect and kindness. For members of the board, appropriate care involved providing medical equipment and office furniture of the necessary size, and avoiding dangerous weight loss interventions such as intensive diets, pharmacotherapy and weight loss surgery. The NAAFA board further demanded legislation protecting consumers from dangerous weight loss drugs and clearer labeling of diet drugs.[132] NAAFA claimed that fat people could become healthier without weight loss, with an emphasis on good nutrition, exercise, and social support.[133]

NAAFA also became more critical of obesity research. Rather than merely re-publishing scientific articles as the organization did in the 1970s, Sally Smith provided ongoing commentary on research studies and outcomes. She argued that much of the research was biased due to financial conflicts of interest. Smith noted that some of the most powerful obesity researcher in the country received significant sums of money from the weight loss industry, and criticized their claims to scientific objectivity.[134] For example, she argued that research on the "fattest cities" in the U.S. was poorly framed, because it intensified the racism, classism and "sizism." Four pharmaceutical manufacturers and the North American Association for the Study of Obesity (NAASO) funded the study. According to Smith, they stood to benefit financially from treating

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[131] Directors, "NAAFA Policy on Health Care."
[132] Directors, "NAAFA Policy: Weight Loss Drugs."
[133] The NAAFA board did not assume that all fat people were unhealthy, but they argued that due to stigma many fat people did not have the opportunity to exercise. They also claimed that dieting led to poor nutritional habits, and encouraged healthier eating by giving up strenuous caloric reduction. Ibid.
[134] "Fat Contagious?," *NAAFA Newsletter*, March / April, 1997.

citizens of the "fattest cities," creating a financial conflict of interest that cast doubt on the study's findings.[135]

Obesity researchers also paid little attention to the potentially damaging effects of their work, according to Smith. Although the finding of a "fat gene" might reduce the extent to which fat people were blamed for their condition, Smith argued, obesity researchers treated the genetic difference as a "defect" that required correction. She worried that the research would be used in attempts to eliminate fat people from the gene pool, or that fat people would be pressured to take corrective medications that might be harmful or expensive. Instead, Smith framed fatness as the outcome of valuable genetic variation.[136] Far from maintaining a respectful attitude toward researchers Smith accused them of bias, and demanded that they be held accountable for the implications of their research.

The board of NAAFA argued that the organization should be given a role in determining the research agenda for fat people. They called on the NIH to discontinue research into dietary, pharmaceutical, and surgical treatments for fatness. Additionally, NAAFA demanded full disclosure of ties between obesity researchers and drug manufacturers, and better tracking of results from diet drug research trials.[137] They further called on obesity researchers to consult fat people when designing their studies. In failing to do this, they argued, researchers incorporated negative stereotypes about fat people in their work, and failed to acknowledge the social and cultural dynamics of

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[135] "Fat City," *NAAFA Newsletter*, March / April, 1997

[136] Ibid.; "Leptin Touted as "Miracle Cure"," *NAAFA Newsletter*, July / August, 1995, 1; "Researchers Isolate "Fat Gene"," *NAAFA Newsletter*, December 1994 / January 1995, 1995, 1, 10.

[137] Directors, "NAAFA Policy: Obesity Research"; Directors, "NAAFA Policy: Weight Loss Drugs."

fatness. According to the NAAFA board, fat peoples' experiences ran counter to the assumptions of obesity researchers. They found permanent weight loss impossible, diets made them fatter, and they felt healthy as fat people.[138] The board proclaimed that it would denounce harmful or dangerous research, and that it would evaluate researchers' goals and methods before inviting NAAFAns to participate as research subjects.[139] As discussed in chapter five, a few researchers used NAAFA as a sample population, but only after extensive consultation with members of the organization. In this manner, the board of NAAFA positioned themselves as uniquely qualified to assess the value of obesity research. They claimed scientific impartiality, due to their lack of financial motive, but they also alleged access to special knowledge of fat peoples' lives. Although the board did not go so far as to profess special knowledge related to the bodies of fat people, they articulated fat peoples' common needs, and claimed to speak with expert impartiality.

Finally, NAAFA positioned itself as an educational group. The board set the goal of "[educating] health care providers, medical technicians, and nutritionists about the needs of the fat patient in the health care setting….[providing] resources and education materials to health care providers, medical societies, and other professional groups." Some of the information they planned to provide, such as materials on the needs of fat patients and reports of bias in health care settings, stemmed from their experiences as fat people. However, NAAFA claimed the role of scientific educator. They planned to provide health care workers with data on fat and health, including the genetics of weight,

[138] Directors, "NAAFA Policy: Obesity Research."
[139] Ibid.

and the dangers of weight cycling.[140] NAAFA no longer simply deferred to medical authority, they positioned themselves as fellow experts, hoping to guide and correct medical practitioners.

NAAFA had long maintained a scientific advisory board, and taken an interest in health and scientific research. As the group took on more of an activist role in the 90s, and came under new leadership, the group deepened and extended this previous interest.[141] Drafting these policies, pamphlets, and editorials, was central to NAAFA's new role as an activist, expert organization. By clearly articulating a set of beliefs and aims, the group enhanced its participation in rallies and media events, and asserted its identity and priorities. The organization positioned itself as a source of independent and authoritative expertise, but also as a representative of fat people.

NAAFA remained a small yet persistent voice in the *New York Times* coverage of obesity-related issues. Executive director Sally Smith, especially, became a regular source for opinions from the fat acceptance movement. When the *Times* featured articles on whether or not obesity would be covered by the Americans with Disabilities Act, the growing girth of Americans, the rise of weight loss surgery, and the discovery of leptin, reporters all turned to Sally Smith and NAAFA for an opinion from the fat acceptance movement. The reporters didn't come out for or against Smith's arguments, but NAAFA was considered a legitimate part of the debate on the meaning and importance of fat-

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[140] Directors, "NAAFA Policy on Health Care."
[141] Fabrey and McAfee both emphasized that Sally Smith and Conrad Blickenstorfer, as a team, played a powerful role in transforming NAAFA in the early 1990s. Fabrey, interview; McAfee, interview.

related issues.[142] As Smith commented, the group had "gained new legitimacy in the eyes of the mainstream medical community, the policymakers, the media, and fat people themselves."[143]

## Conclusion

In the late 1980s and early 1990s a confluence of factors damaged the reputation of dieting and the weight loss industry, and created an opening for fat acceptance ideologies. The women's health movement, media icons, the press, and a series of widely-publicized congressional hearings and FTC inquiries convinced many Americans that dieting was futile, and perhaps dangerous. These influences were deeply intertwined. Witnesses at the congressional hearings cited Oprah, and obesity researcher Kelly Brownell commented in the press that anti-diet sentiment grew as "consumer distrust…coalesced with feminism."[144]

NAAFA was an important part of this complex mixture of factors driving public awareness of anti-diet and fat acceptance sentiments. The organization benefited from the public's newfound skepticism of diets, but also helped to create that skepticism and to suggest to the public that fat people could be healthy. The women's health movement

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[142] Natalie Angier, "Researchers Link Obesity in Humans To Flaw in a Gene," *New York Times*, December 1, 1994, A1; Carey Goldberg, "More People Opting for Surgery to Treat Obesity," *New York Times*, December 31, 1996, A11; "U.S. Says Disabilities Act May Cover Obesity," *New York Times*, November 14, 1993; Nichoas Wade, "Truly Gross Economic Product," *New York Times*, 1994, SM24; Nichoas Wade, "Genetic Cause Found for Some Cases of Human Obesity," *New York Times*, June 24, 1997, C3.
[143] Smith, "Naming Our Fear, Claiming Our Courage," 5, 7.
[144] "Deception and Fraud in the Diety Industry, Part I," 42; O'Neill, "A Growing Movement Fights Diets Instead of Fat."

supported the "fat can be fit" ideology; media icons declared that large women could achieve self-acceptance; the congressional hearings emphasized the danger and inefficacy of weight loss; and the *New York Times* highlighted the failures of diets and discrimination against fat people. Despite the slightly different messages emanating from these sources, NAAFA and the fat acceptance movement shaped them all.

Finally, the role of fat activists in shaping medical debates can only be understood in light of the movement's increasingly activist stance. Fat feminists were no longer relegated to the margins of the movement, and fat activists were no longer content with only attending social functions.

# Chapter Five

# Obesity as a Chronic Disease:

# The Paradoxical Influence of Fat Activism

In the early to mid 1990s, obesity researchers challenged the advisability of dieting. In the context of Federal Trade Commission (FTC) hearings on the safety of weight loss programs, a dearth of effective treatment options, and high levels of public skepticism, many experts re-evaluated treatment strategies. During this time period, fat activists made significant inroads in shaping treatment paradigms for obesity and establishing a voice for fat people in their own care. The influence of the fat acceptance movement on the obesity research community can be seen through several key moments of medical decision-making. Experts formulated obesity treatment recommendations, re-framing obesity as a chronic illness, necessitating permanent lifestyle change and moderate dieting. Moreover, noting the difficulties and hazards of dieting, they argued that not everyone should attempt weight loss.

In the mid to late 1990s, however, the obesity epidemic – as a statistical and rhetorical phenomenon – dramatically altered the context of obesity-related decision making. Although obesity researchers continued to frame obesity as a chronic ailment, necessitating permanent lifestyle change, they also emphasized the urgency of dieting and minimized the risks of weight loss.

In the first and second parts of the chapter, I examine fat activism in the early and mid-1990s, before the advent of the "obesity epidemic." Experts affiliated with the fat acceptance movement debated obesity researchers about appropriate treatment options

for the condition. Much of the controversy over treating obesity in the early 90s originated from eating disorders researchers. Confronted with the growing prevalence of anorexia and bulimia in the 1980s, mental health experts argued that dieting could precipitate these dangerous, sometimes deadly conditions. In 1991, psychologists David Garner and Susan C. Wooley, eating disorders specialists affiliated with the fat acceptance movement, summarized the major arguments against weight loss interventions in a foundational paper. Their work intensified the pressure on obesity researchers to address the potential harms of dieting.

Amid intense debate with eating disorders specialists, obesity experts attempted to formulate obesity treatment recommendations. In 1992 the NIH convened the Technology Assessment Conference on Methods of Voluntary Weight Loss and Control. The summary report from this conference helped determine obesity treatment priorities. Another key text, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) also laid out treatment recommendations for individuals with eating disorders, with implications for obese people who binge ate. These documents were shaped by debates on the safety and efficacy of dieting, and arguments originating from the fat acceptance movement.[1]

Laypersons in the fat acceptance movement also shaped debates on the treatment of obesity. Fat activist and NAAFAn Lynn McAfee became the director of medical

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[1] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*, Fourth ed. (Washington, DC: American Psychiatric Association, 1994); Garner and Wooley, "Confronting the Failure," 729-780; Obesity, *Weighing the Options: Criteria for Evaluating Weight-Management Programs*; NIH Technology Assessment Conference Panel, "Methods for Voluntary Weight Loss and Control," *Annals of Internal Medicine* 119, no. 7 pt 2 (1993): 764-770; Susan C. Wooley and David Garner, "Obesity Treatment: The High Cost of False Hope," *Journal of the American Dietetic Association* 91, no. 10 (1991): 1248-51.

advocacy for a new organization, the Council on Size and Weight Discrimination (CSWD). As their representative, McAfee attended numerous obesity conferences and established ongoing relationships with obesity researchers. Although it is difficult to gauge the impact of her work, obesity researchers valued and sought out her input. NAAFA met with some success influencing NIH research, as members demanded inclusion in the Women's Health Initiative study. Although the study was not directly related to obesity, it was an important marker of inclusion, and an important moment when laypersons within NAAFA altered research protocols.

In the third and fourth parts of the chapter, I examine how the development of the "obesity epidemic" altered debates on obesity treatment. Such scholars as sociologists Natalie Boero and Abigail Saguy and political scientist J. Eric Oliver argue that the "obesity epidemic," as a rhetorical phenomenon, began in the mid 1990s and intensified dramatically in 1998.[2] The language of "epidemic" heightened the impetus to treat obesity, and swept away much of the caution that had prevailed in the early 1990s. This difference was manifest during the 1998 formulation of the first national obesity treatment guidelines. In this new era of aggressive treatment, obesity experts continued to frame obesity as a chronic ailment, necessitating permanent lifestyle change. Experts from the fat acceptance movement influenced obesity researchers in the early 90s and permanently altered how they understood obesity, but by the late 1990s their moment of influence had passed.

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[2] Boero, "All the News that's Fat to Print: The American 'Obesity Epidemic' and the Media," 41-60; J. Eric Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic* (Oxford, New York: Oxford University Press, 2006), 36-46; Saguy, *What's Wrong with Fat?*, 44-49.

Laypersons in the fat acceptance movement also met with less success shaping obesity debates as the rhetoric of the obesity epidemic intensified. Although Lynn McAfee testified against the approval of Redux as a consumer advocate, the drug was nonetheless approved. Subsequently, Redux was withdrawn from the market due to the drug's severe side effects. Despite their inability to significantly shape policy, laypersons in the fat acceptance nonetheless served an important function. They gave voice to the needs and experiences of fat people, and helped bring greater attention to weight stigma from the obesity research community.

## Fat Acceptance Experts Before the Obesity Epidemic

By the late 1980s and early 1990s the scientific and medical research communities questioned many weight loss therapies, and some argued that treating obesity was a futile endeavor. As discussed in chapter two, in the 1970s amphetamines and other weight loss pills fell into disrepute. Some dieters continued to use phentermine and diethylpropion, but overall diet pill usage steadily declined from the late 1970s to the early 1990s.[3] After an unfavorable 1978 NIH consensus conference on weight loss surgery, use of the various bariatric procedures dwindled. Some obesity treatment specialists continued to use very low calorie diets, but after a series of deaths from liquid protein diets in 1978, this option also fell from favor. Finally, researchers found that behavioral therapy led to weight loss in the short run, but that over the long run, most dieters regained the lost pounds. Even more discouraging, psychologists Herman and

[3] Governale, "Patterns of Prescription Weight-Loss Drug Use."

Polivy argued that dieting induced binge eating. These developments are discussed in chapter two, but another development shaped professional discussions on dieting and weight loss – the growing perception of an epidemic of anorexia and bulimia nervosa.[4]

Although little data is available, it appears the rate of anorexia started to increase in the 1960s. Eating disorders specialists recognized bulimia as a separate diagnostic category in 1985. By 1986, as many as 5 to 10 percent of adolescent girls and young women were affected by these disorders.[5] Moreover, anorexia and bulimia gained widespread media attention. Psychiatrist Hilde Bruch was one of the first to draw attention to anorexia in 1978, with the publication of *The Golden Cage*, a book for lay audiences. In the 1980s, the popular press drew attention to the ailment as a bizarre and dangerous condition, especially threatening young women. In 1983, popular singer Karen Carpenter died from anorexia, further spreading interest in the disease.[6]

In the 1980s, psychologists and psychiatrists who specialized in eating disorders argued that there was a growing "epidemic" of anorexia and bulimia.[7] Based on the work of Herman and Polivy, a subset of these experts argued that dieting contributed to binge eating and bulimia. This concern pushed several psychologists to align themselves with the fat acceptance movement. Psychologist and NAAFA Advisory Board member Paul Haskew co-authored a book on eating disorders, *When Food is a Four Letter Word*. In the book, he argued that dieting contributed to eating disorders, as did the cultural

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[4] Anorexia nervosa and bulimia nervosa are hereafter referred to as simply "anorexia" and "bulimia."
[5] Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage Books, 2000), 11-26.
[6] Ibid.
[7] Alexander Lucas, "The Eating Disorder "Epidemic": More Apparent Than Real?," *Pediatric Annals* 21, no. 11 (1992): 746-751; Teresa Palmer, "Anorexia Nervosa, Bulimia Nervosa: Causal Theories and Treatment," *Nurse Practitioner* 15, no. 4 (1990): 12-21.

obsession with slenderness.[8] Psychologist David Garner, who later joined the NAAFA Advisory Board, created the Eating Disorder Inventory.[9] Within the psychology community, the tool became a widely used metric of eating behavior and Garner went on to become one of the most highly cited researchers in the social sciences.[10] He explained, "My major research focus was always anorexia nervosa, bulimia nervosa, that was the major area of interest, always." For many experts affiliated with NAAFA, fat acceptance was an outgrowth of eating disorders research.

Other experts affiliated with NAAFA came from the eating disorders community, but had initially attempted to treat obesity rather than anorexia or bulimia. Susan C. Wooley gave up dieting in graduate school as the result of her own difficulties with weight loss. She described participating in an inpatient weight loss program,

> I was in there for about 7 days, like total isolation. I stayed there until I was vomiting bile on the 9th day…It was very clear to me that I could either diet or finish my dissertation. I can be a person or I can be thin. So I stopped dieting and got the Ph.D.[11]

Despite her negative experiences with dieting, Wooley thought that perhaps a more moderate approach might work. She and her husband, O. Wayne Wooley, opened an obesity treatment clinic in Cincinnati. However, as evidence mounted that even moderate

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[8] Paul Haskew and Cynthia H. Adams, *When Food is A Four-Letter Word: Programs for Recovery from Anorexia, Bulimia, Bulimarexia, Obesity, and Other Appetite Disorders* (Englewood Cliffs, NJ: Prentice-Hall, 1984); Yater et al., "Coronary Artery Disease in Men Eighteen to Thirty-Nine Years of Age: Report of Eight Hundred Sixty-Six Cases, Four Hundred Fifty with Necropsy Examinations," 334-372.
[9] David Garner, Marion P. Olmstead, and Janet Polivy, "Development and Validation of a Multidimensional Eating Disorder Inventory for Anorexia Nervosa and Bulimia," *The International Journal of Eating Disorders* 2, no. 2 (1983): 15-34.
[10] River Centre Clinic, "David M. Garner," http://www.river-centre.org/staff2.htm (accessed September 18 2013).
[11] Renfrew Video Tape, unpublished, c1994.

diets didn't achieve permanent weight loss, they increasingly turned away from dieting, and affiliated themselves with the fat acceptance movement.[12]

Psychologist Barbara Altman Bruno also started her career by offering weight loss services to clients. When she gave up dieting at the age of 27, she lost about 45 pounds without trying and thought that giving up diets would work for others as well. She started the program, "Thinside Out" in the mid-1980s as a result. In the late 1980s, however, she saw an interview with Lynn McAfee and realized that not everyone could lose weight even if they gave up dieting. At that point, she became an active member of NAAFA and stopped offering her weight loss program.[13]

Janet Polivy, one of the research psychologists who established the hypothesis that restrained eating led to binging, also became peripherally involved in the fat acceptance movement. As discussed in chapter two, she and her husband C. Peter Herman, published an anti-dieting book in 1983, *Breaking the Diet Habit*. In 1991, Polivy was among the scholars who founded AHELP, and she was an invited speaker at the group's first official conference in 1992. Although Polivy was never a member of NAAFA, Garner – her colleague at the Toronto General Hospital and sometimes co-author – explained that the two of them were of like minds and that "she had a strong belief that dieting was inappropriate and led to overeating."[14]

Many experts in the fat acceptance movement came from the eating disorders treatment and research communities, and maintained strong professionals ties in these

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[12] After abandoning obesity treatment, the Wooleys began treating anorexics and bulimics. Like Haskew and Garner, they believed the two disorders were linked to societal pressures to be thin. Renfrew Video Tape.
[13] Bruno, interview.
[14] Bruno, "HAES® Files"; Polivy and Herman, *Breaking the Diet Habit*; Rich, "Do No Harm: AHELP - The Support Network for Health Professionals"; Garner, interview.

areas. Central figures in the eating disorders community, such as Garner and Polivy, joined the fat acceptance cause. Psychologists and psychiatrists who primarily identified as obesity researchers sometimes treated eating disorders specialists as peripheral, but were still forced to take their work seriously.[15] Experts in the fat acceptance community relied on the language of science, and reputable scientific journals to make their arguments, rather than drawing on experiential knowledge as lay activists did. Wooley identified as a fat woman, but she never mentioned her own weight or experiences in her work. Garner made claims to scientific objectivity because he was not fat. He explained,

> I felt that there was a purity to my involvement. I was involved strictly from a scientific point of view. Really I came in, obviously people could not dismiss me as being a fat person, therefore having no credibility, or having a personal interest in this.[16]

Whereas feminists and lay activists often claimed credibility as the result of their personal experiences, Garner suggested that in the world of science, his lack of personal experience with fatness was a great asset.

In 1991, several of these mental health experts became involved with a new professional organization, the Association for the Health Advancement of Large Persons (AHELP). Joe McVoy, a psychologist specializing in family therapy, became interested in adolescent obesity. At first he was interested in helping "large people" lose weight, but he gradually came to believe that dieting contributed to eating disorders. McVoy claimed, "There is no flag to gather around. We are a disenfranchised group. There is NAAFA for large people, but nothing exists for the professionals who treat large people." McVoy

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[15] Garner and Wooley described feeling marginalized after criticizing diets. Garner, interview; Wooley, Renfrew Video Tape.
[16] Garner, interview.

argued that NAAFA filled certain needs, but could not give health care providers the kind of support they needed.[17] Susan Wooley, Janet Polivy, and David Garner spoke at AHELP meetings, and participated in several of their conferences. Psychologists, and "anti-diet" proponents Jane Hirschmann and Carol Munter joined the organization.[18] Although the group only flourished briefly, it served as a kind of high-watermark for interest in non-dieting approaches to treating obesity among clinicians.[19]

In the early 1990s, experts from the fat acceptance movement primarily engaged in dialogue with a small group of obesity researchers. These obesity researchers were from the fields of psychology and psychiatry, and they treated patients with behavioral therapy – the dominant mode of treating the obese for the past decade or more. Other types of clinicians, including bariatricians, surgeons, nutritionists, and general practitioners, treated the obese, but psychologists and psychiatrists were at the forefront of developing behavioral therapies. According to psychologist and obesity treatment specialist John Foreyt, obesity researchers formed a tight-knit community, an "obesity research family" composed of a core group of practitioners. Foreyt identified several key figures in this community including himself, psychiatrist Albert Stunkard, and psychologists Thomas Wadden, Kelly Brownell, and David Allison.[20] In the early 1990s, these researchers engaged with experts from the fat acceptance community.

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[17] Fabrey, "The Fabrey Files"; Rich, "Do No Harm: AHELP - The Support Network for Health Professionals."
[18] "Authors, We've Got Authors," *AHELP Forum*, Fall / Winter, 1995, 6; Bruno, "HAES® Files"; Mara Nesbitt, "Our Thin Allies: Many More Than You Think," *New Attitude*, Summer, 1993, 5; Rich, "Do No Harm: AHELP - The Support Network for Health Professionals."
[19] The group disbanded by 1996. Bruno, "HAES® Files"; Fabrey, interview.
[20] Foreyt also mentioned obesity researcher Gary Foster, but he did not start publishing until 2002. Foreyt, interview.

In the late 1980s, psychologists Garner and Wooley threw down the gauntlet. In an extensive synthesis of the literature on dieting, they argued that for the majority of people, weight loss attempts did more harm than good, and in most cases should be avoided. Their paper was not the first to discuss the difficulties and failures of behavioral therapy for weight loss, but it was the most systematic, complete denunciation of contemporary weight loss programs.

The paper was controversial even before it was published. Garner and Wooley submitted the paper to *Psychological Review*, one of the most prestigious psychology journals, some time around 1989.[21] They faced great difficulty getting approval from reviewers and went through several rounds of revisions. Garner recalled,

> Susan and I wrote a 20 page single spaced response, probably better than the paper…We wrote this lengthy response and didn't hear anything back for months. I'm not used to bugging reviewers about 'Where's the review?'…the editors basically sent it out to a bunch of people and then selected the reviews that matched [what they wanted]...basically justifying rejection of this paper.[22]

Garner had never experienced such a long and difficult review process, and claimed the editors had purposefully suppressed the paper. By 1991, however, Garner and Wooley were able to get the article published in *Clinical Psychology Review* with little difficulty.

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[21] Among psychology journals, *Psychological Review*, currently ranks 5th in terms of JCR Impact Factor. The Impact Factor is a measure of how many times articles from a journal were cited, relative to the number of articles the journal published. UMass Amherst Libraries, "Top 50 Psychology Journals," http://guides.library.umass.edu/content.php?pid=52227&sid=383170 (accessed May 6 2014).

[22] Garner, interview.

Garner argued that by the early 90s, attitudes toward dieting had changed sufficiently such that their ideas gained more traction.[23]

This paper – although not the first to present a non-diet perspective – intensified debates on the efficacy of dieting, and outlined the terms of debate.[24] As psychologist David Allison explained, "I think they [issued] intellectual challenges to the field. They basically said, we question many of your most fundamental assumptions about obesity. I think that's a good thing."[25] The co-authors made a series of arguments about the failures and dangers of diets that subsequently drew impassioned response from the obesity research community.

First and foremost, Garner and Wooley argued that weight loss treatments overwhelmingly failed to produce long-term results. According to them, treatment programs demonstrated only modest success in promoting weight loss, but dieters overwhelmingly regained the weight within four or five years. Furthermore, they argued that dieting, especially "yo-yo" dieting or "weight cycling," lowered metabolic rate, made subsequent weight loss more difficult, and increased all-cause mortality risk.

Additionally, Garner and Wooley claimed that dieting led to psychological harms, including "semistarvation neurosis," and lowered self-esteem as the result of repeated failures at weight loss. Even more disturbing, they argued that for many dieters, caloric restriction triggered binge eating, a symptom that increased body weight and led to severe mental distress and potentially death by choking.

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[23] Garner, Interview.
[24] Garner and Wooley, "Confronting the Failure," 729-780.
[25] David B. Allison, interview by author, by telephone, May 31, 2013.

The co-authors offered several suggestions related to treatment. First, they argued against behavioral therapy for obesity, claiming that without breakthroughs in basic science, further modification of such programs was unlikely to produce better results. Second, they argued that a cost-benefit analysis of obesity treatment only showed attempts at weight loss to be reasonable for a few patient groups.[26] According to them, the health risks of obesity had been exaggerated, and much of the data reviewed by the 1985 NIH consensus panel on obesity was contradictory. As a result, attempts at weight loss were only appropriate for a few groups of patients, including surgical candidates, individuals who found their obesity distressing, and the rare patient who might be able to maintain weight loss. For most individuals, however, they recommended a "non-weight-loss alternative," involving increased exercise, better nutrition, and behavioral therapy to enhance self-esteem and body image. The goal of their recommendations was not weight loss, but improved mental and physical health.[27]

The paper contributed to growing turmoil in the field of obesity research. In the context of the congressional and FTC hearings, obesity researchers struggled to define an appropriate course of action for treating patients. Garner and Wooley's article threw the salient issues into sharp relief. As Garner recalled, the paper was like a "bombshell."[28] For example, obesity researchers increasingly described tumult in the field. In the preface to a 1993 volume on obesity, Stunkard bemoaned,

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[26] Garner and Wooley argued attempts at weight loss might be reasonable for patients who could endure the hunger that would result from maintaining a weight below setpoint; patients who needed to lose weight temporarily for surgery; individuals who found being obese psychologically devastating; and patients in whom even small weight losses might confer health benefits. Garner and Wooley, "Confronting the Failure," 729-780.
[27] Ibid., 761-767.
[28] Garner, interview.

> We have seen…the rise of commercial weight loss programs, and then their decline, leaving both professionals and lay persons uncertain as to where to turn. The proliferation of diets, both sensible and bizarre, continues apace, but is now buffeted by the growing anti-diet movement… The clinician who seeks to help obese persons is thus faced with a bewildering panoply of often conflicting injunctions.[29]

Stunkard emphasized the uncertainty facing clinicians in the early 1990s. With the dearth of effective commercial weight loss programs, and growing antipathy to dieting, many clinicians did not know how to proceed, he argued.

Psychologist Kelly Brownell and nutritionist Judith Rodin similarly characterized the situation as dire. Warning that, "an impassioned debate over the virtues and dangers of dieting [was] polarizing the field," they claimed that eating disorders specialists viewed diets as a potential cause of eating disorders, while obesity specialists viewed dieting as a potential solution. In the face of "a rapid and forceful swing of a pendulum that is moving from an entirely prodieting mentality to an antidieting fervor," Brownell and Rodin condemned anti-diet sentiment, and implicated Garner and Wooley, among others, in its spread.[30]

Not all obesity researchers were as concerned about the anti-diet movement. In their 1992 book, *Living Without Dieting*, psychologists John Foreyt and G. Ken Goodrick argued that many people could not lose weight due to a biological predisposition to obesity. Rather than undertaking a strenuous diet, obese people, they argued, should improve their eating habits and exercise, regardless of whether they lost weight. The psychologists decried the stigmatization of fatness, and argued that fat discrimination

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[29] Stunkard and Wadden, eds., *Theory and Therapy*, xiii.
[30] Brownell and Rodin, "Dieting Maelstrom," 781-791.

could be compared to racism. To combat society's hostility toward the obese, they referred readers to NAAFA and other fat acceptance publications.[31] Foreyt explained,

> I wrote the book because what we've seen is diets don't work. You feel that deprivation, they work in the short term but not in the long run, any deprivation type diet….in my mind the book parallels the fat acceptance movement…God made us in all shapes and sizes. You don't have to be skinny to be healthy. The focus of our book, which I still agree with, is that the focus should be health and not specifically weight. So that certainly parallels NAAFA and the fat acceptance movement more generally.[32]

Foreyt identified himself as an obesity researcher, with no particular affiliation with the fat acceptance movement, yet he suggested that his work highlighted many of the same themes. He ascribed his doubts about the validity of dieting to the research literature, and cited Garner and Wooley, a personal friend and colleague, as influences on his work. Unlike his colleagues in obesity research, Foreyt was much more open to de-emphasizing the importance of weight.

In this impassioned debate, obesity experts attempted to find consensus on how, or whether, to treat obesity. In the wake of the 1990 congressional hearings into the diet industry, described in chapter four, Representative Ron Wyden (D-OR) met with representatives from the NIH and insisted that the treatment of obesity was an important topic, worthy of more study.[33] In 1992, the NIH held a technology assessment conference on methods of voluntary weight loss and control. Participants included obesity researchers from a wide range of fields, including bariatrics, endocrinology,

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[31] John P. Foreyt and G. Ken Goodrick, *Living Without Dieting* (Houston, TX: Harrison Pub., 1992).
[32] Foreyt, interview.
[33] "Deception and Fraud in the Diet Industry, Part IV," 30.

biochemistry, clinical medicine, psychology, epidemiology, exercise physiology, and nutrition.

The NIH had established consensus conferences in 1978, to assure "effective transfer of useful knew knowledge across the interface between biomedical research and the health care community." These conferences provided experts an opportunity to gather and discuss the medical research pertaining to a given topic, so that they could form a consensus on treatment-related questions. Consensus statements from these conferences were published in top medical journals, and widely disseminated within the clinical community, and to the public.[34]

The NIH panel dealt with many of the issues articulated in Garner and Wooley's paper. The panel acknowledged many of the problematic aspects of dieting, but affirmed the pathological nature of obesity and worked to create viable weight loss strategies. The panel argued that obesity seriously affected health and longevity, contributing to elevated cholesterol, high blood pressure, noninsulin-dependent diabetes, and other health conditions. Unlike Garner and Wooley, who argued that obesity was not necessarily pathological, the NIH authors used the dangers posed by obesity to justify the continued search for effective treatments. Nonetheless, the consensus panel agreed with Garner and Wooley that for most people, diet programs did not produce long-term weight loss. According to the panel, dropout rates were very high, and the majority of people regained all the weight they had lost within 5 years.

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[34] John H. Ferguson, "NIH Consensus Conferences: Dissemination and Impact," *Annals of the New York Academy of Sciences* 703, no. 1 (1993): 180-199; JD Winkler et al., "Popular Press Coverage of Eight National Institutes of Health Consensus Development Topics," *The Journal of the American Medical Association* 255, no. 10 (1986): 1164-1165.

However, the NIH panel was much more equivocal on the purported dangers of diets. The panel participants argued that dieting caused some short-term harm, including fatigue, hair loss, and dizziness, but that the more serious adverse effects related to dieting – gallbladder disease and cardiac arrhythmias – had largely been eliminated. Furthermore, the panel claimed weight loss was associated with some short-term benefits including improvements in non-insulin dependent diabetes and hypertension, improved functional status, reduced work absenteeism, less pain, greater social interaction, and reduced severity of sleep apnea. The panel claimed there was insufficient information to judge whether dieting was causally related to binge eating or to determine the long-term risks of dieting and weight cycling. Instead, they called for more research.

The panel upheld the value of weight loss, but given their uncertainty about the long-term effects of dieting, and the high failure rate of diets, they modified treatment recommendations and goals. First, the authors delineated the population that should attempt weight loss. For those in the normal BMI range, they recommended against dieting, arguing that dieting in this population could cause poor nutrition, the development of eating disorders, and the negative physical and psychological effects of weight cycling and failed weight loss attempts. The panel further argued that, depending on weight history, genetics, outcomes of past weight loss efforts, and emotional characteristics, some obese people should set modest weight loss goals or try to stabilize rather than reduce their weight.

The panel claimed that health, rather than weight loss, was the most important outcome,

> It has been fairly said that such [diet] programs fail people, not vice versa. Recognition of this by society and individuals and a focus on approaches that can produce health benefits independently of weight loss may be the best way to improve the physical and psychological health of Americans seeking to lose weight.[35]

Rather than focusing on weight loss, the authors recommended a fundamental shift to an emphasis on healthy behaviors and long-term weight management. They further recommended more modest weight loss goals. Since most dieters lost no more than 10% of initial body weight, they argued, target weights should be adjusted accordingly. Since rapid weight loss was dangerous, they suggested that dieters should lose weight slowly. Finally, whereas previous recommendations emphasized the weight loss phase of dieting, the panel argued that obesity should be considered a lifelong, chronic condition, necessitating permanent lifestyle change and the maintenance of small weight losses.

Overall, the NIH panel characterized obesity as pathological, and it upheld the value of dieting. However, the consensus statement offered dramatically changed treatment recommendations. Rather than suggesting rapid weight loss, with a goal of achieving ideal body weight, as defined by life insurance charts or BMI, the authors argued for more modest goals, tailored to the individual. They put more emphasis on healthy behavior, and suggested that some obese people shouldn't diet. The panel struck a cautious tone with regard to dieting, and their final statement reflected many of the concerns initially raised by Garner and Wooley in their 1991 critique.

One area overlooked by the NIH panel, was binge eating. This was a key issue for experts affiliated with the fat acceptance movement, because it formed the crux of their

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[35] NIH Technology Assessment Panel, "Methods for Voluntary Weight Loss and Control," 764-770.

argument that dieting paradoxically led to both weight gain and eating disorders, actually causing the problem the practice was meant to solve. Furthermore, binge eating and eating disorders were the issues that had drawn many eating disorders experts – including Polivy and Garner – to the fat acceptance movement in the first place.

Although the NIH panel did not address the issue of binge eating in great detail, another consensus-making body did. In 1994, the American Psychiatric Association published the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).* This key psychiatric text, first published in 1952, gave criteria for psychiatric diagnoses. The text standardized psychiatric diagnoses, and allowed greater consistency in disease identification between clinicians. In 1994, for the first time the manual included binge eating disorder (BED). Although BED was only included as a diagnosis warranting further study, the condition nonetheless gained greater legitimacy through its inclusion.[36]

Binge-eating disorder was created to describe individuals exhibiting severe binge eating patterns, including a sense of loss of control and distress. Unlike bulimics, binge eaters did not exhibit compensatory behaviors like vomiting, using laxatives, or exercising to excess. According to the manual, many binge eaters were obese, and many had long histories of extreme weight fluctuation. The creation of BED incorporated the anti-dieting critiques of eating disorders specialists, but in a way that made it possible to still advocate for dieting. In 1992, the team of psychiatrists and psychologists working to develop criteria for BED traced the lineage of the disorder to Albert Stunkard's 1959 paper on night eating syndrome. Since then, many clinicians working with the obese

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[36] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*.

noted that some of them tended to binge eat. As discussed in chapter two, in 1985 Polivy and Herman argued that dieting caused binge eating, although they did not specifically attempt to link dieting with BED. Researchers working on elucidating the nature of BED nonetheless cited the work of Polivy and Herman, and tried to determine whether there was a causal relationship between dieting and BED.[37]

The group working on crafting the criteria for BED addressed the relationship between dieting and binge eating. The group created a working definition of BED by running a multisite field trial involving 1,984 subjects in hospital-affiliated weight loss programs. After examining these individuals, the authors argued that dieting usually occurred after binge eating patterns were established, and therefore dieting did not cause BED.[38]

The authors of *DSM-IV* suggested there might be a connection between BED and diet behaviors, but did not suggest a causal link. The authors mentioned "concerns about the long-term effect of the recurrent binge episodes on body weight and shape." They argued that dysphoria or depression could trigger binge eating, but made no mention of dietary restraint as a contributory factor. The panel mentioned dieting only in passing. "Most have a long history of repeated efforts to diet and feel desperate about their difficulty in controlling food intake." Those with BED were "more obese and have a

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[37] Albert J. Stunkard, "Eatting Patterns and Obesity," *Psychiatric Quarterly* 33, (1959): 284-295.
[38] Robert L. Spitzer et al., "Binge Eating Disorder: A Multisite Field Trial of the Diagnostic Criteria," *International Journal of Eating Disorders* 11, no. 3 (1992): 191-203.

history of more marked weight fluctuations." The onset typically came "soon after significant weight loss from dieting," and the course was chronic.[39]

The diagnosis served as means of incorporating some of the concerns of those who argued dieting could cause binge eating, but at the same time it limited the diagnosis to a subset of dieters. The panel acknowledged the possibility of binge eating in those who dieted frequently but it sidestepped the question of causality. The diagnosis also implied that binge eating was limited to a certain subset of dieters – about 30% of women in weight-control programs – rather than suggesting that all people who dieted might develop binge eating.[40] Wooley, Garner, Herman and Polivy, suggested that the problem lay with dieting and that unnatural eating habits (dieting) caused pathology in healthy individuals. The diagnosis of BED, on the other hand, located the pathology or problem of binge eating as originating in the binger rather than with the problematic behavior of dieting. This approach allowed the continued use of dietary therapy in the majority of the obese population, but nonetheless accounted for binge eating as an important phenomenon among dieters.

At this particular moment in time – the early to mid-1990s – a confluence of factors allowed the fat acceptance movement to exert greater influence over medical decision-making. With a perceived epidemic of eating disorders, more psychologists joined the fat acceptance movement and spoke out against dieting. This occurred at the same time that cultural factors and a series of congressional and FTC hearings, discussed in chapter four, encouraged greater skepticism of diets.

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[39] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*, 729-730.
[40] Ibid., 730.

Mental health professionals in the obesity research community responded by adapting treatment paradigms. While the 1992 consensus panel affirmed the pathological nature of obesity, it also emphasized health as opposed to weight loss, and recommended more moderate treatment goals. However, the panel also suggested treating obesity as a lifelong, chronic condition. This recommendation ironically intensified obesity therapy, and further placed the lives of obese people under medical purview.

## Lay Activism Before the Obesity Epidemic

> I feel I should tell you a little bit about my credentials since I have no initials…I am a 505 lb woman…I've been an advocate for fat people since 1970.
>
> - Lynn McAfee, National Institutes of Health seminar, 1998[41]

In the 1990s, lay fat activists also sought to influence obesity experts, and to shape medical understandings of obesity. NAAFA participated in medical research studies and sometimes sent delegates to medical conferences, but it was Lynn McAfee, director of medical advocacy for the CSWD who worked the most with obesity experts.

CSWD formed as a result of interpersonal tensions in NAAFA, but also because the organization could not perform all functions for all members. In 1990, a power struggle erupted between several members of NAAFA's board of directors and Nancy Summer, William Fabrey's second wife and editor of the newsletter. As a result,

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[41] Lynn McAfee, "Weight: What's Fat, What's Not, What Can We Do About It" Barriers to Treatment: A Patient's View, A Speech by Lynn McAfee to the National Institutes of Health Seminar June 4th, 1998," Council on Size and Weight Discrimination http://www.cswd.org/docs/barriers.html (accessed April 1 2013).

Summer, Fabrey, Lynn McAfee, Miriam Berg, and several other members of NAAFA formed the Council on Size and Weight Discrimination (CSWD).

Despite the difficult circumstances of its creation, members of CSWD worked hard to maintain friendly relations with NAAFA and to clearly delineate their separate agendas. Fabrey explained,

> Among our goals, not to be a membership organization so we're not competing with NAAFA. We're not trying to reinvent NAAFA. Many of us if not most of us will retain our NAAFA memberships, and still attend NAAFA events. It's a friendly divorce.

McAfee explained the process they went through to ensure good relations,

> I raised money and hired a mediator, specialized in social change groups. We got together for a weekend, all of us from both boards, and just got things out in the air, decided how we could work together. We also unilaterally made a decision not to take any major donors from them.

Members of the CSWD ensured that the new organization would maintain friendly ties with NAAFA, despite the difficult circumstances of the organization's beginning. Although NAAFA was a contentious and often divided organization, most members and former members were still heavily invested in insuring its success and longevity.

From the start, CSWD strove to be more politically active than NAAFA. They did not offer social functions, and they expected individuals to work on their own advocacy projects independently within the CSWD. McAfee became the Director of Medical Advocacy. As she explained,

> My strategy when we started the council was different – [I] wanted to work from within organizations and not be so confrontative [sic]. I was desperate for any kind of change at that point, just to have something that I did result in change for fat people that would enhance our lives in some way. I've always felt the medical profession was the way to begin to change, absolutely critical. If you look at all the other social change movements, that's the pillar that has to go. Medical professionals had to

> decide that black brain sizes didn't count, that women's brain sizes didn't count, that being gay was not a disease. Those things have to go before this can change. That's why I've always concentrated on that.

McAfee placed a high priority on influencing medical professionals. She wanted to convince them that fat people, like black people, women, and gays, should not be considered biologically inferior or diseased. A far cry from her days in the Fat Underground, McAfee argued that a less confrontational, more collaborative approach was called for. As the result of her eagerness to engage with medical professionals and scientists, McAfee became the movement's foremost advocate for fat patients and consumers at medical policy meetings. She formed an influential network of contacts within the obesity research community, becoming a consistent, and sought-after participant. In many cases, the impact of lay fat activists on decision-making processes remains unclear. Nonetheless, it was significant that fat people gave voice to their opinions and needs, and had the opportunity to sway expert beliefs.

In 1992, McAfee presented at the NIH consensus conference on weight loss technologies during the public presentations session. She argued that the panel should be cautious in evaluating the evidence for diets, and she asked that if the data were inconclusive, the panel should say so rather than advocating for unproven treatments. McAfee called for additional research in the basic sciences, arguing that obesity was a heterogeneous condition and that its underlying mechanisms were poorly understood. Finally, McAfee called on the panel to consider how its recommendations would influence the stigmatization of fat people. According to her, after the last consensus panel on obesity in 1985, the press called obesity the "Killer Disease," and stigma against the

obese increased. Speaking for the CSWD McAfee asked, "that the panel consider incorporating into its final report a statement opposing discrimination based on size…to protect fat people from any further erosion of our position in society."[42]

The impact of McAfee's statement on the NIH panel remains unclear. The published proceedings from the conference did not include her presentation, nor did they include a record of the panel's discussion of the various presentations. However, a few of her points were addressed in the final summary report. The panel argued that diet programs failed to produce long-term weight loss for the majority of people, and the authors recommended diets with great caution. The authors explained, "the panel often had inadequate or no data with which to answer the questions about voluntary weight loss and control methods." They called for more research in a variety of fields, but emphasized that they needed more information on the genetic and molecular basis of obesity to improve treatment strategies. As McAfee requested, the panel acknowledged the insufficiency of data, and called for more research. The panel did not address McAfee's request to denounce discrimination against the obese, but this was perhaps because of the panel's narrow focus. It did not consider many topics, including the "ethics of weight loss practices."[43]

Fat activists perceived the 1992 NIH consensus statement as a victory, to varying degrees. William Fabrey applauded the panel's conclusions, arguing, "The panel's

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[42] Lynn McAfee, "Council on Size & Weight Discrimination: Statement Given to the NIH Panel on Methods for Voluntary Weight Loss and Control, Presented March 31, 1992, Bethesda, Maryland," *The Summer Report*, (1992): 5.
[43] NIH Technology Assessment Panel, "Methods for Voluntary Weight Loss and Control," 764-770.

findings are revolutionary and have shaken up the world of obesity research."[44] Fat activists affiliated with CSWD praised many of the NIH panel's recommendations. They were gratified that the panel argued that diets don't work, and that the panel discouraged many Americans from weight loss attempts. However, they were dismayed that the NIH panel still recommended dieting for those with co-morbidities of obesity, or severe obesity. According to these fat activists, the NIH panel's conclusions were somewhat muddled.[45]

Although McAfee's direct influence on the panel remains unclear, her participation at such a major conference was an important moment. She highlighted some of the issues that were important to lay fat activists – including attention to the limitations and dangers of diets, and the stigma and discrimination faced by fat people.

In the 1990s, McAfee become a regular presence at obesity conferences and government meetings. In 1991, she attended a conference hosted by the North American Association for the Study of Obesity (NAASO). However, Sally Smith and several other members of NAAFA had decided to picket the conference, putting McAfee in an awkward position. McAfee was able to use the situation to her advantage. She told the conference organizers that after extensive negotiations, she had convinced the NAAFA protesters to stay outside of the conference hotel and to present a list of demands rather than disrupt the proceedings. According to McAfee, the conference organizers were "very, very thankful." Subsequently, nutritionist Judith Stern and physician Richard

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[44] Fabrey, "The Fabrey Files."

[45] The contributors listed for this issue (William J. Fabrey, Lynn McAfee, and Laura Richman) worked with the CSWD even though the publication was not officially affiliated with the organization. "NIH Panel Says, "Diets Don't Work"," *The Summer Report* 1, (1992): 1, 3.

Atkinson invited her to speak at a conference hosted by the Federation of American Societies for Experimental Biology (FASEB). McAfee explained, "That [conference] was a very big opening. Word got around I was there. I made a big impression."[46]

As a result of the contacts she made at the FASEB conference, McAfee was invited to a plethora of other events. She was invited to attend meetings of the NIH Obesity Task Force, workshops hosted by the NIDDK and NHLBI, and several think tank meetings on obesity treatment and research. She explained, "I got invited to a lot of stuff, and I went to things too. I lived in Pennsylvania, only a two or two and a half hour drive, so I just drove."[47] McAfee became a well-known fixture at obesity meetings.

McAfee impressed many of the researchers she interacted with. As a participant at the NIH Obesity Task Force meetings, she initially listened and said little. She explained,

> For the first year I listened, said almost nothing. [I] limited myself to one short comment per meeting. One of the most dangerous things you can do when you're an opener, when you're trying to open things for your people, is to become background noise. That's dangerous for any activist. They were terrified of me, I could tell. I was such an unknown quantity. I wanted them to feel more comfortable with me, not completely comfortable, but not like I had three heads.[48]

Rather than employing the confrontational tactics she had used as a member of the Fat Underground, McAfee worked to ease her way into the obesity research community. She took the position that she had much to learn, and that she should approach obesity experts carefully, with an interest in learning.

Over time, McAfee became a valued contributor. She explained, "I would try to ask really intelligent questions, make intelligent comments. I mostly listened and learned

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[46] McAfee, interview.
[47] Ibid.
[48] Ibid.

and did a lot of reading, a lot of reading…so I got a reputation for being totally up on the research." McAfee's approach to the scientific community, based primarily on learning and becoming an educated participant, won her allies in the obesity research community. Psychologist David Allison explained,

> [I] can't quite recall when I first met Lynn but I've known her for about 15 years or so. My interactions [with her] have always been enjoyable. I have a lot of admiration for her. I think we have some common personality characteristics….We both like to question common beliefs, and sometimes can be strident. We've been allies in that very broad sense. Both of us have, coming at it from opposite angles… I'm coming from mainstream, biomedical obesity research community, but I will not take for granted that every aspect of obesity is bad and treatment is always good…Lynn's angle – the size acceptance movement – many people in that social arena will adhere to certain beliefs, that obesity is not unhealthy, the obese don't eat more, and they'll see anyone who questions those ideas as horribly biased or treasonous. And I think Lynn is someone who will say, "I question those too."[49]

Allison respected McAfee tremendously, especially her willingness to see beyond the belief systems of colleagues and ask difficult questions. In addition to enjoying McAfee, he saw her as an intellectual ally and asset.

Psychologist John Foreyt also expressed admiration for McAfee. He explained, "Lynn was at most of the [scientific] meetings. Lynn would sit in the front row, go to the NIH conferences. She was terrific. She was common sense."[50] Foreyt admired McAfee's willingness to approach scientific material in a logical, straight-forward manner. While he disparaged some other members of the fat acceptance research community as "strident" or on the "fringe," he valued McAfee's contributions. McAfee won the respect of the obesity research community, and gave voice to the concerns of fat people.

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[49] Allison, interview.
[50] Foreyt, interview.

One area in which McAfee, and other fat activists, made inroads, was that of discrimination against the obese. McAfee spoke on many topics, but she almost always discussed discrimination and stigma in her presentations. In one of her slide shows, she showed herself at different ages and weights, making the point that fatness had always been a part of who she was, and that it was unfair to discriminate because it was beyond her control. At the NIH, she gained a reputation as an expert on the matter. She recalled, "At the NIH if anything came up about discrimination they would say you should talk to Lynn McAfee, or if they wanted a victim or something, you should talk to Lynn McAfee."[51]

McAfee addressed the topic by sharing powerful stories from her own life. As a young adult, McAfee was raped. At first, no one believed her, claiming "you're pretty big for someone to want to rape." While she waited, within earshot, doctors argued about who would have to examine her because "she was so fat her genitals were probably huge." Eventually, the clinic confirmed she had been violated, but the case was neither reported to the police nor pursued.[52] The clinic staff dehumanized and belittled McAfee and refused to accord her the compassion and assistance her case demanded.

In a more subtle, yet perhaps equally powerful story, McAfee described an evening when she got dressed up to go out to a concert. Then, "some kids on bikes started yelling at me, 'hey fat-ass, hey fat bitch'…I just turned around and went right back upstairs and got undressed. I just sat there and cried."[53] Although perhaps a minor example of discrimination, the example revealed some of her everyday difficulties, and

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[51] McAfee, interview.
[52] Ibid.
[53] Ibid.

how discrimination robbed fat people of small pleasures. As McAfee aptly questioned, "why can't you have the grace to be a little kind? To be a little understanding? To let me live a life? Life is taken away one privilege at a time, one thing at a time."[54] What might have appeared to be a small instance of discrimination was actually part of a tremendously detrimental pattern of exclusion and hurtful behavior in McAfee's life.

Weight stigma and discrimination against the obese had been part of the obesity research agenda for several decades, but the topic generated renewed attention in the 1990s. Fat activists, such as McAfee, played a role in this process.[55]

In 1995, psychiatrist Albert Stunkard and medical sociologist Jeffery Sobal wrote on obesity stigma. They took as their starting point a quote from the 1985 NIH Consensus Conference on Obesity, "Obesity creates an enormous psychological burden…in terms of suffering, the burden may be the greatest adverse effect of obesity." They argued that the social bias against the obese led to prejudice and discrimination. According to them, these factors contributed to poor body image, binge eating, and poor self-perception. They argued that as clinicians, "The time is past when we can ignore this suffering or place our hopes on some new treatment that will make our patients thin and deliver them from stigma. We must attack stigma itself."[56]

The researchers further claimed that lay groups had an important role to play in the process. Stunkard and Sobal argued, "a scientific approach to combating stigma may

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[54] Renfrew Video Tape.

[55] For early examples of research on obesity stigma see the following papers. Canning and Mayer, "College Acceptance," 1172-1174; Goldblatt, Moore, and Stunkard, "Social Factors in Obesity," 1039-1044; Albert J. Stunkard, *The Pain of Obesity* (Palo Alto, CA: Bull Publishing Co., 1976).

[56] Albert J. Stunkard and Jeffery Sobal, "Psychosocial Consequences of Obesity," in *Eating Disorders and Obesity: A Comprehensive Handbook*, ed. Kelly D. Brownell and Christopher G. Fairburn (New York: The Guilford Press, 1995), 417-421.

be most useful in informing the actions of lay advocacy groups. The leading advocacy group, the National Association to Advance Fat Acceptance (NAAFA), has performed invaluable service in its attacks on the sources of stigma." The authors argued, "A promising compact for the future may include scientists learning how to minimize the stigma of obesity and lay organizations putting into practice what we know."[57] The researchers' comments showed the extent to which stigma had become an important topic, necessitating a response from the obesity research community. Moreover, they saw an important role for lay activists in their work. Members of NAAFA may not have agreed with the perception that obesity researchers should set the agenda and they should merely implement their strategies, but at the very least, they had helped make stigma and discrimination higher priorities.

Laypersons in the fat acceptance movement also encouraged a sense of accountability among obesity researchers. Foreyt suggested,

> More power to them. I think the fat acceptance movement is very important. And I think it raised all of our awareness, all of us meaning us guys who are in the treatment area, in the clinical management area. They have kept our feet to the fire and they have made sure that we don't slip away from realizing how serious [this is], just to make sure that we do not discriminate.[58]

Foreyt argued that activists helped obesity researchers remember that their work had serious consequences, and that it mattered. Laypersons confronted them with the issue of discrimination, and kept them focused on health rather than just weight. In particular, Foreyt commented on being at an obesity conference that was stormed by fat activists. He thought, "Oh this is really neat. Good for them, that anyone cares at a meeting like

[57] Ibid., 419-420.
[58] Foreyt, interview.

this."[59] Obesity researchers viewed laypersons from the fat acceptance movement as a positive force, fighting against discrimination and holding them accountable.

Researchers welcomed their input as patient advocates, especially on issues related to stigma, but some were less welcoming of what they perceived as quack science or disruptive behavior. Stunkard saw a role for the fat acceptance movement, but claimed that the fat acceptance movement sometimes vilified obesity researchers. He argued that NAAFA made an error, it "allowed the pain of its members to lead it to attacks on the medical profession and even upon research on obesity."[60] As David Allison described it,

> [Obesity researchers] agree with the tenet that discrimination should be eliminated if possible…to reduce to the greatest extent possible. All persons, including obese persons, are deserving of respect…Many would hold the view that there are ways to help the obese beyond having them lose weight. Thereafter, most people would probably part company with many of the fat acceptance movement views…their views are often that treatment is bad.[61]

Although Allison disagreed with many of the scientific arguments of the fat acceptance movement, and argued that other obesity researchers disagreed as well, he believed that discrimination against the obese was wrong. Lay activists, such as McAfee, and members of NAAFA, helped make it more of a research priority.

As a means of addressing stigma and discrimination, members of NAAFA participated in medical research on the topics. In 1991 and 1993 members of NAAFA participated in two studies designed by psychologist David Allison. Concerned about obesity stigma, Allison joined NAAFA in the early 1990s and he became a professional

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[59] Foreyt, interview.
[60] Albert J. Stunkard, "The Treatment of Obesity: A Contemporary View," *The International Journal of Risk & Safety in Medicine* 7, (1995): 89-102.
[61] Allison, interview.

member of NAAFA in 1996.[62] He argued that discrimination against fat people was an abridgement of civil rights. In 1991 he formulated a study to measure the validity of several scales related to attitudes and beliefs about obese persons. The team surveyed over 500 members of NAAFA and about 120 university students. The study authors were particularly interested in measuring NAAFAns' opinions about obese persons because such an understanding might be used to promote positive self-concepts. They also found that believing that obesity was largely beyond one's control correlated with more positive attitudes toward the obese. The study team concluded that educating people as to the difficulties in controlling body weight, and altering the obese person's beliefs about the causes of their obesity, might lead to more positive perceptions of the obese, reduced stigma, and increased self-esteem for obese persons.[63]

In another study, conducted in 1993, Allison and another researcher sought to formulate a typology of obese persons. They assessed biological, behavioral and psychological variables based on a survey of 719 members of NAAFA. Based on the survey, the researchers argued there were two main clusters of obese persons. The first group consisted of those with early onset obesity. They tended to be more obese, to exercise more and to restrict caloric intake more. The second group, those with late onset obesity, tended to engage in substance abuse and night eating, and to have diabetes. The authors raised the possibility that those with early onset obesity perhaps could not or

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[62] "At Deadline: Professional Member," *NAAFA Newsletter*, November / December, 1996.

[63] David B. Allison, Vincent C. Basile, and Harold E. Yuker, "The Measurement of Attitudes Toward and Beliefs About Obese Persons," *Journal of Eating Disorders* 10, no. 5 (1991): 599-607.

should not lose weight, and that they should be treated with some form of "self-acceptance therapy" rather than dietary treatment.[64]

Both of these studies addressed topics of interest to NAAFA. The first dealt with attitudes toward obese people, with the goal of improving how society viewed the obese and how obese individuals viewed themselves. The second study sought to construct a typology of the obese, but the authors allowed for the possibility of a subgroup of obese people who should not be treated, but encouraged to accept their condition. These ideologies were in keeping with NAAFA's stance that obesity was only pathological for some fat people, and that fat people should learn to accept themselves. Participating in this research allowed NAAFAns to help shape how the research community viewed and understood obese people, and potentially reduce the stigma and discrimination faced by fat people.

Although they probably could not shape the outcomes of the research directly, they certainly chose which researchers to support. Part of NAAFA's mission was to "Encourage and sponsor research by responsible professionals concerning the above aspects of overweight [the sociological, psychological, legal, medical and physiological aspects of overweight]."[65] NAAFAns determined who counted as a responsible researcher. In the case of Allison, Bill Fabrey was intimately involved in the research

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[64] David B. Allison and Stanley Heshka, "Toward an Empirically Derived Typology of Obese Persons: Derivation in a Nonclinical Sample," *International Journal of Eating Disorders* 13, no. 1 (1993): 93-108.
[65] "Pressing NAAFA Issues: As Seen by NAAFA's Board of Directors," *NAAFA Newsletter*, February / March, 1996, 6, 7.

process. According to Allison, Fabrey possessed a keen intellect and helped him to hone and refine his research questions.[66]

NAAFAns also fought to participate in research efforts. In 1995, an author writing for NAAFA objected that the Women's Health Initiative (WHI) barred fat women, with a BMI above 40, from participating. They study following 160,000 women between the ages of 50 and 79 years for 9-12 years, in order to determine relationships between diet, hormone therapy, calcium, vitamin D, and heart disease, cone fractures and certain types of cancer. NAAFA argued that the WHI was an important way researchers could learn more about making fat women healthier, as opposed to simply focusing on weight loss interventions. Smith argued that the fat were arbitrarily disenfranchised from the study. NAAFA contacted John Robin, one of the study investigators, and received two reasons for the exclusion. First, he said the patients were given standard doses of estrogen and that the larger amount needed by fatter women would cause breakthrough bleeding. He further argued, "they need to be dieting, not be in a study where weight loss is not a goal." Smith argued that the study would be an important opportunity to study how fatness protects or endangers the health of women taking estrogen and asked that a sub-trial be conducted for fat women. She further argued that several arms of the study, dealing with diet modification, could include fat women. The newsletter provided an address so that NAAFAns could contact the study investigators to protest the exclusion of fat women.[67]

Later that year, after an outpouring of letters from NAAFAns, Loretta Finnegan, director of the WHI study wrote a letter to NAAFA. She explained that the exclusion was

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[66] Allison, interview.
[67] "WHI Excludes Fat Women," *NAAFA Newsletter*, March / April, 1995, 1, 10.

based on the potential for disorders that would necessitate exclusion. She wrote that fat women who were otherwise healthy could participate. Smith expressed urged NAAFAns to take a copy of Finnegan's letter with them if they sought to enroll in the study.[68]

This was a major victory for members of NAAFA. The NIH had recently passed the NIH Revitalization Act of 1993, including stipulations on the inclusion of women and minorities in clinical trials. Largely thanks to the work of AIDS activists, researchers increasingly viewed participating in clinical trials as an important right, and a means of improving the health of under-served populations. NAAFA did not gain the same level of inclusion as minorities and women – groups that had to sampled extensively enough to allow for a statistically significant subpopulation analysis – but at the very least they successfully argued for inclusion in the research population. Like McAfee, NAAFA fought to provide a voice for fat people in their own health care.[69]

## Fat Acceptance Experts After the Obesity Epidemic

The rhetoric of obesity as an "epidemic" started in the mid-1990s. The use of the term cannot be pinpointed to one central origin, but several key moments reinforced epidemic thinking. Fat activist Lynn McAfee argues that the 1993 publication of a paper on obesity and mortality served as one crucial moment. The authors argued that 300,000 deaths annually in the United States could be attributed to poor nutrition and sedentary habits. This figure was rapidly interpreted in a simplified fashion, with the media and

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[68] "WHI Director Listens," *NAAFA Newsletter*, July / August, 1995, 1, 9.
[69] Laurence S. Freedman et al., "Inclusion of Women and Minorities in Clinical Trials and the NIH Revitalization Act of 1993 - The Perspective of NIH Clinical Trialists," *Controlled Clinical Trials* 16, no. 5 (1995): 277-285.

government proclaiming that that obesity killed 300,000 people a year.[70] This event did not single-handedly start the obesity epidemic, and the transition to the language of "epidemic" was gradual, but it provided a frightening statistic, and a rationale for intensifying efforts to combat obesity.[71]

Sociologist Natalie Boero argues that a 1994 publication from the National Center for Health Statistics helped launch the obesity epidemic. The authors claimed that according to BMI standards, one-third of Americans were overweight or obese. The *New York Times* covered the paper, labeling the condition an epidemic.[72] Political scientist J. Eric Oliver dates the obesity epidemic to 1998, when the CDC created a slideshow depicting obesity rates rising in the United States. The slides showed the rate of obesity rising by state, with a state's color changing from a cool to hot colors as its rate rose over time. The slide show effectively conveyed a sense of urgency about obesity, but the researchers failed to note that much of the change was due to a redefinition of obesity in 1995. Previously, men had been considered overweight at a BMI of 27.8 and women had been considered overweight at a BMI of 27.3, but the World Health Organization dropped this cutoff to 25, making millions overweight overnight.[73]

In 1995, the National Heart, Lung and Blood Institute (NHLBI) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the NIH convened an expert panel to formulate the first official, national guidelines for the treatment of

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[70] JM McGinnis and WH Foege, "Actual Causes of Death in the United States," *Journal of the American Medical Association* 270, no. 10 (1993): 2207-2212.
[71] See http://www.foxnews.com/story/2004/09/02/government-questions-obesity-scare/ (accessed 11/10/2013).
[72] Boero, "All the News that's Fat to Print: The American 'Obesity Epidemic' and the Media," 41-60.
[73] Oliver, *Fat Politics: The Real Story Behind America's Obesity Epidemic*, 22, 28-33, 38-43.

obesity. Published in 1998, these recommendations were an important reference point for medical practitioners and obesity researchers.[74]

The panel's guidelines differed from those of the 1992 NIH consensus conference in their tone of urgency and insistence on the dangers of obesity. However, many of the treatment recommendations themselves remained unchanged. Like the 1992 NIH panel, the 1998 panel recognized that most diets didn't produce dramatic long-term weight loss, and emphasized lifestyle change. Despite the difference in tone between the two reports, the 1998 guidelines were still shaped by earlier debates on the treatability of obesity. They still addressed many of the questions raised by experts affiliated with the fat acceptance movement.

The difference in tone between the 1992 and 1998 obesity treatment guidelines arose from the perceived urgency of treating obesity in the late 1990s. Whereas the 1992 NIH consensus panel was convened as the result of allegations against the diet industry,

> The impetus for these guidelines was the recognition that the prevalence of overweight and obesity in the United States is increasing, and that practitioners need to be alerted to the accompanying health risks.[75]

The panel framed obesity as an increasingly prevalent, dangerous disorder, necessitating communication with medical practitioners. Rather than addressing the dangers of diets, this panel emphasized the dangers of obesity.

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[74] NHLBI Obesity Education Initiative Expert Panel on the Identification, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.
[75] Ibid., vii.

In its treatment recommendations, the panel was more open to the use of more aggressive therapies, such as pharmacotherapy and surgery. The 1992 panel argued that greater evaluation of drug therapies was necessary before they could be recommended. In contrast, the 1998 panel discussed sibutramine (marketed as Meridia) as a promising new drug, and argued that it could be a useful adjunct to therapy.[76] Indeed, several members of the 1998 NIH panel had participated in a 1996 FDA approval hearing for sibutramine, which was approved in 1997. At the FDA hearing, they were enthusiastic about the drug, and framed its potential to ameliorate obesity in light of the growing obesity epidemic.[77] As discussed later in this chapter, the weight loss drug dexfenfluramine (Redux) was withdrawn from the market in 1997, before the 1998 guidelines were published. That the panel was still willing to support the use of weight loss drugs after the Redux scandal speaks to the strength of their belief that rising rates of obesity constituted a dangerous epidemic.

Furthermore, the 1998 panel suggested bariatric surgery for severely obese patients who had not lost weight using other methods, whereas the 1992 panel did not evaluate surgical methods of weight loss. As discussed in chapter two, the use of bariatric surgery declined after a 1978 NIH consensus conference panel determined that the operations produced unpredictable results and carried high risks.[78] However, by 1998 the state of the field had changed. In 1991, the NIH convened a second consensus

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[76] Ibid., xx.

[77] Clinicians and scientists reviewing the drug for the FDA were enthusiastic about its use. Several, including Xavier Pi-Sunyer and John Foreyt, helped formulate the 1998 NIH guidelines. Endocrinologic and Metabolic Drugs Advisory Committee, *Meeting #64*1996.

[78] Van Itallie and Burton, "National Institutes of Health Consensus Development Conference on Surgical Treatment of Morbid Obesity," 455-457.

development conference to assess bariatric surgery. The conference committee concluded that some bariatric surgical procedures – most notably vertical banded gastroplasty and gastric bypass (Roux-en-Y) procedures – were effective for patients with severe obesity or complications of obesity. The authors argued that patients should first try non-surgical methods of weight loss, but that for patients unsuccessful using these methods certain well-informed, motivated patients were good candidates for surgery. The panel pointed to the long-term failures of dietary therapy as a reason to pursue bariatric surgery in select patients.[79]

Rates of bariatric surgery grew slowly but steadily after the consensus conference in 1991, and in the late 1990s that bariatric surgery rates increased dramatically. According to data from the American Society for Bariatric Surgery, approximately 15,000 operations were performed in 1992 and that number had climbed to over 100,000 operations by 2003. According to surgeons in the field, this was largely due to the development of laparoscopic surgical techniques for bariatric surgery around 1994, and a number of high profile individuals such as Carnie Wilson and Al Roker undergoing operations.[80]

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[79] "Gastrointestinal Surgery for Severe Obesity. Proccedings of a National Institutes of Health Consensus Development Conference. March 25-27, 1991, Bethesda, MD.," *The American Journal of Clinical Nutrition* 55, (1992): 487S-619S; "Report of a Meeting," *The American Journal of Clinical Nutrition* 33, no. 2 (1980): 353-530.

[80] M. Belachew et al., "Laparoscopic Adjustable Silicone Gastric Banding in the Treatment of Morbid Obesity," *Surgical Endoscopy* 8, no. 11 (1994): 1354-1356; Edward H. Livingston, "The Incidence of Bariatric Surgery Has Plateaued In the U.S.," *The American Journal of Surgery* 200, no. 3 (2010): 378-385; Robert Steinbrook, "Surgery for Severe Obesity," *The New England Journal of Medicine* 350, no. 11 (2004): 1075-1079; Alan C. Wittgrove, G. Wesley Clark, and Laurier J. Tremblay, "Laparoscopic Gastric Bypass, Roux-en-Y: Preliminary Report of Five Cases," *Obesity Surgery* 4, (1994): 353-357.

The 1998 treatment panel's increased enthusiasm for pharmacotherapy and bariatric surgery reflected the growing viability of both options. However, their interest also stemmed from a risk-benefit analysis of treatment, in which they perceived the risks of obesity in heightened terms. Framing obesity as an epidemic, the panel saw a greater role for invasive treatments.

Despite the panel's more urgent call for obesity interventions, many of their treatment recommendations mirrored those of the 1992 NIH panel. They still framed obesity as a chronic condition, necessitating lifelong care, and continued weight maintenance. Advocating for healthy lifestyles, the panel recommended "a program consisting of dietary therapy, physical activity, and behavioral therapy."[81] Like the 1992 panel, the authors made healthy behaviors a central feature of their recommendations. The panel also argued that treatment goals should be moderate, with patients aiming to lose10% of their body weight. The authors claimed,

> Obese persons seeking weight reduction must come to terms with real limits in their biological and behavioral capacities to lose weight. Otherwise, weight loss attempts may only intensify the sense of failure and struggle that is already present among many obese individuals.[82]

Like the 1992 panel, they moderated treatment goals with the understanding that some patients were predisposed to higher body weight. Moreover, they hoped patients would avoid the sense of failure that might result from unsuccessful dieting. The panel even went so far as to endorse the idea that some overweight people did not need to diet. In their treatment flow chart, if a patient had a BMI between 25 and 30, with no obesity-

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[81] NHLBI Obesity Education Initiative Expert Panel on the Identification, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, xxviii.
[82] Ibid., 22.

related co-morbidities, and didn't want to diet, he or she would simply be advised to maintain the same weight. Although not a tremendous victory for the anti-diet movement, this recommendation at least allowed for the possibility that some people above recommended weight could be healthy.[83]

In several places, the 1998 NIH panel raised concerns from the anti-diet movement in order to dismiss them. Even though the panel rejected anti-diet criticisms, they nonetheless addressed the points such critics made. For example, the authors wrote,

> Some have argued against treating obesity because of the difficulty in maintaining long-term weight loss and of potentially negative consequences of the frequently seen pattern of weight cycling in obese subjects. Others argue that the potential hazards of treatment do not outweigh the known hazards of being obese. The intent of these guidelines is to provide evidence for the effects of treatment on overweight and obesity.[84]

The purpose of the guidelines was, at least in part, to valorize diets in response to intense anti-diet sentiment. Although the panel did not agree with criticisms leveled by the fat acceptance movement, their report was meant as a response. Many of the questions raised by experts from the movement shaped the terms of debate on the treatability of obesity.

In other passages, the panel argued against anti-diet criticisms, citing more recent evidence. The authors wrote,

> In recent years, a fat acceptance, nondieting advocacy group has developed. This has emerged from concerns about weight cycling and its possible adverse effects on morbidity and mortality. However, recent evidence suggests that intentional weight loss is not associated with increased morbidity and mortality. For this reason, the guidelines have been made explicit on the importance of intervention for weight loss and maintenance in the appropriate patient groups.[85]

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[83] Ibid., xviii, 71-72.
[84] Ibid., xi.
[85] Ibid., 90.

The passage suggested that the authors of the report were highly aware of the fat acceptance movement and their criticisms of weight loss interventions. The panel emphasized that research had been conducted to address these issues, and that weight loss was indeed appropriate. Although arguing against the fat acceptance movement, the researchers nonetheless responded to their criticisms.

Finally, obesity researchers responded to criticisms related to binge eating. The 1998 panel argued,

> Critics of behavioral treatment of obesity have argued that caloric restriction may cause or contribute to the episodes of binge eating and BN [bulimia nervosa]. Three studies have tested this hypothesis. Neither moderate nor severe caloric restriction exacerbated binge eating.[86]

Once again, the panel dismissed criticisms from the anti-diet movement, but addressed their claims by citing additional research. Experts affiliated with the fat acceptance movement did not determine the recommendations of the 1998 panel, but their critiques helped shape research questions, and subtly altered how obesity researchers understood the condition.

Experts affiliated with the FAM had a lasting influence on treatment protocols, and how obesity researchers understood the condition. They did not convince researchers to abandon dietary therapy, but they shaped research questions on the long-term effects of weight loss treatments. Experts such as Garner, Wooley and Polivy heightened concerns over the failure of diets, and presented the most cogent, comprehensive critique of dieting.

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[86] Ibid., 22.

Through key moments of medical consensus building, members of the obesity research community took fat acceptance critiques into account. Obesity experts reformulated treatment guidelines, making goals more modest and tailored to the individual, and they framed obesity as a lifelong, chronic condition, necessitating ongoing care. In the context of the obesity epidemic, the call to treat obesity became more urgent, but this new formulation of obesity remained firmly in place.

## Lay Activism After the Obesity Epidemic

Laypersons had limited influence over major policy decisions, especially in the context of the late 1990s, and the intensifying rhetoric of the "obesity epidemic." Two areas of activism undertaken by Lynn McAfee show the limitations of lay influence. The first was her work to halt the approval of dexfenfluramine, and the second was her contribution to FTC attempts to limit advertising claims in the weight loss industry.

In 1995, the Federal Drug Administration (FDA) held two hearings related to the drug dexfenfluramine (marketed as Redux) and it approved the drug in 1996. The approval and subsequent withdrawal of dexfenfluramine was a debacle for the FDA. After one year on the market, the highly anticipated drug was withdrawn because it was linked to heart valve damage. McAfee worked to protect fat people during this process. Although they met with limited success, the process shows the extent to which the fat acceptance movement served as a lone voice for fat people.

At a dexfenfluramine hearing, held October 16, 1995, McAfee claimed, "I have been every weight there is. And so I feel I have a unique perspective to offer. I also may

be one of the few people in the room who has actually taken fenfluramine." She grounded her knowledge of weight loss drugs in her personal experiences as a fat person, and as a consumer of weight loss drugs. She offered a perspective on weight loss drugs that those involved in creating the drug did not share – she had taken the drug. McAfee argued, "First let me say that there is no one in this room today who wants and needs this drug more than I do. I weigh well over 500 pounds and have serious size-related physical ailments." Despite her fat-related health problems, McAfee argued that Redux had not been properly tested and it was not shown to be efficacious enough to warrant its risks. Representing herself as a fat person suffering and wanting help, McAfee enhanced her credibility in making the argument that the drug was not worthwhile from a risk/benefit perspective.[87]

As a patient advocate, McAfee deferred to the expertise of scientists and physicians. She claimed, "the tangled axon problem is a more difficult one for me to evaluate as a lay person." Deferring to experts rather than challenging their authority as she had in the Fat Underground allowed McAfee a seat at the table. Scientists were willing to listen to her and take her arguments more seriously than when she had stormed buildings with Aldebaran in the 1970s. Her testimony at the 1995 meeting garnered praise from one of the attending physicians. He requested a copy of her presentation and he explained, "Because some of the comments she made are very pertinent, and I would like to think about them."[88]

In retrospect, McAfee believed the drug won narrow approval for two reasons. At the hearings, the drug's proponents claimed that over 300,000 people a year died from

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[87] "Dexfenfluramine Hearings," 23-24.
[88] Ibid., 24, 28.

obesity. That particular statistic, one of the cornerstones of the "obesity epidemic," apparently convinced members of the FDA that approving a new drug was essential. McAfee also argued that the FDA committee approved Redux because they believed that even small weight losses could reduce the harms of obesity. Some believed that the benefits of weight loss were evident before the person even lost weight, so it might have more to do with the body being in "starvation mode" than weight loss per se.[89]

Upon approval, the drug was greeted with a great deal of fanfare. Patients, primarily women, often sought to use the drug for minimal weight loss. Physicians faced pressure to prescribe the drug, or to lose clientele. Approximately 1.2 million prescriptions for Redux were handed out in its first five months on the market, meaning it was a tremendously popular drug.[90]

NAAFA joined forces with the CSWD and 6 former patients, and sued the drug maker and the FDA. The organization wanted the drug withdrawn from the market, and to administer a reparations fund for patients. In a newsletter article, NAAFA instructed its members on how to get in touch with the organization to become part of the legal action. NAAFA complained that patients had not been given enough input into the Redux approval process. McAfee argued that the NIH and FTC had welcomed the input of the CSWD, but that the FDA had "stonewalled" their requests for information on the drug, and had not welcomed consumer input in the approval process. According to McAfee, the attitude was unfortunate, because the council genuinely hoped the pharmaceutical industry would create effective drugs to help those obese individuals who might benefit

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[89] Lynn McAfee, "Dexfenfluramine / Redux," unpublished paper. No date.
[90] Robert Langreth and Laura Johannes, "Is Marketing of Diet Pill Too Aggressive?," *Wall Street Journal*, November 21, 1996, B1.

from weight loss. Indeed, while many fat activists inspired anger (one Rutgers University Professor described fat activists as "a bunch of terrorists"), McAfee maintained cordial relations with several drug companies, including Knoll Pharmaceuticals.[91]

One week after NAAFA filed the lawsuit, however, evidence began to mount that the drug was associated with heart valve damage. Within the first year, a physician noticed a form of rare heart valve damage in a few of his patients on the drug. He contacted the Mayo Clinic and they put together a series of case reports on the problem. The makers of dexfenfluramine (Redux) and the related compound fenfluramine (Pondimin) voluntarily withdrew both drugs from the market on September 16th, 1997.[92]

The public response was dramatic. Over 100,000 former users of the diet drugs called the drug manufacturer information hotline for more details on the risk of valvular heart disease.[93] Almost immediately, the lawsuits began "piling up across the land" and lawyers jumped into the "feeding frenzy."[94] By 2004, the drug manufacturer, Wyeth, had paid out over $13 billion to settle lawsuits with former users of the two drugs.[95] Estimates on the number of patients affected varied, but conservative estimates suggested 1 out of

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[91] Several articles in the 1997, v 27 no 3 Sept / Oct NAAFA Newsletter deal with this issue. "CSWD Sues FDA to Stop the Sale of Redux and Fen/Phen. Statement given by Lynn McAfee, September 5, 1997," Council on Size & Weight Discrimination, Inc., Unpublished paper. Kitta MacPherson and Edward R. Silverman, "She Speaks for the Obese," Newark Star-Ledger, 2/17/1997.

[92] Heidi M. Connolly et al., "Valvular Heart Disease Associated with Fenfluramine-Phentermine," *The New England Journal of Medicine* 337, no. 9 (1997): 581-588; Robert Langreth, "What the Drug Recall Means to Patients," *Wall Street Journal*, 16 September, 1997, B1.

[93] Barbara Carton and Laura Johannes, "American Home Reports 100,000 Calls to Hot Line Since Recall of Diet Drugs," *The Wall Street Journal*, 18 September, 1997, B5.

[94] Richard B. Schmitt, "Feeding Frenzy: Trial Lawyers Rush to Turn Diet-Pill Ills Into Money in the Bank," *The Wall Street Journal*, 24 October, 1997, A1.

[95] Neil A. Martin, "Barron's Insight: Wyeth Outlook Brightens As Diet-Drug Woes Fade," *The Wall Street Journal Sunday*, 31 October, 2004.

every 8 patients developed valvular regurgitation.[96] By 1998, approximately 7 million prescriptions had been written for fenfluramine and another 2.5 million prescriptions had been written for dexfenfluramine.[97] Potentially over a million people, mostly women, suffered valvular heart damage as a result of taking these two drugs.

McAfee, and other opponents of dexfenfluramine, had no way of knowing that the drug led to valvular heart disease. Nonetheless, if the FDA and drug manufacturer had adopted a more cautious stance toward diet drugs, the disaster might have been avoided. Given that dexfenfluramine only led to modest weight loss, and the drug manufacturer had not tracked long-term outcomes, a more prudent approach may have been warranted, even in the face of the "obesity epidemic."

In the late 1990s, there was another instance in which patient advocacy failed to produce results. In 1997, the FTC hosted the conference, "Commercial Weight Loss Products and Programs: What Consumers Stand to Gain and Lose." The consensus report authors framed the conference as an outgrowth of the FTC's efforts to regulate the weight loss industry in the early 1990s, the 1992 NIH technology assessment conference, and a report on the topic written by the Institute of Medicine in 1995.[98] The 1997 FTC panel described "an epidemic of obesity that drains our economy of billions of dollars annually…Next to smoking obesity is the second leading cause of preventable death in

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[96] M Sachdev et al., "Effect of Fenfluramine-Derived Diet Pills on Cardiac Valves: A Meta-Analysis of Observational Studies," *American Heart Journal* 144, no. 6 (2002): 1065-1073.
[97] Governale, "Patterns of Prescription Weight-Loss Drug Use."
[98] Obesity, *Weighing the Options: Criteria for Evaluating Weight-Management Programs*.

the United States."[99] In this context, developing effective methods of weight loss seemed all the more imperative.

The conference participants sought to better understand rising rates of obesity and the large amount of money spent on weight loss products. They hoped to improve the information that consumers received about obesity and weight loss products and programs. In 1995, the FTC rejected a petition calling for the organization to formulate a trade regulation rule for the weight loss industry, arguing that the costs of enforcement outweighed the potential benefits.[100] The conference consisted of four panels, a Consumer Panel, a Provider Panel, The Science Panel, and The Government Panel. After these presentations, the conference held an open forum to discuss research needs and the participants formulated an action plan.

Lynn McAfee presented as part of the Consumer Panel. She argued that people were primarily motivated to lose weight due to the social prejudice large people experienced. She suggested that other options for dealing with prejudice, rather than weight loss, needed to be explored. She argued that many health care providers tried to scare people into losing weight, and that it was ineffective and offensive. McAfee wanted commercial weight loss programs to be recast as "commercial health programs," stressing the benefits of improved diet and exercise rather than weight loss. The consumer panel called for the provision of certain types of data from weight loss programs, including information about costs, duration of the program, staff credentials, and long-term outcomes.

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[99] Presiding Panel, *Commercial Weight Loss Products and Programs: What Consumers Stand to Gain and Lose* 1997. 1.

[100] The Center for Science in the Public Interest, the American Society of Bariatric Surgeons, the National Consumers League, and others petitioned the FTC. Ibid., 6.

The provider panel responded to some of the demands from the consumer panel. They expressed willingness to provide information on costs, duration of the program and staff credentials. One of the research questions the group formulated incorporated some of McAfee's concerns. The provider panel agreed to investigate the question, "How does discrimination against obese persons influence their weight loss choices and decisions? How can discrimination best be addressed [?]" The providers also agreed to make more modest claims about program outcomes. They wished to highlight the benefits of moderate weight loss, and to emphasize that there were no magic bullets, and that weight loss required a lifetime commitment to modified diet and increased physical activity.

However, the provider panel refused to provide long-term outcomes data. Industry representatives argued that long-term data was difficult and expensive to collect, and that poor long-term outcomes would discourage consumers from using their programs. According to McAfee, physician George Blackburn had devised several inexpensive, statistically significant methods for long-term data collection. However, over lunch, one of the weight loss company executives told McAfee, "We have to tell you we decided we're not going to do follow-up of long-term efficacy. It would be too depressing for people to know there's a 98% failure rate." According to McAfee, "the FTC was pissed," but there was nothing they could do. As a result of the conference, the participants formulated disclosure guidelines for the weight loss program industry, but they remained voluntary.[101]

Despite congressional hearings on the diet industry in the early 1990s, and the wave of FTC lawsuits that followed, little changed. The government did not formulate

[101] McAfee, interview.

industry-wide standards, and weight loss companies refused to collect and disseminate long-term data on their programs. Even in the FTC's own appraisal, their regulatory efforts met with little success. In a 2002 report, the agency concluded that over half of advertisements from the weight loss industry contained false or unsubstantiated claims. The further noted that between 1992 and 2001, the frequency of weight-loss ads in magazines more than doubled, and the number of separate, distinct, ads tripled.[102]

Laypersons in the fat acceptance movement played an important role in shaping expert knowledge in the early 1990s. Members of NAAFA and the CSWD held obesity researchers accountable, and pushed stigma and discrimination further up the research agenda. Furthermore, McAfee acted as a powerful voice for fat people. She articulated their needs, and tried to protect them from dangerous diet products. She emphasized the stigma and discrimination fat people experienced in their daily lives. Giving voice to one's needs is an important step in obtaining adequate, safe, respectful health care. Consumer advocacy can improve a person's sense of self-efficacy, and health outcomes.[103]

Nonetheless, lay fat activists failed to prevent the approval of dexfenfluramine, and could not pressure the FTC to pass meaningful limitations on advertising from the weight loss industry. Whereas AIDS activists and feminists marshaled many supporters to pressure the FDA for greater access to experimental drugs and increased patient

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[102] From the 1920s to the 1980s, the FTC brought 73 weight loss cases. In the 1990s they pursued 81 cases. Richard L. Cleland et al., *Weight-Loss Advertising: An Analysis of Current Trends* 2002. 26.

[103] Robert M. Anderson et al., "Patient Empowerment: Results of a Randomized Controlled Trial," *Diabetes Care* 18, no. 7 (1995): 943-949; Segal, "The Importance of Patient Empowerment in Health System Reform," 31-44; Tomes, "Patient Empowerment and the Dilemmas of Late-Modern Medicalisation," 698-700.

protections, fat activists drew limited support.[104] Despite the diet industry's wide reach, and relevance to the lives of women, feminists did not respond to the Redux scandal with political action. This speaks to the rhetorical power of the "obesity epidemic," and the persistence of obesity stigma.

## Conclusion

Experts affiliated with the fat acceptance movement, primarily identified with the eating disorders community, shifted debate on the nature of obesity and its appropriate treatment. Researchers such as David Garner and Susan Wooley articulated the concerns that most diets failed, and could lead to binge eating and long-term health problems. Obesity researchers did not agree with their interpretation of the data, but nonetheless addressed the questions they posed, and responded to their challenges. Experts in the fat acceptance movement helped shape the terms of debate on the nature and treatment of obesity. At a key NIH consensus conference, held in 1992, an expert panel redefined obesity as a chronic illness, necessitating lifelong care. They advocated a cautious approach to dieting, and minimal weight loss goals. Despite the rise of the "obesity epidemic" in the late 1990s, and a backlash against fat activists, most of these recommendations remained in place. The effect of experts from the fat acceptance movement was paradoxical – leading to an intensification of the medical model of obesity.

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[104] Epstein, *Impure Science*; Kline, *Bodies of Knowledge*.

Laypersons from the fat acceptance movement did not substantially alter understandings of the nature of obesity, but they drew increased attention to the importance of addressing stigma and discrimination against fat people. Perhaps most important, activists like Lynn McAfee gave fat people a voice in their own health care. The success of the women's health movement, and the successes of HIV/AIDS activists in the 1980s, fundamentally changed the value of experiential evidence. In the context of intensifying challenges to medical authority, experts placed a higher value on lay knowledge.[105]

[105] Epstein, *Impure Science*. Kline, *Bodies of Knowledge*.

# Conclusion:

## "Obesity is Now a Disease"

As this dissertation shows, the fat acceptance movement has had far-reaching effects. Fat activists consistently challenged the pathologization of fatness. In the 1970s, Bill Fabrey argued that fatness was often perfectly compatible with health, although sometimes it could be pathological. During the same time period, Aldebaran of the Fat Underground claimed that all pathologies associated with fatness were due to discrimination and societal pressure to be thin, and that fatness itself was not a source of poor health. In the late 1980s and 1990s, members of the fat acceptance movement emphasized the dangers of dieting and the inefficacy of the practice. As it had in the 1970s, NAAFA argued that the emphasis of medical care should be on making fat people healthy, not making fat people thin. Arguments against the pathologization of fatness differed across the movement and over time, but fat activists offered a consistent protest against medicalization, a process fat activists saw as harmful to health, fat community, and fat identity. While fat feminists tended to rely on bodily knowledge more often than NAAFA, both groups enlisted personal experience and expertise to make their case against the pathologization of fatness.

Acting as whistle-blowers about the weight loss industry and obesity researchers, fat activists helped shape how American clinicians approached obesity, weight loss, and health. Obesity researchers in the early 1990s reconsidered the safety and efficacy of dieting for a number of reasons. Their own research demonstrated the inefficacy of weight loss strategies over the long term, but they also responded to fat activist experts

and laypersons. Wooley and Garner challenged the obesity research community by loudly and repeatedly questioning the safety and efficacy of dieting. Laypersons picketing and demanding safer weight loss products fostered a sense of accountability. As researcher John Foreyt argued, "they held our feet to the fire."[1] By the mid-1990s, the obesity research community had re-envisioned obesity as a chronic disease, often associated with binge eating behaviors. Treatment protocols were revised accordingly, encouraging small weight losses, long-term care, and psychological treatment for those with binge eating tendencies.

Acting as a consumer representative, Lynn McAfee became a powerful advocate for fat people within the obesity research community. Widely respected among obesity scientists, she gave fat people a voice in the development of drug therapies and weight loss programs. McAfee, and the fat acceptance movement more generally, gave fat people a say in their own health care.

Fat activists influenced feminism and popular culture. Susie Orbach's work, *Fat is A Feminist Issue*, opened a dialogue about fatness and feminism but it was radical fat feminists who helped edit chapters in the seminal text *Our Bodies, Ourselves*. Although the text still framed fat as potentially pathological, it criticized fat oppression and linked it with sexism. Although late to enter the fray, *Ms.* magazine published a foundational article written by Carol Sternhell, arguing "fat can be fit." Such feminist health texts as *Women's Health* continued to include a critique of fatphobia, and NOW endorsed a size acceptance platform. The fat acceptance movement may not have convinced Americans to give up dieting in droves, but it can be conceptualized as the tip of an iceberg. While

[1] Foreyt, interview.

only a few large people identified as fat and became part of the movement, many more perhaps came to believe some of the movement's claims. Large Americans were encouraged to believe that fat could be fit, and that they could lead happy, satisfied lives without losing weight.

The fat acceptance movement made new forms of identity available to fat people. As a result of the movement, starting in the 1970s fat people could shop at retailers for fat people only, participate in fat-themed conferences, and enjoy fat-centered outings. In more recent decades, the fat acceptance community has blossomed to include numerous websites and chat rooms, a network known as the "fatosphere."[2] For a group that has faced intense stigmatization and rejection, these opportunities helped to transform fat experience. Although this culture existed only in a few enclaves, it provided a valuable source of cultural diversity and an important lifeline for those suffering from fat discrimination.

However, there were limitations to fat activism. As a movement mostly composed of white, middle or upper-middle class women, the fat acceptance movement resembled the feminist movement in its demographics. Activists within the movement eventually called for greater inclusivity, holding the movement responsible for excluding people of color, men, those of different class backgrounds, lesbians and gays.[3] The fat acceptance movement gave an under-represented segment of the population – fat people – a voice, but only certain fat people spoke out. Moreover, the movement suffered from a lack of

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[2] Marissa Dickins et al., "The Role of the Fatosphere in Fat Adults' Responses to Obesity Stigma: A Model of Empowerment Without a Focus on Weight Loss," *Qualitative Health Research* 21, no. 12 (2011): 1679-1691.

[3] NOLOSE, "A Response to White Fat Activism from People of Color in the Fat Justice Movement," http://www.nolose.org/activism/POC.php (accessed June 13 2012).

representativeness in a more general sense. Even though NAAFA and the fat acceptance movement represented only a fraction of the fat population, they hoped, and sometimes claimed, to speak for all fat people. While most members of the fat acceptance movement identified themselves as feminists, NAAFA never articulated a gendered critique of fatness. The leadership included more feminists in the 1990s, but predatory, sexist behavior persisted.[4]

An analysis of the fat acceptance movement points to some limitations of 1960s and 1970s rights movements, feminism especially. The civil rights movement, and other rights movements following in its wake, strove to gain civil and political rights for people who had been historically marginalized – African Americans, Latinos, gays, women, and others. However, legal protections against employment and housing discrimination were, for the most part, not extended to fat people largely because fatness was seen as a choice and a disorder rather than a natural, unchangeable state. Despite the extreme difficulty of weight loss, and the lack of evidence that everyone who is fat can become thin, because some people manage to lose weight, this was taken as a justification for believing all fat people could become thin if they tried hard enough. Like many conditions, fatness involves a complex interplay between genetics, environment and personal choice – a balance that varies between individuals. Perhaps rather than asking whether fatness is changeable in an absolute sense, it makes more sense to ask what a society can rightfully demand of its citizens for full inclusion. In the United States in the late 20th century,

[4] In the 1990s, one male member of NAAFA, in particular, was in the habit of harassing women. In a particularly vivid incident, he grabbed Sally Smith's breasts and she retaliated by slapping him. Smith subsequently worried she would lose her position as executive director. McAfee, interview.

society essentially demanded that fat citizens undertake ineffective, expensive, and sometimes dangerous weight loss endeavors in order to gain full protection under the law.

The fat acceptance movement also points to some limitations of feminism in the late 20th century. Feminists, for the most part, ignored fatness as a political issue in the 1960s and early 1970s. While feminists critiqued the commodification of women's bodies, many of them also actively worked to avoid the stereotype of feminists as de-sexed, fat women who only sought out political activism after being rejected by men. Gloria Steinem, of *Ms*. magazine, provided a conventionally physically attractive, svelte role model for the feminist movement. Although many feminists eventually moved toward accepting larger women, until the late 1970s feminists argued that fatness was a pathology created by patriarchy, a disorder that would be eradicated once women freed themselves from male oppression. Lesbian feminists made more of a gesture toward inclusion, but fat women argued they were still rejected at the level of personal relationships.[5] In 1997, the withdrawal of fenfluramine and dexfenfluramine failed to generate a widespread feminist response, even though the millions of dieters, mostly women, were exposed to grave danger. Second wave feminists did more than any other group to support fat acceptance, but still more could have been done.

The future of the fat acceptance movement remains unclear. On June 18, 2013, the American Medical Association (AMA) voted to consider obesity a disease, ignoring the recommendations of the association's Council on Science and Public Health, which

[5] Shelley Bovey, *The Forbidden Body: Why Being Fat is Not A Sin* (London: Pandora, 1989, 1991); Schoenfielder and Wieser, eds., *Shadow*.

had studied the issue over the course of a year.[6] Several factors deterred the Council from recommending that obesity be considered a disease. The members argued that terming obesity an illness would increase the stigmatization of obesity, although physicians might be able to mitigate the effect and reduce stigma through patient education. They also argued that BMI was a deeply problematic measure of obesity, but there was no viable alternative, so it would most likely be used despite its problems. Finally, the committee argued that the metabolically healthy obese, and those who had improved lifestyles but had not reduced below the obesity cutoff would be permanently labeled diseased, potentially increasing stigma. They pointed out that one third of the population would be labeled ill and they were hesitant to endorse this broad indictment of Americans' health.[7] In reaching its final decision, the AMA did not consider the existence of healthy obese people and it did not address the issue of stigma. Instead, the organization cited the financial repercussions of obesity, as well as the increasing prevalence of the condition, as a humanitarian concern.[8]

The results of the AMA decision remain to be seen, but their choice to further pathologize obesity is troubling. While labeling obesity a disease may increase funding for treatment options, it is difficult to predict the effects on the stigmatization of the

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[6] "Obesity is Now A Disease, American Medical Association Decides," *Medical News Today*, 19 June, 2013; Andrew Pollack, "A.M.A. Recognizes Obesity as a Disease," *New York Times*, June 18, 2013.

[7] American Medical Association. Report of the Council on Science and Public Health (CSAPH). Report 3-A-13: Is Obesity a Disease? Presented at: House of Delegates Annual Meeting; 2013. http://www.ama-assn.org/assets/meeting/2013a/a13-addendum-refcomm-d.pdf. Accessed May 19, 2014.

[8] American Medical Association. House of Delegates Resolution 420: Recognition of Obesity as a Disease. Presented at: House of Delegates Annual Meeting; 2013. http://www.ama-assn.org/assets/meeting/2013a/a13-addendum-refcomm-d.pdf. Accessed May 19, 2014.

obese. On the one hand, labeling obesity a disease further entrenches the belief that high body weight is pathological, a belief that might increase stigma. On the other hand, if the American public subsequently comes to believe that obesity, as a disease, is beyond an individual's control, this might reduce stigma but confer the status of diseased sufferer on the fat person. If fat people embraced the patient role, this might lead to the creation of a very different type of community and identity than the current fat acceptance movement encourages. These are central issues. While organizations like the AMA may ignore the effects of stigma, fat people, such as Lynn McAfee, and obesity researchers, such as Albert Stunkard, point to the stigmatization of obesity as the most painful aspect of the condition. The voices of fat activists should count for something. Calling obesity a disease in its own right ignores the arguments of the few people – fat activists – who have been willing to represent the obese.

Proclaiming obesity a disease is not a neutral measure in terms of race, gender, or class. Women's bodies and people of color are more often associated with fatness, and pathologizing the condition will continue the historical trend of medicalizing these groups. Since at least the 1960s, obesity has been more prevalent among lower socio-economic groups, meaning that pathologizing high body weight also disproportionately affects these communities. Finally, the AMA decision ignores the existence of the metabolically healthy obese, and stigmatizes obese individuals who have lost weight and improved health risk factors, but remain obese.

But the AMA's decision surely will not be the end of the matter. Authoritative medical institutions have taken a range of positions on whether or not obesity constitutes a disease, and debates on whether or not obesity significantly increases mortality, and

whether one can be "fat but fit" still rage in the epidemiological literature.[9] Obesity researchers still struggle over how to best define obesity, and investigate the potentially detrimental effects of frequent weight changes, colloquially known as "yo-yo dieting."[10] Fat activists continue to organize around the medicalization of obesity as a central issue. In 2003, fat activists formed the Association for Size Diversity and Health (ASDAH). Founding members viewed the organization as part of a lineage of groups and individuals contesting the pathologization of fat, most notably, AHELP. The organization codified its health beliefs, creating the "Health at Every Size" (HAES) paradigm of weight and health. According to the HAES principles, individuals should seek health through exercise and a nutritious diet, whether or not those practices result in weight loss. The HAES philosophy has become a cornerstone of the fat acceptance movement, cited by NAAFA and fat acceptance advocates as an encapsulation of their beliefs about weight and health.[11] ASDAH has initiated a tentative dialogue with more mainstream obesity researchers, including Rebecca Puhl, of the Rudd Center. It remains to be seen whether fat activists can successfully contest the pathologization of high body weight in the context of the intensifying medicalization of fatness, but the battle is far from over.

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[9] Katherine M. Flegal et al., "Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories: A Systematic Review and Meta-analysis," *Journal of the American Medical Association* 309, no. 1 (2013): 71-82; TOS Obesity as a Disease Writing Group, "Obesity as a Disease: A White Paper on Evidence and Arguments Commissioned by the Council of The Obesity Society," 1161-77.
[10] Krista Casazza et al., "Myths, Presumptions, and Facts about Obesity," *The New England Journal of Medicine* 368, no. 5 (2013): 446-454; Allison Field, Susan Malspeis, and Walter C. Willett, "Weight Cycling and Mortality Among Middle-Aged and Older Women," *Archives of Internal Medicine* 169, no. 9 (2009): 881-886; Jennifer L. Kuk et al., "Edmonton Obesity Staging System: Association with Weight History and Mortality Risk," *Applied Physiology, Nutrition, and Metabolism* 36, (2011): 570-576.
[11] Bruno, interview; Bruno, "HAES® Files."

Lynn McAfee continues to work as a consumer advocate, protecting the interests of fat people. In 2012, McAfee officially became a patient representative to the FDA. When her four-year term is up, she hopes another member of the fat acceptance movement will take her place. Fat peoples' voices will be heard by the FDA and obesity researchers, however faintly. Given the number of fat people in the United States, and the high levels of funding for obesity interventions, it remains crucial to have that voice in health care.

Feminists continue to support elements of the fat acceptance movement. Recent editions of *Our Bodies, Ourselves* denounce strict standards of beauty, and the oppression faced by fat women. The authors argue that diets fail 95% of the time, and fatness is not as pathological as most women are led to believe.[12] Despite earlier hostilities between Susie Orbach and the fat acceptance movement, members of ASDAH invited the author to speak at their 2008 convention. Orbach claimed that she had re-thought her stance on fatness, and valued the perspective of fat acceptance advocates. Her current blog and website feature references to HAES and acceptance of a wide range of body sizes.[13]

In 2004, the fat acceptance movement entered a new phase of its existence, when Marilyn Wann started the "Fat Studies" email list. She framed the listserv as the foundation of an academic community dedicated to critiquing the cultural construction of fat. Scholars and activist-scholars including Kathleen LeBesco, Abigail Saguy, and Amy Erdman Farrell are pushing the academy to reconsider fat bodies as a fruitful area of

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[12] The Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York, NY: Simon & Schuster, 2005), 13-14; Antronette K. Yancey, Joanne Leslie, and Emily K. Abel, "Obesity at the Crossroads: Feminist and Public Health Perspectives," *Signs* 31, no. 2 (2006): 425-443.

[13] Endangered Bodies, "About," http://www.endangeredbodies.org/about (accessed May 19 2014); Dana Shuster, interview by author, Hayward, CA, April 1, 2012.

analysis. In 2009, psychologist Esther Rothblum and lawyer Sondra Solovay co-edited the foundational volume, *The Fat Studies Reader*. Although a "Fat Studies" program has yet to be created, pockets of researchers and Ph.D. students are taking up the study of fat.[14] Scholars have also worked to strengthen ties with the disability studies community, arguing that the fat body is disabled because the built environment subordinates fat individuals, and fat people are seen as contemptible.[15] Fat studies activists and scholars may not be able to halt the medicalization of fatness, but they may be able to make it culturally unacceptable to discriminate against fat people. By contributing to a swing in public opinion on the meanings of obesity, and fostering greater discussion of fat experience, their work will hopefully reduce the stigmatization of fatness. Physicians, researchers, and medical sociologists have long argued against the stigmatization of obesity, and fat studies may strengthen the impetus to offer greater protections to the fat. At the very least, this new area of academic inquiry offers fat people more representation, and makes the lives and experiences of fat people more visible.

Perhaps the most powerful and consistent message to come from the fat acceptance movement is the assertion that fat people deserve to live lives free of discrimination, stigma, and dangerous weight loss interventions. The movement has further demanded that fat people be given a voice, and granted access to safe, effective health care. Perhaps listening to fat people will help prevent future treatment failures and mishaps, and lead to safer, more respectful medical care. Hopefully the fat acceptance movement will some day win for fat people the basic human dignities we all deserve.

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[14] Rothblum and Solovay, eds., *The Fat Studies Reader*.
[15] Anna Kirkland, "What's at Stake in Fatness as a Disability?," *Disability Studies Quarterly* 26, no. 1 (2006).

# APPENDIX A:

## List of Interviewees

| **Interviewee** | **Date** | **Location** |
|---|---|---|
| David Allison | 5/31/2013 | Telephone |
| William Bennett | 2/28/2014 | Telephone |
| Barbara Altman Bruno | 6/22/2012 | Pleasantville, NY |
| William Fabrey | 6/24/2012 | Hopewell Junction, NY |
| Fall Ferguson | 4/3/2012 | Oakland, CA |
| John Foreyt | 11/22/2013 | Telephone |
| David Garner | 12/4/2013 | Telephone |
| Joanne Ikeda | 4/4/2012 | San Leandro, CA |
| Lynn McAfee | 10/10/2013 | Cape Coral, FL |
| Zoe Meleo-Erwin | 6/25/2012 | New York, NY |
| Deah Schwartz | 4/4/2012 | Oakland, CA |
| Dana Shuster | 4/1/2012 | Hayward, CA |
| Virgie Tovar | 4/3/2012 | San Francisco, CA |
| Marilyn Wann | 4/2/2012 | San Francisco, CA |

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