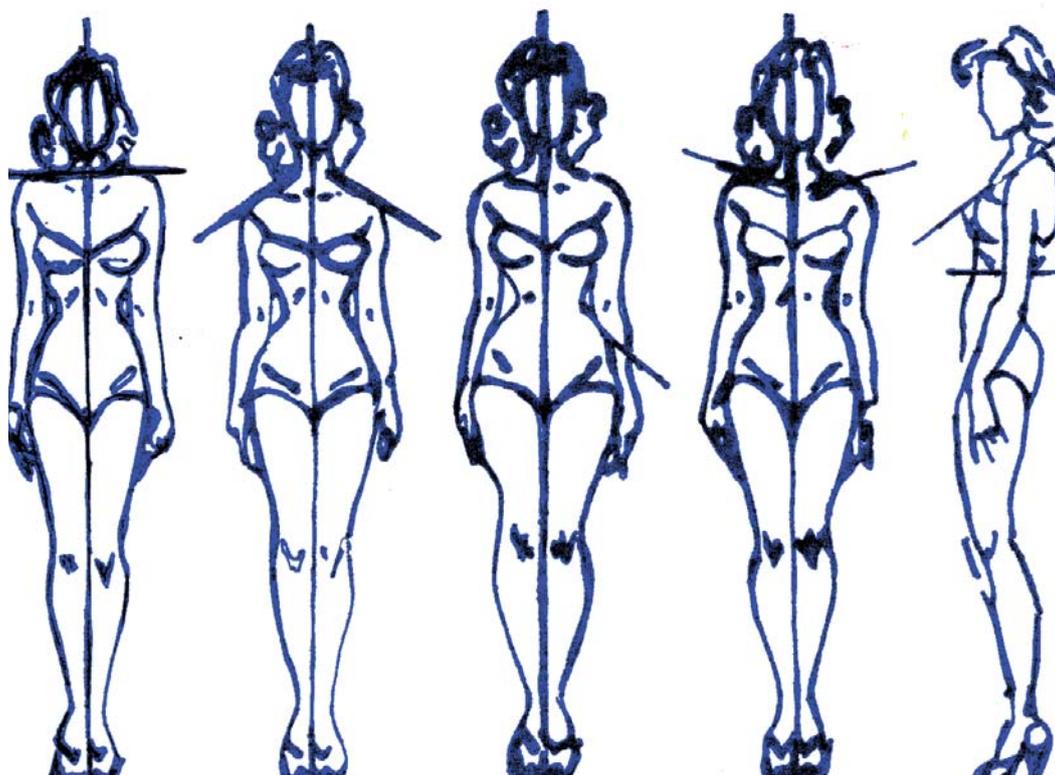


Hannele Harjunen

# Women and Fat

Approaches to the Social Study of Fatness



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UNIVERSITY OF JYVÄSKYLÄ

JYVÄSKYLÄ 2009

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JYVÄSKYLÄ STUDIES IN EDUCATION, PSYCHOLOGY AND SOCIAL RESEARCH 379

Hannele Harjunen

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UNIVERSITY OF JYVÄSKYLÄ

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Editors

Jussi Kotkavirta

Department of Social Sciences and Philosophy/philosophy, University of Jyväskylä

Pekka Olsbo, Marja-Leena Tynkkynen

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## ABSTRACT

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English summary

Diss.

This doctoral dissertation explores fatness from the viewpoint of social sciences and women's studies. It consists of four separately published articles and a summary article. The first article focuses on the normalization of fat female bodies in the school environment (Harjunen 2002) and the second article compares the medicalization of disability and fatness in the light of the so-called social model of disability (Harjunen 2004). The third article deals with the stigma of fatness (2004b) and the fourth discusses women's fatness through the concept of liminality (2007). The summary article draws together the themes that have been explored in the four articles and expands the discussion. Non-medical research on fatness has been sparse until recently; fatness has predominantly been seen as both a medical problem and a medicalized condition. The starting point of this doctoral dissertation is the conception of fatness as a multifaceted, gendered, and socially constructed phenomenon and experience. By looking for new ways of studying and conceptualizing fatness, the research aims to provide an alternative view to that presented by the dominant medical paradigm of fatness. The theoretical starting point of this research can be found in Foucauldian thought and the social constructionist idea of the body as a discursive category created, produced, and reproduced in social interaction and through social practices (e.g. Foucault 1979) such social practices as medicine, the health care system, school, religion, and the media (e.g. Harjunen 2002 & 2004). Methodologically, this doctoral dissertation draws from and contributes to feminist studies on the gendered body as well as to the currently emerging discipline of fat studies, which is sometimes referred to as "critical fat studies".

Keywords: women, gender, body, fat, medicalization, stigma, liminality

**Author's address** Hannele Harjunen  
Department of Social Sciences and Philosophy  
University of Jyväskylä, Finland

**Supervisors** Docent/Professor Eeva Jokinen  
Department of Social Sciences  
University of Joensuu, Finland

Docent Tuula Juvonen  
Department of Social Sciences and Philosophy  
University of Jyväskylä, Finland

**Reviewers** Docent/Professor Taina Kinnunen  
Department of Social Anthropology  
University of Oulu, Finland

Docent Elina Oinas  
Department of Sociology  
University of Turku, Finland

**Opponent** Docent Elina Oinas  
Department of Sociology  
University of Turku, Finland

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Jyväskylä, Finland  
18.11.2009

Hannele Harjunen

## THE LIST OF ORIGINAL ARTICLES

- I The Construction of an Acceptable Female Body in Finnish Schools. In: Sunnari, Vappu, Heikkinen, Mervi & Kangasvuo, Jenny (eds.) Gendered and Sexualized Violence in Educational Environments. Femina Borealis publication series no 5: Oulu University. (2002). 78-91.
- II Exploring Obesity through the Social Model of Disability. In: Traustadóttir, Rannveig and Kristiansen, Kristjana (eds.) Gender and Disability Research in the Nordic Countries. Lund, Sweden: Studentlitteratur. (2004a). 305-324.
- III Lihavuus, stigma ja sukupuoli (Fatness, Stigma and Gender). In: Jokinen, Eeva, Kaskisaari, Marja and Husso, Marita (eds.) Ruumis töihin. Käsite ja käytäntö (Body at Work: the concept and the practice). Tampere: Vastapaino. (2004b). 243-262.
- IV Lihavuus välitulana (Fatness as Liminality). In: Kyrölä, Katariina and Harjunen, Hannele (eds.) (2007) Koolla on väliä: koon, ruumisnormien ja lihavuuden politiikat (Size Matters: The politics of size, body norms, and fatness). Helsinki: Like. 205-227.

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# 1 INTRODUCTION: STUDY OF FATNESS, BODY SIZE AND WOMEN

This doctoral dissertation *Women and Fat: Approaches to the Social Study of Fatness* consists of four published articles and this summary article. In the dissertation, I have approached women's fatness and fat bodies from the viewpoint of social sciences and feminist research. The aim of the research is to explore fatness as a multifaceted, gendered, and socially constructed phenomenon and experience.

In this summary article, I will present the background, central paradigms, theoretical tools, and key concepts of the research. I will also present the empirical data, consisting of the writings of and interviews with Finnish women, which were used in the articles, as well as summaries of the articles collated to form this doctoral dissertation.

Methodologically speaking, this doctoral dissertation draws from and contributes to feminist studies on the gendered body as well as to the currently emerging discipline of fat studies, which is sometimes referred to as "critical fat studies" (e.g. Rice 2007).

## 1.1 The Empty Field

I first became interested in academic research of fatness in the mid-nineties as an undergraduate student whilst writing a paper for a women's studies class on the politics of appearance. While doing background research, my attention was raised by an apparent gap in the feminist literature: there was a plenty of research (even then) on body norms and ideals, and control and regulation of the female body, but it seemed to be concentrated almost exclusively on the ideal of thinness, the pressure to achieve a thin body, and dieting (e.g. Orbach 1983; Bartky 1990; Wolf 1991; Bordo 1993), and analysis of eating disorders such as *anorexia nervosa* and *bulimia nervosa* (e.g. MacSween 1993; Hesse-Biber 1996; Heywood 1996). Fatness, as well as experiences relating to being fat, seemed to be either ignored completely, or only dealt with in relation, or as secondary, to

the pursuit of thinness and dieting. At that time, I was only able to find a handful of texts in which fatness was discussed as a gendered phenomenon, a social issue, or as an experience *per se* outside the context of dieting and the thin norm (e.g. Millman 1980; Kissling 1991).

Further exploration revealed that research on fatness, in general, was rather limited, or at any rate, heavily concentrated on medical research and related fields both in Finland and internationally. As a social scientist in-training, I was intrigued by the almost complete lack of social scientific research on fatness. I was reluctant to accept that research on the social consequences and meanings of fatness was practically non-existent despite the apparent omnipresence of public discussion on weight, fatness, and especially the dangers of “obesity”<sup>1</sup>. I have not been alone in my astonishment. Whenever I have mentioned this matter, the reaction has been similar to mine; first doubt, followed by surprise. Perhaps from this reaction it could be surmised that the abundance of medical studies has created an illusion of fatness as a more widely studied and better understood issue than it actually is. At the time, I did not pursue the issue any further, but some years later, in starting to plan post-graduate studies, I returned to the topic. It seemed an exceptional opportunity to study a phenomenon or a part of social reality that was in such obvious need of analysis and investigation.

When I began to apply for funding and write research proposals to finance this doctoral dissertation in the late 1990s, the situation had not changed much. The study of fatness was still dominated by the medical paradigm. The research emphasised the origins, health effects, and treatment of fatness. Critical analysis and evaluation of the medical paradigm of fatness was sparse, although it did exist, both in and outside of the medical field. The social construction of fatness, namely the effects of gender, society, politics, or culture on our understanding and treatment of fatness, for example, were rarely mentioned or explored analytically or systematically. It was almost as if fatness existed in some kind of vacuum comprised only of the biomedical realm of medicine and health. All in all, many aspects relating to fatness seemed to be almost completely overlooked and under-researched. However, and although I did not know it at the time, things were already stirring up.

When I started to work on this dissertation in early 2000, there were already signs that fatness as a social and cultural issue had gradually started to move from the margins towards the centre of the research landscape. More and more research that aimed at understanding and conceptualizing fatness from non-medical perspectives had begun to emerge. It can be said that since the turn of the century there has been an upsurge of interest in the study of fatness from a non-medical perspective. Although this field of study is not yet very widely known by the general public nor to the academic community, fatness is now frequently studied across the disciplines, and currently, there is a noticeable increase and interest in the study of fatness in the fields of social,

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<sup>1</sup> The term “fat” is used to refer to fat people, and “fatness” to being fat. See chapter A Note on Terminology.

political, legal, sports, and humanist sciences among others (E.g. Cooper 1997&1998; Solovay 2000; Braziel & LeBesco 2001; Campos 2004; LeBesco 2004; Herndon 2005; Oliver 2005; Kyrölä 2005 and 2005b; Rich and Evans 2005; Gard&Wright 2005; Kyrölä and Harjunen 2007).

To date, a significant proportion of the non-medical research of fatness has originated in the English-speaking world: especially The United States, Great Britain, and Australia. However, there are researchers working in the field in other countries as well. Indeed, it can be said that currently there is an emerging international and multidisciplinary field of fat studies within academia.<sup>2</sup> Delightfully, feminist research specifically focusing on fatness and gendered fat bodies has also begun to take life (e.g. Braziel & LeBesco 2001; LeBesco 2004). Researchers who identify with fat studies draw from many disciplines and use various theoretical and analytical tools. However, researchers who approach fatness from the fat studies perspective share a critical point of view towards the medical paradigm of fatness, namely its problem- and weight-centeredness and narrow conception of healthy and/or normal weight/body size.

Attempting to understand fatness, the web of meanings and practices that construct it as we know it today as well as the implications of living in a fat female body has been a challenging task in many ways. One of the challenges refers back to the previous lack of preceding social scientific or non-medical research. In fact, the whole idea of studying fatness and gender from the point of view social sciences seemed novel. Until more non-medical research on fatness began to appear and a research community specifically devoted to fat studies emerged, I had to develop my approach to and way of thinking the issue without the assistance or support of a specialized research community, or discourse. The existing information was scattered and many times had to be painstakingly tracked down. Paradoxically, when relevant research began to appear, it happened so forcibly and quickly, that keeping up with it has sometimes felt as if one were trying to run alongside a galloping horse.

The fact that the field of study was fresh and rapidly developing had a twofold effect on my research: firstly, it seemed absolutely vital to gather empirical data in order to secure a better idea of fatness as a phenomenon and of women's own experiences of fatness. Therefore, I collected a qualitative body of data - writings of and interviews with Finnish women - which I have subsequently used as a source of information, and as a basis of the analysis presented in the four articles included in this dissertation. At the time, most of the reference literature and research concerning fatness related to the Anglo-American context, hence it seemed to be pertinent to gather data that would specifically concentrate on the Finnish context. Secondly, the novelty of the field also had an effect on my decision to write an article-based as opposed to a

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<sup>2</sup> Fat studies as a discipline is now represented in conferences and seminars in various fields of study. For example the annually held Popular Culture Association/American Studies Association (PCA/ASA) conference includes specific Fat Studies sessions in its programme. Furthermore, a multidisciplinary academic association of fat studies is currently being founded in the United States.

traditional monograph. As such it made sense to proceed step by step in order to facilitate my participation in the knowledge production in the emerging field of fat studies enabling me to simultaneously develop my own competence in the field.

Finally, I have aimed at keeping the medical research of fatness in the background of this study, since the aim of the research has been to elicit and develop alternative perspectives on the study of fatness and the fat female body. Having said this, however, my research is inevitably informed by the medical paradigm, as it is an overwhelmingly dominant one and one with which all alternative paradigms need to be conversant.

## **1.2 Boundaries of normative and non-normative body sizes and their meanings**

According to Jeffery Sobal and Donna Maurer (1999b, vii-xi), theoretical approaches to the study of body size and weight can be categorised as “objectivist” and “constructionist” They explain that “objectivists” tend to take a more positivist approach and are interested in documenting and describing the problem, whereas “constructionists” try to understand the processes, i.e. the ways in which certain body sizes or weights have become recognized as problematic, and how they have been created, maintained, and promoted as such. The “constructionists” pay attention to how the body is moulded by various structural and cultural conditions. Sobal and Maurer (1999b, vii-xi, 7) further note that body size and weight can be seen and explored as a set of social meanings. Different meanings are given to different weights and body sizes; these meanings draw from the norms, values, and cultural preferences of people or societies, and they vary across time and place. As a consequence of complex cultural and societal discursive processes and practices, some bodies come to be seen as the norm or they are deemed as more socially acceptable than others.

Construction of the norm also constructs the “other” that it excludes. Various social actors and institutions are involved in building up the boundaries between the normative and non-normative bodies and categorizing them as such. As a consequence, healthy bodies become separated from the unhealthy, able-bodies from the disabled, and bodies that exceed or fall behind the body norm, from the normative-sized bodies among others. All of the above health, illness, ability, disability, thinness as a normative body size, and fatness can be considered and explored as social constructions. A number of scholars have studied bodies understood to be non-normative, stigmatized (e.g. Goffman 1963), or deviant (e.g. Foucault 1979) in their works. Various approaches have been used: some have concentrated more on the phenomenon of stigma, its effects, and identifying stigmatized groups of people (e.g. Goffman 1963), while others have tried to understand the mechanisms and

networks of power relationships that produce normality and abnormality (e.g. Foucault 1979). In case of the study of body size that exceeds the norm, both approaches are relevant, for fatness in itself has seldom been addressed in research as a social issue or fat people as a social group, nor has the social construction of fatness been widely explored<sup>3</sup>.

Social acceptability of the body is often seemingly evaluated in regard to its appearance. However, it is evident that the appearance of the body is not the only thing being judged. Today, perhaps more than ever before, the physical, social, and moral body are seen as connected, interconnected, and overlapping. The logic by which these three are linked is curiously cyclical and can be seen as an example of the complexity of power and knowledge production: how knowledge or assumptions about one aspect of the body, for example body size, are used to determine and produce the others. For instance, the physical body is habitually seen as a reflection of one's personal characteristics, life-style, morals, values, and behaviour (e.g. Featherstone 1982; Lupton 1996). Furthermore, it is striking that when the "exterior" of the body is used to interpret the "interior", the body that is labeled as non-normative is often taken as a sign of some internal defect, trauma, or illness, whereas the socially acceptable or normative body is associated with mainly positive personal qualities. For example, in the case of women's fatness, the fat body has been interpreted as a sign of fear of sexuality or past sexual trauma (e.g. Orbach 1983). These assumptions, for their part turn into "common", or as Foucault would say, hegemonic knowledge and/or stereotypes when enforced by authorities. This knowledge is then used to define that particular group of people and "cement" the group into place.

As my own data confirms, body size has become a central determinant of social acceptability for women. The normative status of the thin body is such that it is accepted as the "natural" body size and shape, or at least, as a self-evident goal for women, even though it is simultaneously forcefully socially constructed both discursively and on the level of practices. Furthermore, the female body size norm has been shown to have become narrower in its scope during the past decades. A number of scholars have identified the historical, cultural, and social processes by which the boundaries of the acceptable size and shape of the female body have diminished and how the female body has come under intense observation and normative pressure to comply with the "thin norm" (Bordo 1993; Hesse-Biber 1996; Heywood 1996).

So far, the thin norm has mostly been approached as an oppressive norm in feminist research and debate (e.g. Wolf 1990; Heyes 2006) however, it could also be understood and explored as a privileged normative category and, thus, in a sense, a position of power that is being constructed between women in particular. The "thin privilege" is yet to be thoroughly explored (Harjunen 2009b). Nevertheless, even a superficial inspection of the commonplace assumptions about the qualities of thin and fat people show the ways in which

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<sup>3</sup> I have used both of these approaches in my study. I have simultaneously aimed to show that fatness, particularly women's fatness, is a stigmatized characteristic, and to outline some of those processes that produce the fat body as a non-normative body.

body size and weight are used to determine social status. According to popular and stereotypical understanding, the thin body relates to a number of positive qualities such as intelligence, being in control, effectiveness, health, and beauty. In contrast the fat body is associated with very negative ones such as laziness, being out of control, and stupidity (e.g. Kissling 1991; Ogden 1992; Brink 1994) and it has been a target of social penalties such as public ridicule, criticism, and discrimination for a long time (e.g. Puhl and Brownell 2003). For example in studies that have looked into the effects of body size on the labour market, it has been noted that fat women have lower salaries and that their career prospects are not as bright as their thin counterparts. No such effect has been noted in case of fat men (Kauppinen and Anttila 2005).

In the past few years, the so-called "obesity epidemic" discourse has taken social sanctioning and moral disapproval of women's fatness (and consequently fat women) to a new level, and the privilege of the thin body size has become even more tightly linked to categories of gender and class. In the United Kingdom, where the so-called "obesity epidemic" discourse has been widespread, new negative categories associated with fatness seem to be emerging. The fat body is increasingly connected to wider negatively perceived societal issues and the fat female body in particular, has begun to signify the deviant, the ignorant, and the underclass body that is set to represent the moral opposite of the "normalized" middle class body and the "normal" middle-class values attached to it (Skeggs 2005).

In the wake of the rise of the body culture in the 1980s and 1990s, sociologists wrote a great deal about the body as a personal "project" (e.g. Giddens 1991; Shilling 1993) and as an object of "body work". This individualistic and liberal discourse on the body emphasized personal choice, self-motivation, and limitless possibilities; one can exercise, shape, train, modify, and style the body as one pleases. Without getting deeper into this discussion, I agree that body work can be seen as a matter of individual choice to some extent; however, it would seem that the choice over the decisions concerning the body is limited and in any case guided and informed, if not harried, by a network of societal power relationships. For example, both the manner and expected outcome of body work are laden with normative expectations that are clearly gendered and assume a type of a subject that is already privileged. By this I mean that not all choices are clearly available for everyone and, further, that not all choices are perceived to be as acceptable as others. The issue of body size is a case in point.

It can be claimed that, particularly for women, changing the body size is, in effect, socially accepted only as long as the change results in a body that is socially approved and does not transgress the normative boundaries set for the size and shape of the female body. This fact is illustrated by research in which it has been shown that both working on the body "too much" and "too little" is disapproved of. For example female body builders who aim at developing a visibly muscular body (e.g. Faber 1996; Kinnunen 2001) and women engaging in extreme weight loss and exercise practices such as women living with *anorexia nervosa* (Puuronen 2004) are considered to be taking the changes too far,

whereas women who do not seemingly (judged by their appearance) engage in body-shaping practices such as weight loss dieting or exercise are penalized for it in a number of ways. What seems to be at stake here is the expression of femininity through the body, or rather, performing it in the normatively accepted way (*c.f.* Butler 1990). This expression of “proper” femininity is, for its part, linked to the perceived heterosexual desirability of the female body; proper heterosexual femininity is performed in a certain manner, and body size and shape is a central part of the performance (Harjunen 2006). Weight loss dieting, as a largely feminized activity, can be seen as part of the said performance of femininity<sup>4</sup>

It is at any rate intriguing how weight loss dieting has been normalized and constructed as a “natural” occupation and practice for every woman. Indeed, it has been viewed as an essential part of being a woman, yet, at the same time, gaining weight, and particularly the desire to gain weight, is constructed as an option only available to a highly exclusive group of women. This group includes those whose small stature is considered to be a result of an illness<sup>5</sup> or starvation and whose weight gain can be seen as part of recovery or achieving the “normal” body size, or even those who are with child<sup>6</sup>. In all other cases, any weight gain is pathologized and constructed as risky behaviour, a sign of illness, a lapse in self-control<sup>7</sup>, and, in some cases connected to fetishized and marginalized sexuality and sexual practices, as Katariina Kyrölä has pointed out in her research (Kyrölä 2007b).

Another example of the narrow range of socially acceptable body sizes available for women is provided by the comparative study concerning experiences of fat girls and girls with *anorexia nervosa* in the school environment in Finland and the United Kingdom (Rich, Harjunen & Evans 2006). My research partners and I found that both “too big” and “too small” bodies were targeted by intense normalizing discourses and practices in school, and most interestingly, similar tactics were used in both cases. Interventions by medical and other experts, such as physical education teachers, were common practice. In addition, peer- and other social pressure to become “normal” was acutely felt by both very thin and fat girls. It could be therefore claimed that, although the thin body is constructed as the “normal” female body, the construction of the extremely thin body bears similarities to the construction of the fat body (e.g.

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<sup>4</sup> Moreover, it can be claimed that weight loss dieting and diet talk are often used by women as well as the media to reinforce the prevailing norm of the female body size (Harjunen 2006).

<sup>5</sup> Alarmingly, even this is no longer self-evident. Even life-threatening illness does not necessarily make weight gain related to recovery desirable in the eyes of onlookers. In my data, one woman commented that when visiting an acquaintance being treated for cancer in a hospital, her first thought was that the acquaintance was lucky because she would not have to diet anymore. This is an extreme, but an illustrative example of the importance placed on socially acceptable appearance, even at the expense of health.

<sup>6</sup> It must be noted, however, that expecting mothers’ bodies are subject to intense and constant monitoring and observation by the medical profession, and by no means immune to the normative demands concerning the size of the female body (e.g. Wiles 1999).

<sup>7</sup> I will discuss the normalization of dieting and weight loss further in chapter two.

Saukko 1999, 31; Rich, Harjunen and Evans 2006). Nevertheless, it can once again be surmised that the range of body sizes available to women (those considered as normal) is narrow, and the greatest choice regarding the size of the body and body work seems to be granted to those who already have the normative body, strive for it, and/or want the body to become “more normative”. Since the body “project” must be realized in a manner that complies with the norms of the society and the result must be a normative-looking, normal sized or normatively performing female body, one can ask how much free choice is there after all. Moreover, by choosing a body/body shaping practice that does not comply with the norms, one inevitably places oneself outside the norm. The parameters of this “choice” will be discussed later in this summary.

### 1.3 Studying the fat female body

The impetus for starting to think about the social construction of fat female bodies came to me while working as a member of the research project *Displacement of Violence: The politics of violence and spaces in between* (Jokinen et al 1999), or the “body-project” as it was more informally called, which was led by Dr. Eeva Jokinen. The project built on research projects previously conducted at the Department of Social Sciences and Philosophy at the University of Jyväskylä, which had explored social institutions and social orders through embodied experiences. Embodied experiences were seen as the interface of individuals and institutions when studying their (inter)relationships (Ruumiillistuneet erot ja järjestykset 1994).

The project, which I joined in 2000 focused on different everyday, violent, exclusionary, discriminating, and liminalizing discourses and practices that concern gender, body, and subjectivity. The particular bodies and subjectivities studied by the participants of the research project were manifold: angry, disabled, burnt out, tired, battered, old and fat<sup>8</sup>. This project was followed by another project that I participated; *Lived familiarity of social problems and “ordinary life”: violence and empowerment in embodied everyday practices*.

Although both of these projects are long since concluded, and my work has not always faithfully followed the path outlined in the respective research proposals, the meaning of these research projects to my work needs to be brought to the fore here. Both of these research projects provided for the initial theoretical and methodological framework to my work. I set out to study women and fatness along the lines drawn out in these prior “body projects” and the works of their participants. I am inclined to think of the current study of women and fatness as the continuation of and latest contribution to these past research projects. Accordingly, in this doctoral dissertation, the fat female body is seen as a site wherein several discourses including the medicalized

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<sup>8</sup> The members of the research group were: Eeva Jokinen, Marita Husso, Marja Kaskisaari, Ulla Kosonen, Marjo-Riitta Reinikainen, and Tuija Virkki.

definition of the “normal” and “abnormal” body size and medical attempts to create an optimally healthy body, are entwined together with values and conceptions concerning morality, virtue, and moderation, in addition to today’s dominant norms dictating the acceptable size and shape of the female body.

I have mostly relied on feminist and other poststructuralist research concerning the body: according to this research bodies are being continually shaped by social discourses and discursive practices (e.g. Bordo 1993; Shilling 1993; Butler 1990). Furthermore, the research often posits these discourses and practices as gendered in nature. This kind of approach is obviously indebted to and influenced by Michel Foucault’s (1979, 1998) notion of the discursive productive power, and the body as a site of said power. I refer, here, to the technology of power Foucault referred to as biopower and especially to the disciplinary normalizing power that targets the body in particular (1998, 137).

I locate the fat female body at the intersection of various body political discussions concerning the boundaries of the acceptable and unacceptable female body. I see fatness, on one hand, as a discursive category that is created, produced, and reproduced through various social relationships and practices, such as medicine and the health care system, school, religion, and the media, which to some degree aim at shaping the body or determining its acceptable boundaries. On the other hand, I view fatness as the personal experience of living in a fat body that is inevitably shaped by these discourses, institutions and their practices. I have chosen to use the terms “fatness” and “body size”, rather than “body weight”, or “weight”. It is my view that talking about weight would be generally misleading, since I am, for the most part, talking specifically about fatness. As the primary focus of this work is fatness, I see that using weight as a general moniker would only serve to camouflage the issue. Correspondingly, I consider body sizes, including fatness, thinness and the so called “normal weight/size” as socially and culturally constructed and as processes that are constantly being defined and redefined rather than as objective “facts”.

Fatness is a manifold and, in many ways, ambiguous issue –one that is clearly reflected in this doctoral dissertation. My aim has not been to offer a single overarching and seamless view that would “explain it all” or to present a comprehensive account of women’s fatness today. Instead, it has been my intention to find out about the various constituents that participate in the social construction of fat female bodies and consequently mould the experience of those women who live their lives as fat women.

To specify, my initial research goals can be stated as follows:

- To explore the social construction of fatness and map out some of its major constituents
- To examine the gendered experience of fatness i.e. the effects fatness has on women, and, in particular, what women say about their own lives as a fat woman.

Over the course of the research process, these two lines of investigation have often intersected and become entwined.

In the four articles included in this dissertation, I have illustrated some of the processes by which (female) gender and fatness interlink and interact and how certain discourses and practices concerning fatness and the fat female body, and, consequently the experience of being a fat woman, are produced, maintained, and reproduced. I identify four central processes in the articles; these can be interpreted as expressions of power or power relationships that concern the fat body and the fat female body in particular, namely:

1. Medicalization
2. Normalization
3. Stigmatization
4. Liminalization

Even though these processes are separately identifiable, and I have devoted an article to each of them, they are often intertwined, overlapping, and occur simultaneously. I have surmised that the cultural positioning of the fat female body, and, subsequently living in the fat female body, seems to be affected by these processes in a significant way (Harjunen 2002; 2004a; 2004b; 2007).

These four processes are used as a kind of conceptual “backbone” in this summary article: they are present and, in a sense, permeate it. My purpose is, on one hand, to expand on the discussions presented in the four articles, and, on the other hand, I want to show how these processes (as expressions of power) take part in the production of what can be called the “hegemonic fat discourse”. Besides expanding on the articles, my present aim is to investigate the complex and ambiguous relationship of feminist research and fatness and fat female bodies, and to suggest a way in which fatness can be more visibly brought to the agenda of feminist research. Ultimately, my aim is to offer some means to get past the hegemonic fat discourse – to open up new means of study and possibilities for re-interpretation of fatness and the fat female body.

It is necessary to note here that I am aware of the “weight” of these concepts and the challenges that this brings forth in respect to analysis and interpretation. All of them have their roots in different theoretical traditions and disciplines (sociology of medicine, philosophy, social psychology, and anthropology, respectively), and they are well-used in a number of fields: consequently, they all come with a great deal of baggage - theoretical discussions, an array of meaning-making concepts linked to them, and, a vast mass of analysis, critique and counter-critique that spans over many decades. The question I had to pose to myself was: how is it possible to meaningfully “summarize” four articles that heavily rely on these immensely sophisticated concepts in one single summary article without doing injustice to one or all of them, or without contradictions, gaps, or overlaps emerging in the analysis? I

readily admit that the task has been a challenging one. Generally speaking, I suspect that this is one of the challenges all writers of article-form dissertations face at some point of their work. The article-form leaves more room for gaps and breaks, since one is not writing “serially” in the same way one does when writing a monograph.

I have obviously aimed at consistency and have done my best to prevent and take into account the danger of conflicting interpretations in my analysis. For example, in some instances I have modified the concepts I use to better suit my purposes. When I have used the concept in a manner that differs from its traditional use, I have gone on to explain and argue why I have done so - as in the case of the concept of liminality. However, I have simultaneously tried to stay true to the method that I chose for approaching the study of fatness when I first undertook this research. Namely, it has been my contention from the beginning of this study that approaching the intersection of fatness and gender little by little, from different angles, and with different theoretical tools and concepts, would enable me to accumulate knowledge on the issue, would lead me to the bigger picture, and ultimately, facilitate my contribution to the emerging field of “social theory of fatness”. With this foundation I started to proceed first article by article, theme by theme, and concept by concept. I moved my focus slightly with each respective article and this inevitably shows in the result. This kind of approach produces a bigger kaleidoscopic picture rather than just one focused picture. In any case, I am of the view that “kaleidoscopic” might be a proper term for describing the current social study of fatness due to the fact the field is still developing, accumulating, and in need of further research.

#### **1.4 “Fat”, “overweight” or “obese”? A note on terminology**

In this study, the term fat is used instead of “obese” or “overweight”. The term “fat” is generally preferred within non-medical fat studies literature and among fat activists. The reason for this is that the term “obese” is considered to be a medical term and thus refers to the medical discourse and construction of fatness as a disease or as a medical condition. In the Finnish language the term that would be equivalent to “obese”, namely “obeesi”, has been used all but exclusively in the medical context, and is relatively unknown and practically never used in public or general discussion on fatness. It is most likely only known to medical professionals and to those who have had that particular box ticked in their health report card or certificate.

The term “overweight”, which is often used interchangeably with “obese” is problematic, mainly because it is a highly normative concept that indicates a certain ideal or normal weight; being “over” this norm inevitably classifies the individual as somehow defective and abnormal (usually in the medical sense). The Finnish language term that is equivalent to “overweight”, namely “ylipaino” is in wide use. Interestingly, I have observed that particularly people

who try to present a neutral position regarding fatness and fat people tend to like using the term “overweight”. I have noted this tendency especially among journalists with whom I have discussed during the course of the research. This is, however, anecdotal knowledge and no systematic research on the matter has been carried out as far as I know. Nonetheless, it is remarkable that the inherent normativity of the word “overweight” or possible consequences of its use, namely the reproduction of fatness as an abnormal body size or a state of being, do not appear to be evident to people without further clarification and deconstruction of the meaning of the term

Researchers who approach fatness from non-medical perspectives usually prefer to use the term “fat”. “Fat” is considered to be more neutral, descriptive, and non-judgemental than either “obese” or “overweight”. Furthermore, in recent years, there has been a conscious attempt on the part of fat acceptance and fat positive communities, as well as non-medical fat researchers to reclaim the term fat and imbue it with positive rather than derogatory connotations (see e.g. Saguay and Riley 2005). In the Finnish context the Finnish word equivalent to “fat”, namely “lihava”, is widely used in research as well as in public discussion. However, both the Finnish term “lihava” and the English term “fat” have maintained some of their negative connotations, and some people find their use to be offensive. So far, no systematic research has been done on the terminology and their use. Nevertheless, based on my experience with Finnish informants, the term “lihava”/“fat” is preferred over the other two terms. Prior to interviewing Finnish women about their experiences of fatness for this dissertation, I asked, which word would they prefer to use themselves. All of the women interviewed preferred the Finnish word “lihava”<sup>9</sup>.

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<sup>9</sup> Although one cannot draw any conclusions on the basis of this limited data, it seemed that the interviewees considered that the word “overweight” as referring to the body as a “measurable” entity, a somewhat separate characteristic, whereas “fat” was considered as a more descriptive term that could also include the person who is fat.

## **2 THE AXES OF FAT DISCOURSE**

### **2.1 Health issues and social acceptability: the two main axes of the fat discourse**

#### **2.1.1 The medical paradigm of fatness**

Fat bodies and fatness are according to the conventional and dominant ways of thought seen as problems. This problem-based approach to fatness has been by far the most common one and it has been mostly based on the medical paradigm of fatness, according to which fatness is, if not yet a disease, at least a health risk and/or a pre-illness. In this context, the fat body appears and is constructed as an always already “ill” or “pre-ill” body that must be acted upon, rehabilitated and “cured” (e.g. Cooper 1998; Harjunen 2004a). This notion of fatness is in line with the biomedical way of understanding illness and disease, characteristic of which is the way in which illnesses are seen outside of their social framework so that, for example, the various social, psychological or behavioural aspects of the “illness” are not touched upon (Harjunen 2004a). In essence, this means that the social construction of the said “illness” or the discourses that produce, maintain, and reproduce it, are not considered thoroughly.

It is justifiable to claim that medicine and medical discourse have constructed the topic of fatness in a very Foucauldian sense of discourse and power-knowledge (e.g. Foucault 1979; Foucault & Gordon 1980). As an object of knowledge, fatness has been defined and produced by medical discourse and it has in practice become the only possible way of talking about fatness. Medical interpretation of fatness has, for a long time, been understood as the only “authoritative” and “objective” view on fatness, and, consequently, medical experts have, to some extent, been granted a monopoly on “knowledge” of fatness. Although the medical discourse of fatness has been recently challenged and its limitations have been increasingly pointed out (e.g. Campos 2004; Oliver 2005; Campos, Gard & Wright 2005; Saguy, Ernsberger, Oliver and Gaesser

2006), it can be claimed that the medical view of fatness has been, and still is by and large, held as the “truth” about fatness. This “truth” has pervaded throughout society as a whole, and both public discussion and lay-opinions on fatness draw mainly on the medical paradigm of fatness (e.g. Harjunen and Kyrölä 2007; Kyrölä 2007)<sup>10</sup>. At the same time, efforts to solve the problem of “obesity” by medical (or pseudo-medical) means are substantial.

Not only is fatness understood almost exclusively within the medical context, it can also be argued that medicine’s dominance of both the knowledge-production and interpretations of fatness have led to further medicalization of fatness. Medicalization is usually understood as the process by which medicine expands into fields that were previously not considered to be (exclusively) medical. The process of medicalization is visible on the level of discourse as well as practice. It has an effect on how we talk about an issue as well as our understanding how the issue should be treated, managed and regulated.

Since medicalization is bound to the progress in the fields of medicine and pharmaceuticals, new categories (or disorders) are discovered and new groups that can be treated medically are continually emerging. Over the past few decades there has been debate over the need to medicalize conditions/phenomena such as children’s hyperactivity (ADD, ADHD), alcoholism, drug abuse, impotence, and even appearance through plastic surgery (Kinnunen 2008). The medicalization of a wide variety of new conditions has been noted and criticized widely (e.g. Tuomainen et al 1999; Clarke et al 2003). However, medicalization is not by any means a new phenomenon. A good example of the power of medicalization concerns the understanding of the female body and especially the female reproductive system. There is treatment, therapy, or medication available for each stage of the female reproductive life - from contraception and giving birth to treating PMS symptoms, infertility, and the menopause. In short, little by little bodily functions and processes related to female reproduction have come to be examined, regulated and controlled by medicine and medical professionals.

As noted, fatness has been constructed as a medical issue for a long time. In the case of fatness, the involvement of medicine is not a matter of a sudden new development or a recently discovered syndrome, as is the case for many other medicalized issues. I would claim that the notion of fatness as a curable disease proposed/propagated by the (Foucauldian and hegemonic) medical paradigm of fatness has, in a sense, paved the way for the present-day attempts to medicalize it. The medical paradigm emphasizes the control, regulation and management of an illness that is fatness. The medicalization of fatness has, in my view, underlined the social effects of fatness as legitimate reasons for medical treatment and interventions. In this way, it also diverts attention from those social structures and practices that produce fatness as socially

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<sup>10</sup> I want to point out that medical research on fatness is not a problem *per se*. However, the manner by which medical discourse deals with fatness can be seen as highly problematic.

unacceptable and, at the same time, legitimizes their continuation; identification of an issue as a medical problem is also influenced by societal values, norms, and goals. Since fatness is an issue that is widely socially frowned upon, one which entails a great deal of social shame is involved, fat people are a prime target group for marketers of instant and “get thin easy”-fixes. The promise that is embedded in the medicalization, in addition to “curing” a physical ailment, is social acceptance. This goes some way to make intelligible the reason it also targets people who are already “normal” (Oinas 2001). Medicalization helps to construct fatness as a problem that can and should be treated by medical means, even if there are no physical or health problems to treat, or indeed, no weight that would exceed the set limits for “normal” weight. This is one way in which medicalization functions as a means of normalization and social control.

Closely related to the concept of medicalization and working in conjunction with it, is the concept of “healthism”. “Healthism” refers to an increased understanding of health as the primary constituent of an individual’s well-being. According to “healthist” thinking, health is achieved as a result of an individual’s own choices concerning life-style, behaviour, and attitudes (Crawford 1980, 368). As Erika Björklund (2009, 27-28) noted in her recent study on health promotion, “healthist” thinking assumes a controlled, informed, and disciplined individual that always makes (or wants to make) rational choices. It could be summarized that the process of medicalization helps to define an issue as a health issue, whereas “healthist” thinking helps to transform the health issue into a moral one. As a result of the spreading of healthism, health is increasingly understood in terms of a moral imperative of self-control, individual responsibility, and making “good” choices (Rich, Harjunen, and Evans 2006). The individual is, on the one hand constructed as the primary agent of his/her health, but, on the other hand, failing to fulfil these qualifications, for some reason or another, affects the evaluation of the individual detrimentally, marking him/her as morally wanting. Hence, “healthism” appears to offer the individual choice over his/her health, however, this choice is more of an illusion than reality, since the power over the decisions the individual can make lies somewhere else. As the authors wrote:

*What makes “healthism” problematic is that the apportioned responsibility and control only goes so far – it doesn’t extend to being able to make choices over how to behave; for example, over what to eat, or to remain inactive. “Healthism” apports responsibility without power, it offers control but not the authority to determine how responsibility can be expressed. The individual is offered control over the ‘relationship’, which she or he is to enjoy with his/her bodies, but not over the content of that relationship. (Rich, Harjunen, and Evans 2006).*

Health is without a doubt the most often used grounds for interventions relating to fatness. As a rule, the suggested solution has been weight loss via some type of restrictive diet, medication, or nowadays, also surgery. The hegemonic fat discourse has in general concentrated on rehabilitation of the individual, - namely the fat body. Accordingly, and in line with the “healthist” tendency, fatness has been constructed as a personal issue, and its possible negative consequences, whether physical, social or psychological, have been

seen as the individual's own problem and responsibility (e.g. Puhl and Brownell 2001; Harjunen 2004a). This approach, which finds both the problem and the cure within the individual, prevalent even though it has been increasingly criticized for being too simplistic and for not taking into account the multitude of reasons resulting to fatness (Rice 2007; Thorsby 2007). As Karen Thorsby (2007, 1561) has pointed out, the complexity of the etiology of fatness has been acknowledged and become better understood in recent years, nevertheless, a person's fatness is still often reduced to a mere question of individual life-style choices and personal morals. This approach carries the danger, as noted by Thorsby (2007), among others, that in concentrating on the individual and the individual's choices, ground for moral judgment and a culture of blame is prepared.

The majority of the techniques that aim at controlling fatness and the fat body are based on medical "knowledge" of fatness. Here the obvious goal has been the promotion of health. However, a growing number of researchers suggest that, behind the medicalization of fatness and medicine's persistent battle against it, a strong desire to normalize it exists in parallel to the (possibly even altruistic) desire to improve the health of the fat body (e.g. Fitzgerald 1994). Indeed, some researchers have claimed that, at times, there has seemed to be a stronger drive for normalizing the fat body i.e. making it thinner and look "normal", than looking after the patient's health (Kassirer and Angell 1998, 52). Examples of this desire being expressed are fairly easy to find. For instance, the general assumption is that all fat individuals' health problems derive from their weight. Even if the fat person does not have any weight-related health problems, their body size is in itself taken as an illness, or at least as a sign of some underlying condition. In addition, weight loss is seen as the only answer to the problem, and it is routinely recommended as a treatment, even when the person's health complaint is unrelated to their weight (e.g. Cooper 1998; Harjunen 2004).

Similar misgivings expressed by Fitzgerald (1994) and Kassirer and Angell (1998), have become more frequently connected to the present "obesity crisis" discourse. The tones of these critical voices vary from radical to moderate: however, they share the view that "obesity" is currently being constructed as a problem that needs to be taken care of and cured on the level of public health. Kathleen LeBesco (2004, 29) has noted the tendency of the medical discourse to pathologically construct fat bodies as "obese", even when people in question are not ill. Both separately and in collaboration, Paul Campos, Abigail Saguy, Paul Ernsberger, Eric Oliver and Glenn Gaesser (2006) have criticized the "obesity crisis" discourse and pondered whether it is a genuine public health problem or is it more of a moral panic.

### **2.1.2 Social acceptability and the fat female body**

Despite the emphasis on health in the hegemonic fat discourse, social factors, especially those relating to social status, social acceptability, social relations, and the treatment of fat people - albeit for a long time less frequently discussed

in the research context - seem to have been a part and parcel of the “problem of fatness”, both on the personal and the societal level (e.g. Sobal and Maurer 1999a and 1999b). The social (un)acceptability of the fat body has been the subject of discussion for a long time. Indeed, it has been particularly present in the weight-loss-centered and medically inspired fat discourse, albeit often covertly, as an ancillary to health and not as an issue the dynamics of which, would require systematic and independent exploration.

As a more widespread practice weight loss dieting emerged in the late nineteenth century (Bordo, 1993, 185). It is notable that already the first known popular weight loss diet introduced by a British doctor William Banting in the mid-19<sup>th</sup> century, aimed at improving both the fat person’s health and his/her social acceptability. In his pamphlet, *The Letter of Corpulence* (1863), Banting describes the ridicule and abuse fat persons encounter, and concludes that this can be alleviated by following a diet and consequent weight loss<sup>11</sup> (Banting, in Huff 2001, 39). Banting clearly recognized the existence of a stigma related to a person’s body size, diminishing their social status, but nevertheless concluded that it is the fat body that needs to change. The logic concerning fat bodies, dieting, and social acceptability that was presented in Banting’s pamphlet has prevailed until today. The fat body is seen as the problem, not the society in which body size prejudice and bigotry is produced, maintained, and tolerated in a number of ways (Harjunen 2004a). Predictably, it has been noted that the desire to raise one’s social status/improve one’s social acceptability is often a key motivational force for dieting, especially in the case of women (Sarlio-Lähteenkorva 1999; Hänninen & Sarlio-Lähteenkorva 2005).

Social acceptability is one of the key issues when approaching fatness from the perspective of social sciences, but it is especially relevant if gender is one of the factors considered. It is not a coincidence that women, in particular, diet for social reasons. Social acceptability of the body linked to size is very much a gendered issue and has been widely reported. The boundaries of acceptable body size have been narrower for women than for men, and these boundaries continue to be keenly observed (e.g. Schoenfelder & Wieser 1983; Wolf 1991; Bordo 1993, 165-166; Sobal and Maurer 1999a; Harjunen 2002 & 2004b).

It can be claimed that the body is currently both a norm and the ideal for women. Women learn and are, in many ways, taught from early on that one’s body size is an important part of being the “right kind” of woman (Harjunen 2002 & 2006). Monitoring one’s body size and staying within the norm is essential to maintaining one’s social acceptability and status. Conventional notions of femininity, beauty, and heterosexual desirability are generally linked to a small “feminine” body size (e.g. Millman 1980; Smith 1988; Harjunen 2002 & 2006). Accordingly, social gains for thinness and sanctions for fatness seem to be particularly significant for women (e.g. Sobal & Maurer 1999; Harjunen 2002&2008; Rice 2007). Due to the close connection between the presentations of

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<sup>11</sup> William Banting is considered the father of fad diets. Banting’s pamphlet *A Letter of Corpulence* was published in 1863 and was circulated widely in Europe and Northern America initiating the first diet boom (Huff 2001, 39).

the “right kind of femininity”, social acceptability/status, and body size, women are particularly susceptible to, dieting for cosmetic or esthetic reasons, which they are also encouraged to do.

The aforementioned schema has been shown to have notably negative consequences regarding a person’s self-esteem, body image, and one’s relationship with food and eating (Hesse-Biber 1996; Heywood 1996; Harjunen 2002 & 2004b). In the case of some girls and women, the great emphasis put on body size and weight as a marker of social acceptability has played a role in the development of an eating disorder or willingness to use dangerous dieting methods (Heywood 1996; Thomsen, Weber, and Brown 2002). As a result countless women, have been subjected to body dissatisfaction, and relentless (self)monitoring of the body, body size, and weight (Hesse-Biber 1996; Wolf 1991).

The norms and ideals concerning the female body size are clearly connected to gender-bound expectations concerning socially acceptable femininity. Yet at the same time, they reflect the roles, positions, and subjectivity that have been allotted, or are available to women in society (Bordo 1993; Stone 1995; Wolf 1991). The construction of fat female bodies as socially unacceptable can be seen as a *de facto* technique for controlling and regulating not only fat women, but women in general. One effect of this technique is the delineation of boundaries of women’s subjectivity and position in society. Through the body that is perceived as always in danger of becoming unacceptable, also those women who are able to currently fulfil the norm are taught to fear of the fat body. Susan Bordo (1993) has said that the normative demands and expectations concerning the look, size, and shape of the female body have never been only about the appearance or social acceptability. Control and regulation of the body is also connected to the regulation of women’s agency and social freedom. As Bordo (1993) has stated, inspired by Foucault’s thought concerning so-called docile bodies (Foucault 1979), the normative techniques concerning the female body, have aimed at producing, not only normatively accepted “femininity”, but also women’s social role and position in society as submissive, passive, and controlled. Interestingly, Bordo (1993) notes that the techniques, by which the female body is being tamed, might seem and feel empowering and actually give an experience of power and control. This explains at least in part, why women are so eager to become willing participants in practices that attempt to control them and their bodies. This sense of control and even pleasure gained by becoming a “self-disciplined” subject might go some way to explain the popularity of dieting, as Cressida J. Heyes has suggested (Heyes 2006).

Although body size is an important indicator of social acceptability and consequently social status for, women, in particular, it can also be claimed that the size of the male body has come under increasing socio-medical scrutiny – a target for normalizing body discourses. So far, fat male bodies and masculinity have been the focus of research in particular reference to and in the context of “gay bear culture” (Hennen 2005; Monaghan, 2005; Kyrölä 2007b). However, thus far, there has been scant research on the fat heterosexual male bodies. It could be argued that existing research on body size has demonstrated a female

bias. This relative lack of interest toward heterosexual men's body size and fatness might reflect the norm-setting position of "straight" men and the meanings attached to the male body in general: the straight male body has not been sexualized and objectified to the same extent or in the similar way as women and gay men's bodies. Moreover, heterosexual men's social acceptability, desirability, or social status have been rarely defined as strongly by the appearance of their "bodies", instead physical strength of the body and body's its functionality have been the focus. This might be the reason why the range of socially acceptable body sizes has remained broader for straight men for a significantly longer time.

## 2.2 Constructing "normal" weight as healthy weight: a normative strategy?

One distinctive characteristic of the present hegemonic fat discourse is that culturally-created health and weight norms, body ideals, and social consequences of weight are not only intertwined, but are also often confused. In addition, there seems to be a general lack of awareness of this confusion. For example in lay- and popular discourses, as well as in professional discourses and practices, (interventions) concerning fatness, conceptions of "normal weight"<sup>12</sup> and "healthy weight" are often muddled up or used synonymously. As a result, healthy weight has come to exclusively connote the narrow weight range that has been determined as "normal", which, in itself, is changeable, a matter of negotiation, and by no means an "objective" or absolute cut-off point. Currently, the concept of "normal weight" seems to contain both the norm of health and the norm of the socially acceptable body size. Consequently, the thin body has come to enjoy the exclusive status of the normal and healthy body. It is not an exaggeration to claim that a certain kind of thin privilege is being constructed here (see also Harjunen 2009). At present, the most frequently used method for defining normal weight is that of the Body Mass Index<sup>13</sup> (BMI). BMI defines the weight to height ratio and classifies people based on the result into categories of "underweight" (BMI<19) "normal" (BMI 20-24), "overweight" (BMI 25-29), and "obese" (BMI 30-).

Medicine and medical discourse have obviously played significant roles in the construction of the "normal" body size/weight. The medical paradigm rests

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<sup>12</sup> The concept of normal weight is used to describe a body weight considered to be optimal regarding to health and longevity. As a result, 'normal weight' is often referred to as the 'healthy weight'.

<sup>13</sup> The predecessor of the BMI chart was the Metropolitan Life Insurance Company's height and weight chart (1983). It was based on a calculation of the lowest mortality rate. The problems with this chart pertained among other factors to the limited sample. The chart was based on information collated about people between the ages of 25-59. It leaves out younger and older people, in addition to not taking into account many variables that have an effect on health, such as exercise and activity, genetic or environmental differences, socio-economic differences and so forth.

on the assertion that there is a direct correlation between weight and ill-health and risk of premature death: however, an increasingly large volume of research is appearing both within and outside the field of medicine that shows the relationship between health, weight, and mortality to be more complicated than has been previously thought (Cogan 1999; Evans 2003; Campos 2004; Flegal et al 2005 & 2007; Gard & Wright 2005). Recent research has shown that defining so-called healthy weight is extremely difficult and that people of many different sizes can be healthy and fit (Bacon et al 2005; Campos et al 2005). As Marjaana Lahti-Koski (1999) noted in her dissertation, it is impossible to divide the population merely on the basis on weight into healthy and unhealthy peoples. However, this is what medicine, in effect, is attempting to do.

The relativity of the definitions of normal and healthy weight and overweight and ill-health becomes even more evident in the light of a recent study by Flegal et al (2005) concerning the relationship between weight and mortality. The study, considered to be among the most exhaustive to date, revealed that, although both being "underweight" and "obese" lead to increased mortality, the healthiest people were those within the weight range that is now classified as "overweight" (BMI 25-29) in the Body Mass Index scale. Indeed, much of the confusion regarding "normal" and "healthy" seems to derive from the unreliable and ever-changing means used in measuring "healthy" and "unhealthy" weights. For example, the BMI has been heavily criticized for being a too mechanical method of defining healthy weight. Nevertheless, the BMI is still commonly used among professional and lay-people alike<sup>14</sup>.

An interesting and revealing example of the pervading influence of the medicine's categorization of the normal/not normal weights can be found in the empirical data collected for this study. It was quite clear that the informants' manner of talking about their weight and body size had been influenced by the medical fat discourse's manner of dividing body weights into certain categories based on numerical information. In the research request, information about women's weight was not specifically asked, nevertheless, the majority of women offered this information voluntarily. In fact, most of the informants began their writing by writing how much they weighed and were able to very precisely evaluate in which BMI category they were. Many proceeded on to talk about

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<sup>14</sup> The BMI shares some of the same problems as the Metropolitan Life Insurance Company's chart. The same chart is used for everybody, although BMI does not take into account, for example, the fact that muscle weighs more than fat. As a result, athletic and fit people are often categorized as overweight. Since research has shown that healthy weight varies and depends on several other variables such as age, physical exercise and fitness, family- and ethnic background, the BMI cannot be seen as an objective or accurate tool for measuring health. For example, it is not an accurate predictor of health for older people whose healthy weight might in fact be unhealthy because of the lack of muscle. The BMI is also culture specific. It does not predict a healthy weight for people of Asian origin who are generally shorter and of a slighter build. National Institutes for Health has, for example, noted that the BMI should be used as a general guideline to monitor trends in the population, but by itself is not diagnostic of an individual patient's health status." (National Institutes for Health 2001).

their weight histories in the light of the BMI or some other methods that had been used to determine “normal” and “overweight”. The effect of the medicalization of fatness was quite apparent in the informants’ narratives. Since from the very moment we are born our bodies are measured, weighed, and monitored regularly, we have effectively learned to think and grade our body size by numbers and by the criteria set by medical science. The women in the present research were well aware of what is considered a normal/healthy weight range or an acceptable height to weight ratio, and quantified their bodies in relation to them. In effect, this method defined some weights as “good” and others as “bad”. This holds true particularly for women and those who have, due to their weight and size, become objects for attention of the normative powers.

The normative tendency, one-dimensionality, and embedded moral judgment of the biomedicine-based fat discourse, namely its weight- and diet-centered focus, has inarguably had a broad influence. By labeling fat bodies as categorically abnormal and unhealthy and narrowly defining normal and healthy bodies as thin bodies, medical discourse of fatness supports the construction of the fat body as a socially unacceptable and stigmatized body. Since the “normal” body-size determined by medical science is generally taken as authorized, those who fall outside of this definition find themselves in particular danger of becoming stigmatized or defined as somehow defective.<sup>15</sup> What is more, due to the close connection of fatness and social unacceptability, and respectively thinness, “normality” and social acceptance (Harjunen 2002), methods to achieve this normality such as dieting and weight loss are today seen and used as solutions not just to health problems, but also to those problems that are understood as deriving from the social unacceptability of the fat body. It can be claimed that as a practice dieting has been normalized and it is seen almost invariably, and some pathologies notwithstanding, as “healthy” or “pro-health” behaviour”. The harmful consequences of dieting, for example those of repeated weight gain and weight loss, which can include physical or psychological symptoms, and engaging in unhealthy diets, are rarely given serious critical attention. In essence, the thin body has become a kind of idealized “super body” that represents health, normality, social acceptability, as well as virtue and moral resolve. However, this does not mean that thin bodies would be somehow “excused” from body work. Everyone must remain alert and monitor the body constantly, since all bodies are always at risk of becoming “obese”. In essence this means that everyone is bound to a future of indefinite dieting and worrying about his/her body size. During the current so-called “obesity” crisis the aforementioned discursive delineations concerning fatness and health have become even more mixed-up, and the moral aspects of fatness have become increasingly prominent.

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<sup>15</sup> Paradoxically, it has been noted that blaming the individual seems to enhance negative stereotypes, prejudice, and discrimination against fat people, which for their part may have a harmful effect on a fat person’s health (Puhl and Brownell 2001).

### 2.2.1 To be or not to be fat- that is the question

Although the dominance of the medical paradigm of fatness can explain the aforementioned manner of speaking about one's body size and one's health by numbers and numeric indexes, there also seemed to be another underlying reason for the informants' tendency to give out information about their weight, which appears to be connected to the experience of fatness and fatness as a social category. It seemed that at least some of the informants wanted to give their exact weight and height as "evidence" of their fatness. It was clearly important to make a distinction between the "real" fat people and those who for some reason or another, just "feel fat". The question, who is fat, or can justifiably call oneself fat, and therefore speak from the "fat" position was brought up time and time again in the data.

This question of the "authenticity of the fat experience" came up especially when the informants talked about their sense of irritation with the diet talk of women who were not fat themselves from the informant's subjective point of view<sup>16</sup>. Although women of all sizes can be and often are genuinely anxious about their weight, the thin and normal weight women who engage in diet talk in essence produce "normality" by setting their own thin/not fat bodies as examples of a fatness that is not there. Since they have the advantage of not being punished for their "fatness" (the thin privilege), they have the possibility of "playing" with the fear of fat and perhaps use it to reinforce their own sense of acceptability and normality. In fact, I propose that thin women's diet talk, or perhaps more accurately fat talk, could be interpreted as one expression of the Foucauldian aim towards normalization, the practice of self-discipline, and docility. Indeed, Cressida J. Heyes (2006, 133-134) has suggested that engaging in dieting could in fact be understood as partaking in a disciplinary technology, and diet clubs such as Weight Watchers could be seen as disciplinary institutions in the very Foucauldian sense.

I would suggest that the importance of marking the boundaries between "real" fat bodies and non-fat bodies relates, on one hand, to disapproval of normalization speech and the production of normality by those who already perceivably fit the norm, and, on the other hand, to thin women's seeming appropriation of the fat position that is not "rightfully" theirs. It is crucial to point out that thin women who "feel fat" lack one vital dimension of the fat experience. Thin women might feel dissatisfied with their bodies and experience pressure to conform, and, moreover, they might even act on it in various anxiety-inducing ways: however, as thin women they do not have

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<sup>16</sup> In addition to my informants, the marking of boundaries of the fat and not fat body and consequently fat experience seemed to hold more general interest as well. It was not just the women in the data, but also people who commented on my research in its early stages that drew my attention to this demarcation line. When I talked about my study or presented my study in research seminars and other academic gatherings, I was frequently inquired about my definition of fatness and where would I draw the line between fat and not fat bodies. I was asked a number of times what would I do in case I got responses from women who think that they were fat, but in fact are not (by medical definition).

access to the experience of being a target of various social sanctions because of their fat body. This seems to be precisely what the informants object to: problem of the diet talk is that it disregards those women's experience whose body size actually does transgress the boundaries of social acceptability. Hence, in effect, this kind of symbolic diet/fat talk of thin women invalidates and trivializes the very real and concrete social and other consequences fatness can have, for example, social exclusion, discrimination and mistreatment, harassment, and prejudiced treatment to name a few. In a sense, this need to separate the "real" fat people from those who are not fat, can be seen as one indicator of those boundaries where fatness ceases to be just a number on a scale and moves towards the realm of the social, in which there are various competing and intersecting interpretations of fatness that depend on which "scale" or method of evaluation people happen to use.

### 2.3 Fatness as a target of biopower

It seems that the creation of a hegemonic understanding of fatness as a problem, and discursive and other practices that aim at determining normalcy, can be justifiably seen along the lines of Foucault's (1998) notion of power, and specifically, those of biopower and biopolitics. For Foucault, power is a network of power relationships that work through discourses and hegemonic knowledge. He does not understand power as "power-over" something, instead, according to Foucault, power is a constructive, pervasive, difficult to resist, and normalizing force, one which often works both *through* and *within* the body, making it a central site of power (Foucault in Rabinow 1991, 182-185). Not only is normalization one of the effects of power: the exercising of power is also "normalized" as it is often hidden inside institutions and everyday discourses and practices.

By biopower Foucault meant the various and diverse ways that are used to, or that aim to discipline, control and regulate the body. The two main technologies of the biopower are disciplinary power, which aims at shaping the body via discipline, and regulatory power, which is associated with population-level control (1998, 139). In both of its manifestations of discipline and regulation, biopower often seems benevolent and life-affirming; indeed, justification for the use of the various techniques of biopower such as normalization is that it works in the "best interest" of the population, whether that interest relates to health, well-being, or life-style.

Biopower draws from and produces normalization and exclusion. The goal of disciplinary power is to create "normality" as defined by the hegemonic discourse. Normality is held as the ideal, and the aim of the normalizing techniques is to produce individuals who have internalized the discipline and thus become 'normal' (Foucault 1979). Biopower, therefore, infers a sophisticated means of controlling the body, increased surveillance,

disciplining, and the creation of a self-disciplined individual who strives for and is rewarded for normalcy. As Foucault says, the goal is to create "docile bodies" that may be subjected, used, transformed, and improved (Foucault, in Rabinow 1991, 180-182). This kind of project requires careful and constant observation of the body, the setting of boundaries for un/desirable body forms the determination of what the acceptable body, or range of acceptable bodies is. The treatment of the fat body in school that was explored in the article *Construction of the acceptable female body in Finnish school* (Harjunen 2002) exemplifies how a body not deemed as meeting up to the norm is being actively shaped into one. Disciplinary power targets the body directly in the form of measuring, weighting, monitoring, and evaluating the appearance, health, fitness, and performance of the body (Harjunen 2002). The hegemonic fat discourse and practice actively produce and maintain thinness as a norm and, consequently, being fat (or different in any other way) is produced as a deviance and abnormality.

As a technology of biopower characteristically uses statistics and probabilities of, for example, life-expectancy and mortality rates to argue for or against certain behaviours and the life-styles associated with them. The battle against fatness is an example of the regulatory biopower technique that aims at promoting health, and consequently, normality on a macro-level. It is also a good example of what Foucault called "governmentality", a manner of governing based on specialized scientific and expert knowledge that aims at producing certain type of citizens. For example, Ilpo Helén and Mikko Jauho (2003, 13-32) have noted that public health recommendations and practices are closely connected to ideals and creation of "proper citizens". People are given information and recommendations about how to eat and exercise: how much and what foods one should eat, how to cook the right way, and how much and in what manner one should exercise in order to be "healthy". Failing to do so, or just appearing to fail to do so, may lower one's competence and status as a "proper citizen". Fatness is currently quite clearly a target of techniques of biopower both on the level of population as a whole *and* the individual.

It seems obvious that those with bodies that are seen as undesirable or unacceptable are given less choice over decisions concerning their bodies. If one's body indicates that one is not "choosing" to engage in practices that are according to the hegemonic knowledge, "good for you" or one is choosing the "wrong" methods for one's body project, social penalties in form or another are likely to follow (e.g. Featherstone 1982). Intriguingly, and perhaps not so surprisingly, the individualistic body discourse - the form of the "body as a project" - seems in many ways complemented by biopolitical concern. One goal, here, is to produce normal individuals who have internalized the "duty" to work on the body and that "independently" strive for the ideal of the responsible and "proper" citizen (Foucault 1998; Björklund 2008). For example, present day "healthist" public health discourse builds on the idea of choice concerning one's body, but at the same time it encourages thinking about individuals as responsible for their bodies looking or performing normatively. Individual's "choice" is therefore entangled with normative and regulatory

body politics and body shaping becomes to be increasingly seen in terms of morals and duty. As one example of this I will present a remark made by an anonymous commentator to American fat activist and writer Marianne Kirby's column "*Fat - the root of all Evil?*", which was published in the Guardian newspaper's internet edition (Kirby, Jan, 9<sup>th</sup> 2009).

*(...) it is all about responsibilities and freedoms in society. You have the freedom to eat as you please, you have the moral responsibility to a government that pays for your healthcare to listen to them when they want to improve your health. (CommanderKeen 30 Jan 09, 5:23pm, 2009, www.theguardian.co.uk).*

In this brief comment, the commentator takes the position of the ideal rational and "disciplined" citizen and manages to sum up the very logic of biopolitics and biopower in relation to fatness and health. The comment serves as an illuminating example of the goal of biopower. Biopower that aims at producing its own subjects: the responsible, rational, and dutiful citizens that not only understand that the government aims at guiding and controlling their bodies and behaviour, but are also grateful for it and accept it.

### **2.3.1 The case of the obesity crisis**

Although fatness is still largely discussed within the frame of health and medicine, it has been recently and increasingly constructed directly as a macro level social problem and as a moral issue, as a phenomenon that threatens not only individual's health but also the stability of societies on multiple levels. The more fatness has come to be understood as a social problem, the more visible the biopolitics concerning fat bodies have become. This so-called "obesity crisis", or "obesity epidemic" discourse, or what I have also called the "obesity panic" discourse, is a good example of this. The obesity crisis discourse has dominated reporting and research on fatness over the past five years or so and has had a significant effect on how fatness is understood and how fatness as an issue is dealt with today (Campos, Saguy, Ernsberger, Oliver and Gaesser 2006). It can be said that the beginning of the 21<sup>st</sup> century has been marked by a seemingly ever-accelerating and very public campaign against "obesity" (Harjunen 2004 and 2009).

One of the major instigators of the "obesity crisis" speech was the publication of a widely quoted report concerning diet, physical activity and health by The World Health Organization, published in November 2003 (WHO EB113/44 Add.1, 27 Nov 2003). In the spring of 2004 the Centres for Disease Control (CDC) released a study in the United States in which it was concluded that "obesity" was the second leading cause, behind tobacco, of preventable, premature death in America. The latter report received a great deal of criticism from researchers and the figures it presented were later found to be grossly exaggerated and based on outdated data, and subsequently a revised research report with significantly decreased mortality figures was published by the CDC (Flegal et al. 2005). However, the idea of "obesity" as the "killer disease" was firmly established in the global debate on fatness

Although the campaign is undoubtedly backed by altruism and a genuine will to improve people's lives, it is notable that a number of the major players and promoters of the "obesity" panic" discourse make direct profit from size prejudice and stigma, such as the multi-billion dollar diet and pharmaceutical industry, or are closely tied to them, such as the medical and health experts working for various governmental bodies responsible for outlining national strategies for health policies (Fraser 1998; Campos 2004; Oliver 2005).

Although the general content of the "obesity crisis" discourse is hardly new, the volume and extensiveness of this discussion has been unprecedented. It is not exaggerated to say that over the past few years fatness has developed into one of the most discussed social issues of our time. The change in climate could not have been more extreme considering that when I started to work on this dissertation, doubts were expressed as to whether fatness was an important enough social political issue (or a socio-political issue at all), and in effect, an issue worth studying.

In recent years, the battle against "obesity", as well as the wave of moral panic accompanying it, have spread around the world to an extent that they too are now global phenomena (Harjunen 2006&2008). Moral panic is, according to Stanley Cohen (1972, 9), who originally coined the term, "'episodes, condition, a person or group of persons' often a minority or a marginal group in society, that are 'defined as a threat to societal values and interests.'" Cohen (1972) says that the representation of the phenomenon or the group of people considered to be at the centre of the moral panic is typically simplified and stereotypical, the phenomenon is overblown and the information presented is often prejudiced. It can be said that the discussion on the "obesity crisis" bears all the signs of a full blown moral panic: firstly greatly overstated figures of mortality, ill-health, and public health costs were presented in order to create a mass reaction, fat people and "obesity" were stigmatized, and consequently fat people began to appear as a threat to the nation's social order, moral values and economy. More action from government and health officials among others is demanded (Harjunen 2004&2008).

Accordingly, media headlines and the rhetoric used in relation to fatness have become more and more spectacular. A small sample of headlines from The BBC World website from the years 2007 and 2008 illustrate this: fatness has been named not only as a health risk but as a pandemic (23 October 2007), a threat to public health and a demolisher of the public health system (9 September 2007), and a contagious disease (26 July 2007). In addition, child "obesity" was named as a form of child neglect (17 July 2007) and this neglect was stated to lead to a child being taken into care by the child welfare authorities (27 February 2007). Perhaps one of the most striking headlines was seen on the 14<sup>th</sup> of October 2007, when the problem of "obesity" was likened to the climate change. In the spring of 2008 the BBC posed the question "How to defuse the obesity time bomb" (7 March 2008) that waits to explode in the form of overweight children, and, in May 2008 the BBC World website informed its readers that "obesity" was responsible for the ills of the world, including climate change, fuel prices, and world hunger (16 May 2008). In mid-August of

the same year, a headline stated that obesity in the United Kingdom was “equal to the terror threat” (14 August 2008).

In Finland, for example, the *Helsingin Sanomat* daily newspaper has actively and extensively written on fatness on its pages throughout the 2000s culminating with a series of articles under the moniker of “*Läskikapina*” (Fat Mutiny) in the winter and spring of 2007. The “*Läskikapina*” series aimed at daring Finnish people to collectively go on a diet and “start a mutiny” against fatness. According to the analysis of Finnish media researcher Katariina Kyrölä (Kyrölä 2007), the *Helsingin Sanomat*’s articles leaned heavily on the medical paradigm of fatness and often used inaccurate and one-sided information as a basis for its stories. The leading national newspaper’s ignorance of the current debate on fatness outside the medical discourse, lack of knowledge of politics around fat and fatness, and apparent complete reliance on sources that complied with the “obesity crisis” paradigm was striking. The aforementioned series of articles seemed to confirm the claims, according to which, the battle against fatness is driven by a normative ideology (Gard & Wright 2005; Herndon 2005; Campos, Abigail Saguy, Ernsberger, Oliver and Gaesser 2006).

The rhetoric found in the aforementioned headlines and the news stories emphasizes that fatness is out of control, it spreads wildly, and its consequences will destroy not only societies or national economies, but the whole planet. In the public discourse fatness is increasingly seen as an all-encompassing phenomenon, both a symptom and a cause of a host of problems faced by contemporary society; from the increase in illness to social and financial problems and the degeneration of social moral fibre. However, the solution offered remains the same: individual’s weight loss and rehabilitation of the fat body. It could be said that the approach to fatness as an issue has become broader, but that the basic parameters remain the same. Instead of focusing on the norms that produce “normal” and “abnormal” bodies, attempting to shift them by acknowledging that there are many “healthy weights”, or on the unfair treatment fat people experience, focus is set on the problems fatness and fat people seemingly create on a systemic level, and how these problems and problematic bodies can be erased. So, although hegemonic fat discourse has shifted its focus from individual factors towards social factors of fatness and taken a more systemic approach, it has done little to deconstruct the cultural devaluation of fat or to help fat people. Furthermore the solution to the problem remains firmly on the shoulders of the fat individual (Rice 2007, 171). April Herndon (2005), Katariina Kyrölä (2007), and Charlotte Cooper (2007), among others have pointed out the danger in this kind of approach: demonization and dehumanization of the people it targets. As both Kyrölä (2007) and Herndon (2005, 133) have noted, the media tends to forget that there is no battle against fatness without a battle against fat people.

The obesity crisis/epidemic discourse draws clearly from the medical paradigm and medicalization of fatness, but it is also connected to social prejudice. Together, they enhance the understanding of a body that must be acted upon. Medicalization of fatness, and as its extension the “obesity crisis” discourse, seem to be an apparent expression of biopower, and on a larger scale,

domestic and international efforts to fight fatness are obvious examples of biopolitical actions. As a consequence of the “obesity crisis” discourse, more control, surveillance, regulation, and normalization for the sake of the life of the population are called for. This is yet another typical characteristic of moral panic (Cohen 1972; Goode and Ben-Yehuda 1994; Thompson 1998; Kauranen 2008). It has been noted that although moral panics are usually short-term, their consequences can be various and far-reaching. This seems to be the case with the obesity crisis. The history of medicine is replete with examples of groups of people and specific characteristics and behaviours that have been treated as medical problems, because they have been defined as socially unacceptable or, otherwise, not complying with the prevalent norms concerning morals and appropriate behaviour. It has been well established by research how medicalization has labelled people as “ill” or “abnormal” on the basis of gender, race and ethnicity, sexual orientation, or various disabilities. The fact that most of the aforementioned groups have been later de-medicalized or their medicalization has been actively deconstructed is testament to the way in which medicine does react to the changes and shifts in societal norms. Could fatness be seen as a contemporary example of the phenomenon? Would it be possible to acknowledge that eagerness to cure fatness might be partly based on prejudicial thinking, intolerance and untenable ideas of “health” and “normality”?

## **2.4 Towards a paradigm shift**

One unforeseen by-product of the “obesity panic” is that it has sparked a new wave of research contesting the medical paradigm of fatness. For example, the key assumptions of medical “obesity” research such as the causality of fatness and ill-health (Campos 2004; Gard & Wright 2005; Campos, Saguay, Ernsberger, Oliver, and Gaesser 2005), effectiveness and benefits of dieting and other “obesity” treatments (Campos 2004; Gard & Wright 2005; Oliver 2005), the reliability of the BMI as a method for evaluating the relationship between weight and health (Campos 2004; Flegal et al 2005&2007; Oliver 2005), and the claimed link between increased ill-health and mortality (Flegal et al 2005&2007) have all been challenged many times over.

Defining healthy or normal weight narrowly has meant that set weight loss goals have been often unreasonable, unsustainable and perhaps also influenced by other motives other than health. Furthermore, there is not enough unbiased research about the effects of weight loss treatments. It seems that the dangers of fatness have in some cases been exaggerated, whereas the risks of weight loss treatments have not been thoroughly explored (Kassirer&Angell 1998; Smith 1995). There is no effective long-term treatment for fatness, and weight loss is almost invariably temporary. This often leads to repeated weight loss and weight gain, a cycle, which in itself seems to be, according to some research, harmful (Sarlio-Lähteenkorva 1999, 66-81). Weight cycling - also

known as yo-yo dieting – is, in fact, now being associated with many of the health effects that have been previously attributed to fatness. For example, it has been shown that weight cycling in laboratory animals increases blood pressure, enlarges the heart, damages the kidney, increases abdominal fat deposits, and promotes further weight gain (Ernsberger and Koletsky 1993; Ernsberger and Koletsky 1995). Eric Oliver (2005), among others, has criticized the cultural propensity for telling people that they need to be thin without providing a safe way of losing weight as irresponsible and as a source of encouragement for people to resort to dangerous surgeries, crash diets, and harmful diet drugs

In fact, there currently seems to be emerging efforts to shift the medical paradigm of “obesity” towards a more diverse paradigm of fatness. In addition to the increasing amount of non-medical research on fatness, the growing worldwide online-based fat acceptance activism and “fat blogging”, and interest in HAES or “health at every size movement” over the past five years can be interpreted as signs of this. The HAES approach has been developed in the United States in response to weight-centered treatment of fatness. The aim of the approach is to move attention away from dieting and weight loss and to instead emphasize the importance of exercise and good nutrition. Moreover, the HAES approach aims to promote overall well-being, rather than weight loss or reaching some specific weight, to encourage people to do any physical exercise that makes them feel better, to promote the idea of a diverse range of acceptable body-types, and to encourage eating well.

It seems the more non-medical research on fatness that has been published, and the better its social, cultural, and other effects are becoming known, the more evident it is that the study of fatness would benefit from various explanatory approaches. It might be even suggested that medicine has not been able to solve the “obesity problem” precisely because it has never been solely a medical problem. It is clear that the medical perspective is not able to grasp or explain the complexity of fatness as a phenomenon, nor as an experience. The inability to find a “cure” for fatness has arguably been one of the great failures of medicine. If any other “disease” had been an object of equally intensive, long-term and abundantly financed research, that after decades still had no effective and long-term solution with the disease, and the ‘disease’ was actually not getting less but more prevalent, by the discipline’s own standards, the principle paradigms of the research would have been seriously questioned and revised.

The present wildly branching “obesity crisis” discourse would seem to support this claim. Fatness is a multi-faceted issue and for this reason, more input is needed from research communities with a more complex understanding of the workings of people, society, and power, among other things in order to understand fatness and its consequences.

In their comprehensive review article on studies of obesity appearing in *The Journal of Health Politics, Policy and Law*, American researchers Abigail C. Saguy and Kevin W. Riley (2005, 874-880) have suggested that, at present, there seems to be a framing competition over obesity in research; between what they

call anti-obesity researchers and activists - people who argue that there is an "obesity" crisis, and recognize obesity as a problem and threat, and fat acceptance-identified researchers and activists who see weight more as a political issue and argue that the relationship between weight and health is more complex than anti-obesity researchers put forth, or are willing to discuss. I see the framing contest as an indication of a struggle between those who support the medical "obesity-as-a-problem" paradigm and those who attempt to shift the paradigm or create a new one.

Although I find Saguay and Riley's (2005) categorization useful, my approach is probably most in line with that of critical fat studies. This means that I am of the view that medical discourse as a hegemonic discourse and practice must be opened up to criticism and evaluation; however, more than just challenging the medical discourse of fatness, my aim as a researcher has been to look beyond it and find ways of approaching fatness as a gendered and socio-political issue. Indeed, it can be said that I am taking up on the challenge Kathleen LeBesco (2004, 6) outlined the introduction of her book *Revolting Bodies: the struggle to redefine fat identity*. She posed the question of how it would be possible to move the study of the fat body out of the natural and life sciences, towards and into the realm of social and cultural criticism. I tend to see the relationship between the different disciplines in the study of fatness more complementary than separate. Ideally, they could provide for a much needed critical view on each others' set paradigms and established "truths". I am in line with Canadian researcher Carla Rice's (Rice 2007) vision on the need for so-called "critical fat studies". According to Rice:

*"Critical fat studies" would explore the emergence and operations of size differences within cultural representations and social relations. It would investigate how fatness intersects with gender, disability, class, race, and nation to affect the bodies and lives of diverse individuals and groups. Such scholarship could engage critically with medical and scientific knowledges and encourage more respectful responses to fat bodies. Finally, critical fat studies would open up space for thinking about other ways to approach the relationship of fatness to fitness and health. This might involve moving away from enforcing body norms and toward more creative endeavours of exploring physical abilities and possibilities unique to different bodies (Rice 2007, 171).*

### **3 DATA, METHODOLOGICAL QUESTIONS AND ARTICLE SUMMARIES**

#### **3.1 Data and data collection**

In the articles included in this dissertation, I have used empirical data collected during the spring of 2000 (February-March). The data consists of 35 autobiographical writings by and 12 semi-structured thematic interviews with Finnish women<sup>17</sup>. Altogether, the data consists of 47 personal accounts of life as a fat woman. The data was collected by placing a research request in one Finnish daily published newspaper "Keskisuomalainen" and one weekly published women's magazine "Anna". In the research request, women "who have experience of being fat in a society that values thinness" were asked to write about their experiences, or, alternatively, to take part in an interview. The women were asked to tell about all kinds of experiences - both the positive and negative ones. The informants' approach to the subject was expected to be based on their personal experience of fatness.

#### **3.2 Profile of the informants**

The youngest of the women who responded to the research request was just turning twenty-one at the time she was writing. The oldest was a sixty-five year old woman. The median age of all the informants was thirty-six. Twenty-eight (28) of the informants were in a relationship (married, cohabiting, dating), fourteen (14) were single, and five (5) did not mention their relationship status.

The weight of the informant was not specifically asked for in the request, since the experience of being fat could also relate to the informant's past. However, as anticipated, the majority of the women volunteered the

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<sup>17</sup> The data is in researcher's possession

information themselves. On the basis of the information they gave, all the women were presently fat (according to the medical definition, which was mostly used by the women themselves) or they had been fat for many years at some stage of their life (childhood, youth), or their weight had been fluctuating. Based on the data given by the informants, the medical definition of fatness came out as the dominantly used one for one's fatness.

Twenty-nine (29) out of the forty-seven (47) women informed that they had been fat since childhood or had been labelled as fat since childhood. Eighteen (18) women noted that they had gained weight as adults. The reasons given for weight gain by women who had gained weight as adults were diverse. Some had accumulated weight with one or a number of pregnancies, some had been, or were, on medication that had a weight-gain side-effect; while some had had illnesses that had limited their mobility. Depression, lack of exercise, and eating habits were also mentioned as reasons for weight gain. All in all, the women usually gave a multiple of reasons or a combination of some of the aforementioned reasons for their weight gain.

All of the women in the data had a history of dieting. For some dieting had already started in the childhood. A few of those who had been fat as children had been put on a supervised diet by health professionals. Many had a history of yo-yo -dieting and had lost and gained weight many times in the course of their lives.

### **3.3 Personal writings and interviews**

The structure of the written responses was fairly uniform. These writings might be called "weight autobiographies", since the women typically wrote about their weight in a chronological order; starting from childhood and proceeding to the present time. The women described their life as a fat woman and shared their thoughts relating to their weight at different stages of their lives. I made an observation that the numbers on the scale seemed to organise the informants' life-stories in a very profound way; the women were able to remember their exact weights even from decades previous. The weight often seemed to represent a certain period of life. For example, those women who had had children could invariably remember how much they weighed before, during, and after pregnancy. The numbers on the scale had come to signify certain experiences and certain periods of life. This shows how accustomed we are to evaluating our life and bodies on the basis of body weight, or, in fact, the numbers on the scale.

When placing a research request, I assumed that some women might prefer to be interviewed to writing. In the end, I interviewed twelve (12) women either in their homes or in a room at the university, depending on their own choice. The method chosen for the interviews was semi-structured thematic

interview<sup>18</sup>. The interviews were taped and the tapes transcribed. The women interviewed did not generally need much prompting and most of the time I could let them speak freely. Most of the themes, on which I had prepared interview questions in advance, came up spontaneously in the course of the interviews. This gave me confidence that I had been able to identify relevant or core issues related to fatness and the experience of being a fat woman.

There was some variation in the length of both the writings and interviews. The length of the written responses ranged from two hand-written pages to ten typed pages. The length of the interviews varied from one and half hours to three hours. The age of the informant and/or the length of their weight-history prolonged the interview time.

### **3.4 Women's experiences as a source of information**

I have used the data in a manner typical of social scientific research: to find out about and gather information on a phenomenon of which there was little or no previous data or research available. The initial decision to collect empirical data was based on the lack of preceding research on fatness as a social and personal issue. When I started to work on this doctoral dissertation in the early 2000s, there seemed to be just anecdotal evidence about what is it like to be fat or to live as a fat woman. There were stories about makeovers and dieting successes and, sometimes, there were interviews with celebrities or ordinary women about their body image, diets, and weight in women's magazines. Although the popular media could give me some glimpses into the issue, there was very little systematic research or analysis based on empirical data and no Finnish sources at all. It seemed quite obvious that in order to study women's fatness, I had to ask what fat women themselves had to say about it. The collection of empirical data seemed necessary in order to get a more precise idea about what women think about being fat, what kind of meanings it has for them and how it affects their lives.

However, an equally important factor behind the decision to collect empirical data refers back to feminist epistemology. It is an established and revered feminist practice to use women's personal accounts as evidence and as a basis of research, theory-formation, and policy-making (e.g. Scott 1991; Stanley and Wise 1991, 20-62). Collecting information from women about their lives and using it as the source of information, feminist research has been able to grasp, brings into discussion and makes public issues that have been previously considered, for example to be too every-day, trivial, or taboo for study (Reinharz 1992, 143). The goal of feminist research has often been openly political; it has aimed to better women's lives, change structures of society to be more accommodating for women, and bring out issues that are especially relevant in women's lives but have been neglected in earlier research. In short,

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<sup>18</sup> See Appendix 1 for interview structure

feminist research has always had a strong emancipatory tendency. It has aimed to liberate and empower its subjects who have been perceived as disadvantaged or marginalized in different fields of society. In feminist knowledge-production, individual women's personal accounts are always laden with possible political relevance. In feminist research that has drawn from women's own life-stories while studying some aspect of women's lives, an individual's experiences have frequently turned out to be collective ones shared by many. In this sense, speaking out about one's life is always a potentially political act.

One central belief of the feminist movement of the 1960s was the idea of women's collective oppression. This view has been challenged and second wave feminism has been criticized for assuming too universal a female subject. It has been proposed that the feminist movement and academic research have focused too much on the problems of a privileged group of women; those who are white, middle-class, and heterosexual. Differences between women were overlooked when in search of a common female experience of oppression. This contributed to the creation of a now criticized "normative subject of feminism" (Brah and Phoenix 2004). All women have not been equally represented nor have nearly all significant differences between women been acknowledged in mainstream feminist research. Furthermore, there has been a tendency to think of gender as always the only important or the most important defining element of women's lives. This view has been disputed especially by feminists who talk from perceived "minority" positions within the feminist movement and research (Mulinari and Sandell 1999).

Women's body size is one of those issues the meaning of which was not dealt with within feminist movement or research for a long time. I will go into the discussion of the position of the fat female body within feminism in more detail in chapter 4.

### 3.4.1 The fat experience

Since I was interested in exploring women's own experiences of fatness, I had to think about the ways in which I would be able to best grasp this multi-dimensional issue - one that combines gender, the body, and subjectivity. According to Suvi Ronkainen (1999, 11-12), subjectivity can be understood as lived experience. Ronkainen further suggests that subjectivity is accumulative and it consists of lived and situated subject positions which are bound to time and place. Furthermore, subjectivity, as well as the subject positions that mould it, is seen as always gendered and embodied. In short, the body is central to one's subjectivity or lived experience; it is an important basis of subject-formation. The body can be, for example, thought as enabling or as setting of limits to one's subjectivity. *When I refer to the "experience of fatness" I refer to the specific situated and localized knowledge that one can have access to by living as a fat woman.* This includes, for example, women's treatment in different fields of life, discourses and practices one is included in and subjected to as a fat woman, and thoughts and feelings connected to the fat body. I see women's stories about their fatness as telling about subject-forming embodied experiences.

Women's fatness can be seen as a typical example of an issue the discussion of which has been thwarted by shame or stigma (c.f Reinharz 1992, 143). When I was reading the transcripts of the interviews and writings by the informants, it became obvious that fatness as an issue is a highly personal and sensitive. Many women noted that they felt it was difficult to talk about how they really feel and think about their fatness or their fat bodies, or that they had to hide their feelings. Many had never talked about the issue even with their nearest and dearest and were reluctant to reveal to anyone how big of an issue fatness was for them. For most of the informants fatness was linked to mainly negative feelings such as shame, guilt, and embarrassment. It was an exceptional occurrence when an informant described her fatness and fat body in positive or even neutral terms. It certainly seemed clear that fatness as an experience had remained a "private shame" for many and that fat women comprise a group whose experiences have been mostly left unspoken. In this sense too, studying women's experiences of fatness seemed to me to be a typical feminist project. Making women's personal experiences visible/audible facilitates bringing the issue into a wider socio-political context.

It should be noted, here, that the women in this study refer to fatness and living as a fat woman in Finnish society. My data is bound to the Finnish context; however, interestingly, in the light of research conducted in countries such as the United States, United Kingdom and Australia, fat women's stories about fatness seem to bear many similarities in all of these countries, including Finland (e.g. Millman 1980; Cooper 1998; Murray 2008). Although there is obviously some variation due to cultural and social differences, it is striking how women's experiences of fatness correspond to each other across borders. The same locations (e.g. school, health care professional's practices, and working places), experience-categories (e.g. exclusion, discrimination, ridicule, shame), and feelings (shame, guilt, and embarrassment) appear consistently in women's accounts whether they are Finnish or British, American or Australian. This can likely be attributed to the fact that attitudes towards fatness also seem to be very similar, at least in the western and "westernized" cultural sphere. It can be justifiably claimed that there is a negative bias or prejudice against fatness in all western cultures to some extent. The "obesity crisis/epidemic" rhetoric that has spread all around the world is a good example of how the hegemonic fat discourse travels internationally and globally. Fatness as a phenomenon and as an experience seems to transcend borders in this sense, too.

I started the analysis of the data by looking for "defining" elements in the women's written and oral narratives. I searched for occurrences, feelings, and locations that were related to fatness or that informants associated with it. I was looking for patterns in the experiences of the informants themselves as well as patterns in how they had been treated by people around them - from close family and friends to people with whom they came into contact. After reading the data closely a number of times, it was relatively easy to identify central themes and key experiences, since the same type of experiences began to recur and the data appeared to become saturated in this sense fairly quickly. For example, women who had been fat since childhood told remarkably similar

stories about their school experiences and the process of becoming labelled as “a fat girl” (Harjunen 2002). Another example of such similar experiences concerned women’s encounters with medical or health professionals, which almost invariably were negative in nature (Harjunen 2004).

I have used the collected empirical data to a varying degree and in a slightly different manner in the respective articles constituting this dissertation. Some of the articles are more directly inspired by the data and draw from the women’s experiences. For example, I did not specifically set out to study women’s school experiences, however, when I was searching the data for the information on the time, or specific moment, when the women had first understood that they were fat or they were labelled as fat, school occupied central role in those women’s narratives that had been fat since childhood. The article *The Construction of an Acceptable Female Body in Finnish Schools* (2002) was born out of this finding. In the same way, the article *Lihavuus välttilana* (2007, Fatness as Liminality) is derived from the findings in the data, namely women’s sentiments and experiences of being somehow in-between. In the articles that deal with stigma and medicalization of fatness, respectively, I used the data to illustrate the workings of some, in my view, central power processes shaping the fat female body.

All in all, the data has not only brought out new perspectives and strengthened my knowledge of women’s experience of fatness, but it has provided for the ground on which to build on my analysis. In this summary article, I have drawn from the data sparingly since it is available in its context in the attached published articles. However, it is the ever-present foundation for this part of the dissertation as well. My use of the empirical data has been influenced by the article format of the dissertation and the theme-driven nature of my analysis.

### 3.5 Summaries of the original articles

The first article that was published (the second that was written), *The Construction of an Acceptable Female Body in Finnish Schools* (2002) explores how girls’ bodies are being moulded by the Finnish school. I discuss how the school and its institutions aim to normalize girl’s bodies via various “techniques of power”. The analysis is based on Michel Foucault’s work on disciplinary institutions and power (Foucault 1979) and findings on the empirical data collected for the research. In this article, I set out to study when was it that research informants had first thought about themselves as fat. One of the findings was that most of the women who had been fat as a child named school as the place where they had learned or they had been told, directly or implicitly, that they were too fat or that their bodies were somehow deviant to the norm. There were three main sites for this: encounters with school health care, physical exercise classes, and peer-interaction during break times. It seems

evident that school is one of the most central places where girls are taught and where they learn the boundaries of the acceptable or ideal female body. This article explored the ways in which orders and organisation of the school set and reproduce this effectually gendered standard of the acceptable body, and how this affects girls' ideas about themselves and their bodies.

The second article *Exploring Obesity through the Social Model of Disability* (2004) is, in effect, a critique of the medicalization of the fat body, and explores the possibility of re-constructing and re-framing fatness as a social issue with the help of the social model of disability. The point of departure of this article was the discovery that disability and "obesity" have been conceptualized and understood in a similar manner (e.g. Cooper 1997 & 1998). Both have been viewed as individual problems mainly within a medical context. In this article, I discuss the consequences of the medicalization of fatness and explore how the so-called social model of disability could be used in theorizing and re-conceptualizing fatness and, particularly, how it could help to transfer the emphasis of fat discourse from blaming the individual to understanding the role of society regarding fatness. The social constructivist approach and the social model of disability have challenged the dominant medical discourse of disability by arguing that, as a category, disability, is constructed socially and is used to oppress disabled people. Moreover, feminist disability researchers have brought out the importance of the (gendered) personal experience (e.g. Morris 1996; Reinikainen 2007). The aim of the article is to study how the social model of disability could be applied to the study of fat. Here, I argue that disability and "obesity" can be understood as conceptually overlapping categories and that the social model of disability can be used as a useful tool in examining the social dimension of "obesity" (Cooper 1997, 31). Moreover, I am of view that it may facilitate the exploration of "obesity" as a socially and politically meaningful difference alongside other significant differences based on the body - disability, gender, and ethnicity, for example (cf. Cooper 1997&1998; Young 1990).

The third article, *Lihavuus, stigma ja sukupuoli* (Fatness, Stigma and Gender 2004) examines the fat body as a gendered and stigmatized body. It explores the reasons why the fat female body is stigmatized and its consequences as well as some of the techniques that produce the stigma. In this article, I use Erving Goffman's work on stigma as a starting point and explore the stigma of fatness and its implications for women (Goffman 1963, 4). Size is one of the central determinants of the normal body and research has shown that the boundaries of socially acceptable size are stricter for women than men (e.g. Sobal and Maurer 1999b). I analyse what are the consequences of the stigma for women, and study women's experiences of the weight stigma in the light of their own narratives. I talk about stigma of fatness and socially acceptable female body. Towards the end of the article some ways that have been used to resist and manage the fat stigma are discussed.

Finally, the fourth article *Lihavuus välitilana* (2007)<sup>19</sup> explores marginalization of the fat body and how it becomes transferred to an experience of liminality, being somewhere in-between. I approach women's fatness and experience of being fat through the concept of liminality. Here, I develop the idea of being fat as a liminal space and experience e.g. between a normal and abnormal body, health and disease, acceptable and unacceptable femininity and so forth. I have two major hypotheses based on the findings of the data. I claim that fatness seems to be understood simultaneously as a temporally limited state, but also as a liminal condition, a state in-between, on a more conceptual level. Further, I explore the factors that underlie this understanding of fatness as a transitory and liminal condition. I ask what factors construct and support the idea of fatness as a temporary state and liminality, or restrain us from thinking of fatness as a permanent characteristic and consequently as a permanent part of the subject. I argue that fat women are pushed towards liminality by social construction of female fatness as a stigmatized characteristic, constraints that fatness set for female subjectivity and agency, and the expectation for change. I ask, can a fat woman be a full subject or does fatness inevitably mean some kind of lowered subjectivity? Does fatness necessarily mean occupying a liminal position and marginalization? And, finally, is it possible to 'come out' of this liminality?

In addition to the four articles that have been included in this dissertation, I have written and published a number of articles that explore and approach gender and fatness from different angles during the course of this research project (Harjunen 2003, 2004c, 2006, 2007, 2009a, 2009b, and Rich, Harjunen and Evans 2006). Although these articles are not included in the dissertation, they have given me an opportunity to explore some of the issues raised also in this summary article in more detail. These articles have not been included in the dissertation simply because they were not written to thematically fit this collection of articles.

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<sup>19</sup> The article is forthcoming in *English as Fatness as Liminality*

## 4 STUDYING FAT PEOPLE AS A SOCIAL GROUP

### 4.1 The stigmatized other

Fatness has not been typically approached as a social issue in the sense that would assume a politically motivated subject seeking rights and recognition. Accordingly, fat people have not been traditionally perceived as a social group, or fatness as a social category, in a socio-political sense, nor has fatness been widely discussed as a possible social identity (e.g. Cooper 1997, 33). Organisations such as the American National Association to Advance Fat Acceptance (NAAFA), which aim at promoting fat acceptance, see and promote fatness as a political position, but in the mainstream society this approach has not been well-known. For example, it has not been very common to understand fatness as a characteristic that should be taken into account, for example in policy-making, although there are some exceptions to this, namely in some areas of The United States. For example, in San Francisco, discrimination based on weight and height is forbidden in the administrative and police/municipal codes of the city (Compliance Guidelines to Prohibit Weight and Height Discrimination 2001)

Despite the lack of official recognition, research has clearly shown that fatness can significantly characterize and define a person's life, social status, treatment, and positioning in social relations (e.g. Millman 1980; Kissling 1991; Cooper 1999; Sobal and Maurer 1999a and 1999b; Cossrow, Jeffery and McGuire 2001; Puhl and Brownell 2001). As a group, fat people are subjected to discrimination in various social settings (e.g. Brownell and Teachman 2000; Kauppinen and Anttila 2005). Although fat people are not often seen as a "minority" or a marginalized socio-political group in the traditional sense, it is obvious that fat people are assigned the status of a (marginalized) group in numerous ways. Fat people are very often perceived as a fairly uniform social group. Far-reaching assumptions about persons are made on the basis of body size. It is not only common to use "fatness" as the marker of a social category or group of people, but also to routinely refer to a group that is assumed to

share similar life-style choices, state of health, personality traits, and morals (Herndon 2005; Rice 2007).

It is obvious that the group identity assigned to “fat people” has been largely defined by stigma; fat people are seen as the stigmatized “other” (see e.g. Brink 1994; Link and Phelan 2001). It is notable this stigmatized status of the fat people is assigned from outside and usually explored as such. The “insider view” of the stigma, as Daphna Oyserman and Janet K. Swim (2002) call it, has for a long time been lacking from the discussion of fat people as a group. Part of the problem is that people are not generally eager to identify with such a widely stigmatized group of people, even if they themselves clearly belong to it. Although it is possible to identify with a group that is stigmatized (e.g. Goffman 1963), in the case of fatness, many do not want to belong to it, to identify with it, and even actively resist it. This is most likely linked at least partially, to the idea of fatness as a self-inflicted problem, internalized fat hate and shame, and the idea of temporary nature of fatness, all of which are consistent with the present hegemonic fat discourse and contribute to the rejection of fatness as a possible social identity. In particular, the construction of fatness as a temporary period or a phase effectively works against and denies possible positive identification with fat people as a group and fatness as a positive group identity (Harjunen 2007).

Fat people encounter the stigma of fatness in their every-day social environment, social institutions, personal relationships and the media for example. There is an abundance of research that has shown the pejorative effect of fatness on one’s social status. Low social status affects children and adults alike. In Latner and Stunkard’s study (2003) on the attitudes of American 5<sup>th</sup> and 6<sup>th</sup> grade children, fat children came out as the least liked. Fat children ranked below children with crutches, wheelchairs, amputations, and facial disfigurements. In Chen and Brown’s recent study (2005) on adults’ preferred romantic relationships, fat partners were ranked below amputees, persons in wheelchairs, those with previous suicide attempts, and those with a history of sexually transmitted diseases.

There are, according to my understanding, two dominant ways whereby this stigma draws together fat people as a group, which, perhaps predictably, refer back to the understanding of fatness on the axis of health and social acceptability discussed earlier: firstly, due to the dominance of the medical paradigm and medicalization of fatness, fat people are understood as belonging to a larger group of people who have a (stigmatizing) medical condition or ailment. Secondly, as body size has increasingly become a characteristic used to classify people and determine their social status, fat people are also understood as a group that fails to control their body size in such a manner as would conform to the norms of the acceptable body size. As P.J. Brink (1994), who has studied construction of the fat stigma, has noted, fat people are stigmatized at least doubly: for their body-size and their assumed moral weakness. This means that the fat person is stigmatized due to the appearance of the physical body that deviates from the accepted norm, but also because of what the physical body is assumed to say about the person’s character and other qualities i.e. their

moral, and intellectual qualities of the person (Brink 1994). Fatness marks a person as both physically and mentally abnormal and defective. The assumption is that the 'unhealthiness' of fat people is both physical and mental in nature.

Discrimination and other negative social effects of fatness have been well-documented in research (Millman 1980; Brink 1994; Zdrowovski 1996; Puhl and Brownell 2001&2003; Harjunen 2004b; Kauppinen and Anttila 2005). Discrimination in its various forms can be interpreted as a very concrete effect of stigma that feeds on negative stereotypes and prejudice. It is not, then, surprising that fat people often have very similar experiences of how they are treated in various social settings and social relations (Harjunen 2002, 2004a, 2004b, 2007). However, fat people are not as readily seen as deserving sympathy, support, understanding, acceptance, or even tolerance in their surroundings as many other members of stigmatized groups<sup>20</sup>. This kind of bias does not limit itself only to lay-people, for research has shown that even medical and health professionals treating fat people can have a biased view of their patients (Brownell and Teachman 2000).

The effects of fat stigma have only recently begun to be seen as social problems in their own right - in research as well as in public discussion. The prevalence and effects of discrimination based on one's body size are yet to be fully recognized in wider society. To date, approaches to discrimination based on one's body size have varied largely. For example, so-called fat acceptance groups and activists, who originally drew attention to discrimination experienced by fat people already in the late 1960s, have addressed it as a human and social rights issue (e.g. Cooper 1998). Within research, weight based discrimination or weight stigma, as it is sometimes called, is becoming increasingly recognized as a problem in itself (Brownell & Teachman 2000; Puhl & Brownell 2001&2003).

The western cultural sphere mostly discussed here is an extremely fat-phobic environment and fat people's worth and capabilities, moral, mental and physical competence is constantly questioned. It is well known that the stigma exists, but the experience of living in a fat body has been rarely talked about: what it is like to live in a body that is stigmatized, shamed, ridiculed, and marked as diseased, despised, and ugly? How is it to live in have a body that is almost never portrayed as worthy, healthy, normal, or beautiful? What it is like to live everyday life with cultural prejudices and biases? Since understanding of

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<sup>20</sup> Our understanding of the perceived illness, or treatment of those who are seen as having the illness, are clearly influenced by the norms, values and attitudes that prevail in society. Susan Sontag's work (1978&1989) concerning illnesses and metaphors offers interesting insight into the treatment of fatness as an illness and fat people as sufferers of that illness. According to Sontag, there are potent cultural myths concerning certain illnesses, which strongly influence our understanding of their origins, the personal characteristics of the patients, and giving treatment to the patients. Sontag's examples were first tuberculosis and cancer and later HIV and AIDS. Sontag discusses how certain illnesses are commonly assumed to originate from the conflicts in a person's psyche or their degenerate morals. Illnesses may be interpreted, for example, as a sign of some repressed feelings, as in the case of cancer, or as an indication of the person's low morality and, therefore, as a justified punishment for socially unaccepted behaviour, as in the case of AIDS (1978&1989)

fat people as a social group is somewhat shallow, we currently do not know enough about living with the fat stigma nor about the ways people resist it, navigate around it, or even actively construct positive life spaces for themselves despite of it. We are, in a sense, quite curiously missing both, the “victim’s” and subject’s views at the same time.

Based on the reference literature (e.g. Cooper 1997&1998; LeBesco 2004; Herndon 2002&2005) as well as my own findings, I take the view that it is justified to include weight/body size, namely body size that is considered to exceed the norm i.e., fatness into the group of major social statuses and/or social identity defining characteristics. In addition, it seems to have an effect on one’s understanding of oneself, one’s identity and subjectivity. Not only is it important to study fat people as a stigmatized group, it is vital to explore the possible means by which the fat body could be reclaimed as an acceptable body and fatness as an acceptable basis of identity. What has been lacking is an understanding of fat people as a group that deserves to be treated with respect and acceptance like any other. In addition, what has been usually absent from the analysis of the fatness stigma has been an understanding of it as a manifestation of the exercising of power and, moreover, the gendered nature of that power.

## 4.2 The problem of the fat sister

*If fat is to be a feminist issue, feminists must learn to trust and honor their bodies, their voices. Feminists must continue to examine our own fat prejudice. Can it be done? It hasn't yet, but it is what is needed, now. Finally.* Jacqui Gingras (2005)

Although gender plays a major role in the stigmatization of fatness, and the experience of being fat, the relationship of feminism and fatness is an uneasy one. It can be argued that the feminist movement has not always been particularly supportive of the fat sisters’ cause. Some radical feminist fat activists even see a connection between the stigmatisation of the fat female body and the rise of the second wave of feminism in the 1960s. Fat activist and writer Karen Jones (1974, aka Karen Stimson), for example, has noted that the rise of the second wave of feminism coincided with the 1960s skinny female body ideal. According to Jones, the mainstream women’s movement embraced the slender body-style, which she provocatively refers to as the “anti-female body-style”. She claims that a body not presenting any female body prominent markers or signs of “femaleness” such as hips, bust and waist, become indicative of a new, equal, woman; the feminist movement enforced this. Jones (1974) further claims that:

*Far from recognizing the basis of fat women's oppression as sexist, however, and speaking to the issues involved - issues of importance to all feminists - the Women's Movement has unconsciously reinforced and perpetuated society's stereotypes against us.*

Fatness was not seen as a contributing factor to the sexism experienced by women, and the thin body was accepted as the norm. While it is debatable whether or to what extent feminism has contributed to the stigmatisation of fat female bodies, it certainly has not adequately addressed the issue (Cooper 1997 and 1998; Harjunen & Kyrölä 2007). Feminist analyses of gender and weight have tended to concentrate on the analysis of oppressive body ideals (thinness), dieting, and eating disorders (e.g. Bartky 1990; Bordo 1993; Wolf 1991; Heyes 2006). Fatness and being fat as such have not been the focus of analysis. It could be claimed that it is the thin woman's experience, or that of she who has body image or body dysmorphia tendencies, that has primarily been studied. Jeffery Sobal and Daphne Maurer, for example, have noted that there has been surprisingly little research on fatness from the point of view of the (gendered) fat subject (Sobal & Maurer 1999a). Furthermore, the effects of "thin privilege", in other words the study of thinness as a power position within the group of women, has been missing from the feminist analysis.

From the point of view of social science and feminist-based study of fat, it has also been problematic that mainstream feminist study of weight has either embraced the medical paradigm of fatness or, in the least, been fairly uncritical of it. Considering feminism's role as a contestator of dominant paradigms and critique of the medicalization of the female body it has presented, the acceptance of the medical paradigm can be seen as somewhat unexpected. Mainstream feminist study (as opposed to feminist fat studies or fat studies) on body size and weight has not made any determined attempts to break away from the medical paradigm of fatness and its emphasis of weight-loss. I claim that although the thin body ideal has been regarded as oppressive and it has been greatly criticized by feminists, being fat has not really been acceptable even among feminists - not on the conceptual nor concrete level of fat female bodies. For example, Charlotte Cooper (1997) has criticized the hypocrisy of feminists seemingly accepting fatness as a valid base for identity, while at the same time recommending dieting for health reasons.

An example of feminists' ambivalent relationship to fatness is Susie Orbach's (1978/1983) influential book, *Fat is a Feminist Issue*, which is generally held as a classic of mainstream feminist studies on body size. The original subtitle of the book, which was removed from later editions read: *Anti-Diet guide to Permanent Weight-loss*. Basically Orbach wrote a diet book without a diet. Orbach's book received criticism concerning two issues. Firstly, although Orbach claimed to be anti-diet, she complies with the medical paradigm according to which weight loss is a natural goal and is good for you. The second complaint is the manner by which the book equates fatness to an eating disorder (e.g. Cooper 1998). This suggests that under each fat woman's fatness there lies a psychological disorder, the solution of which would result in weight loss. Making a distinction between eating disorders and fatness is, however, crucial. Not all fat women have an eating disorder, although some of them do. By not making this distinction Orbach effectively pathologizes fatness and promotes understanding of fatness as an external sign of some internal struggle or psychological disorder. This yet again supports the paradigm which posits

fat people as essentially abnormal and defective. This way of interpreting the psychological nature of fatness was especially popular in the 1970s and early 1980s (Lahikainen 2007). One could presume that some of Orbach's views might have changed since the time of the book's first publication about thirty years ago. However, this does not seem to be the case. The book was reprinted in 2006 without any major revisions, so it must be assumed that Orbach's views on fatness and fat women have remained the same<sup>21</sup>.

A more recent example of ambiguous and contradictory feminist approaches to fatness is an article titled as "*Obesity at the Crossroads: Feminist and Public Health Perspectives*" by Antronette K. Yancey, Joanne Leslie & Emily Abel (2006) that appeared in the feminist journal *Signs*. The writers claim that feminists are failing women since they are not taking the "obesity epidemic" seriously as a health and medical threat for women. While the article could be perhaps commended for its promotion of women's health and bringing up the issue that feminism does not pay enough attention to the study of fatness, the writers' complete unawareness of the (feminist) criticism expressed towards the medical paradigm of fatness, the "obesity epidemic" discourse, and the various powers that organise, produce, and maintain all of the above, not to mention their negative effects on women, seems inconsistent, counter-effective and plain ignorant.

Another recent contribution to the feminist discussion on fatness appears in an equally ambiguous manner. Notable feminist scholar Elspeth Probyn has for her part, accused feminist research in *Feminism & Psychology* of concentrating too much on "body image" issues and promoting fat acceptance and "celebration of super-size female bodies", while at the same quite sensibly calling for new ways in which to articulate fatness as a feminist issue (Probyn 2008). Optimistically thinking, these contradictions could be taken as a sign of the issue of fatness finally becoming acute within feminism. However, the hostility towards fatness (and fat women) expressed in both of these latter articles, makes somewhat disturbing reading and indicates that feminism or feminists for that matter, have not yet perhaps sufficiently problematized their own fat-phobia. It is quite apparent that these researchers are unable to see fatness as an important element of any woman's experience, identity, or as a valid base for subjectivity. Ultimately, the writers referred to above manage to construct a normative feminist subjectivity that excludes fat women and simultaneously renders them as "others" among women and objectifies them as targets of medical and/or psychological practices.

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<sup>21</sup> However, Orbach has in recent years been a high profile campaigner for prevention of eating disorders and promoter for a more realistic body ideal for women. She has participated in the planning of a number of famous Dove-campaigns that use women of various sizes in their advertising (Kyrölä and Harjunen 2007).

### 4.3 The rise of fat feminism

Although the social scientific and feminist approach to fatness has only gained more ground over the past decade, fatness has in certain circles been recognized as a gendered, social and political position for much longer. Among the feminist fat activists, it was clear from early on that fatness had social consequences, which were bound to gender. The origins of fat politics and fat activism can be found in the civil rights movement of the 1960s (e.g. Schoenfelder & Wieser 1983/1988). Fat activism started in the United States in the late 1960s. The Fat Pride movement began with the founding of the National Association to Advance Fat Acceptance (NAAFA<sup>22</sup>) in 1969. The goal of the fat pride movement has been to alleviate prejudices against fatness, fight social inequality and empower fat people.

One of the early landmark books was *Fat Power* by Llewellyn Louderback published in 1970. Here, Louderback linked fat discrimination to the rise of the diet industry. According to Louderback, both were more based on prejudice than any medical truth about fatness. With partial inspiration from Louderback's book, a radical feminist fat liberations group The "Fat Underground" was founded in 1973. In the same year, the founding members of the Fat Underground, Judy Freespirit and Sara Fishman<sup>23</sup>, wrote the so-called *Fat Liberation Manifesto* (1973). The manifesto declared that fat oppression was sexist and that the diet industry and medicine were harmful to public health (!). In addition, in the 1980s some key position papers of the fat feminist movement were published in Schonfelder and Wieser's (1983, reprinted in 1989) anthology *Shadow on a tightrope - Writings by women on Fat Oppression*. Marcia Millman's (1980) *Such a Pretty Face-Being Fat in America*, was among the first works in which fat women themselves described their life as a fat woman.

Fat Underground worked in the similar vein to other political movements of the 1960s, organizing protests, marches, and rallies. Since The Fat Underground was linked to the radical therapy movement, oppression of fat women was also approached from its perspective. Fishman states that one principle of radical therapy is that oppression goes unchallenged if it is "mystified". The Fat Underground viewed medical weight-loss treatments as a form of mystified oppression (Fishman 1998). Although The Fat Underground recognized the existence of gendered fat oppression relatively early on, fatness was not explored from this point of view outside the fat activist movement for a long time. One of the key figures of fat feminism, Karen Jones (aka Stimson), has claimed that fat feminists were outcasts not only in the women's movement in The United States in the early 70s, but also in the size acceptance community of NAAFA (Jones 1974). At the time, fat feminists were considered too radical

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<sup>22</sup> Formerly known as National Association to Aid Fat Americans

<sup>23</sup> Sara Fishman is also known as Aldebaran and Vivian F. Mayer.

however, views held by the Fat Underground have subsequently become accepted also within NAAFA - feminist research has yet to catch up.

One could speculate that feminism's trouble with fatness might be at least partly traced back to the 2nd wave feminism and early feminist theory's inability to adequately address the differences between women and the diversity in the range of experiences that ensues<sup>24</sup>. Karen Jones' (1974) view on how the feminist and fat acceptance movement remained disconnected for a long time, unable to converse meaningfully, could be perhaps read as an example of this. Feminist analysis in the form of intersectional analysis, which has aimed at "decentering" the "normative" subject of feminism, as Avtar Brah and Anne Phoenix have put it (2004), gained its momentum only later. The emergence and spreading influence of the third world feminist's critique of the Western feminism, queer studies, feminist disability studies, and identity politics in general have certainly broadened the scope of feminist analysis and diversified the understanding of the feminist subject. To sum up: feminism's relative lack of knowledge of "fat oppression" has been most likely connected to a wider tendency both within the movement and feminist research.

#### 4.4 Identity politics and fat studies

Much of the politically inclined fat activism of the past few decades has drawn from and can be analyzed in the context of identity politics. The identity politics has been most often connected to race, ethnicity, disability, gender, and sexual orientation. In other words, it has been associated with groups of people posited in a disadvantaged position, and/or discriminated against and marginalized in society. Fatness is one of the most recent additions to the characteristics around which identity politics work is being done. The work involves various modes of activism such as consciousness-raising and the promotion of self-determination and -affirmation by creating a group identity, and research among others. Identity politics work is typically twofold in its goals, and this goes also for fat activism: it aims to change the perception of fat people both inside and outside of the group and seeks to alleviate discrimination against fat people.

In the case of fatness, work done around identity politics quite obviously has parallels to that done around gender, race, ethnicity, sexuality, and disability, and often fat activism intersects with other forms of activism. Judging by the increase of fat-acceptance influenced net blogs, research, and media publicity, it seems that fatness is becoming increasingly politicized both on a societal and personal level - fatness is increasingly a site of identity politics

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<sup>24</sup> Although in some parts of the feminist movement it was acknowledged early on that oppression can be multi-based and that each of the differences has its own mechanisms of control and oppression attached to it, which interact with the patriarchal sexism (e.g. Combahee River Collective 1977), wider recognition of intersectionality of relations of oppression occurred much later.

work. This might be a counter reaction to the global “obesity” panic which has put increased pressure on individuals and governments alike to fight the “obesity” epidemic”. There has been increased pressure to use fatness as grounds for classifying people to (lower) status groups.

While there have been fat acceptance groups in various countries (most notably ones in the US), their effect has been quite limited. There are various reasons for this: while the customary steps of identity politics work involve deconstruction of the prevailing stereotypes, social construction and dominant knowledge on fatness has been only recently begun to appear in significant forms. Changing attitudes is a demanding task, since a biased view on fatness is promoted and maintained by dominant medical discourse that has constructed fatness as a disease, the social stigma attributed to fatness, general fat-phobic climate, and so on. Moreover, most people have so far “chosen” rather to change their bodies i.e. to lose weight than look for self-affirmation from shared fat identity. Because attitudes towards fatness and fat people are so negative and most people have lived amidst fat-hate all their lives, it is understandable that gaining social acceptance through weight loss remains an attractive, and many times seemingly the only, option available. Getting people’s support is probably one of the biggest challenges of the fat acceptance movement. However, for some fat people, fatness has become a basis for positive group-identification, identity work, and self-affirmation.

The currently emerging interdisciplinary discipline of fat studies can be seen as the point where academia meets political activism. Fat studies relationship to the work of the fat acceptance movement is somewhat parallel to the way in which women’s studies grew out of the women’s liberation movement. Fat studies, like fat activism in general, draws from the work of gender research, queer studies, gay and lesbian studies, and disability research for example. Kathleen LeBesco (2004, 1-2) has proposed that we should rethink fatness, as not only a medical or aesthetical issue, but also as a political state.

I am of the opinion that the rise of interest in intersectionality and intersectional thought has, to some extent, enabled the non-medical feminist study of fatness by helping those working in the field to recognize fatness as a social category as well as to show how fatness is bound to other social categories. The emergence of fat studies can be seen as yet another indication of the trend towards intersectional thought. Fat studies as a field has also been inspired by identity politics: in other words, it examines fat people as group faced with discrimination and struggles for empowerment and self-determination in a similar way to other oppressed, disadvantaged or marginalized groups of people. It could be claimed that the tools for studying and understanding fatness from a non-medical or non-psycho-pathologizing point of view have only truly materialized over the past two decades. Non-medical research of fatness has benefited from this development of intersectional approach as well as increased the attention paid to identity politics both in research and by activist groups.

## 4.5 Intersectional theory as a way forward?

Oppression of particular groups of people and inequalities such as sexism and racism are rooted in power hierarchies and relationships that organize societies and everyday life. Well documented power hierarchies are, for example, those between males and females and white and non-white people. Those belonging to the dominant groups set the norm and they tend to occupy a privileged position, enjoy social acceptance and privileges such as the higher status, political and economic power, and so forth that those belonging to the subordinate/disadvantaged groups lack. Historically and currently, the norm has been that of a white, male, heterosexual, and able-bodied person. Since feminist research on the body could not provide much support for understanding of fatness as a relevant axis of gendered experience, I felt that had to look for alternatives. For me, it was obvious that when the effects of size and gender are combined, we are inevitably dealing with the effects of both sexism and sizeism (discrimination on the basis of a person's size) simultaneously. The kind of approach that takes into account the effects of a person belonging to more than one social group or category, or having various "master statuses", is nowadays often referred to as the intersectional approach. In my attempt to explain powers that construct the fat female body and shape the experience of being one, I have drawn inspiration from intersectional theory.<sup>25</sup>

The term "intersectionality theory" was first coined by American researcher Kimberlé Crenshaw in the 1970s, but it became more widely used in the 1990s in, for example, the work of Patricia Hill Collins (e.g. 1998). Although the concept of intersectionality was initially applied to the study of interrelations of gender, race and ethnicity, it has, during the past decade, spread to the study of many other social power relationships: intersectional theory always deals with power relationships. Today, some of the most typical intersections analyzed are those of gender, ethnicity, disability, sexuality and class (e.g. Phoenix 2006; Verloo 2006; Yuval-Davis 2006).

Intersectional theory acknowledges that oppression and inequalities such as sexism and racism are rooted in power hierarchies and relationships that organize societies and everyday life. In addition to the notion that people belong to more than one social category at the same time and that people's

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<sup>25</sup> I originally became acquainted with intersectional thought via disability studies. It was in fact my colleague Dr. Marjo-Riitta Reinikainen at the Department of Social Sciences and Philosophy at the Jyväskylä University who pointed me in the direction of intersectional inquiry by giving me an article named "Can a Fat Woman Call Herself Disabled?" by Charlotte Cooper (1998) that dealt with the relationship between fatness and disability. This article proved crucial for my understanding and helped me to appreciate the social construction of fatness on a new level. It also inspired the first article of the doctoral dissertation. My take on gender and fatness has been influenced by social scientific disability research, and especially the so-called "social model of disability", which has been developed by disability researchers and activists. More recently, the intersections of fatness, disability and gender have been explored by April Herndon (2004) and Hanna Väättäinen (2007) in their respective studies.

experiences vary accordingly, intersectional thought takes into account that, in connection to these social categories, people have layered and multiple identities that are affected differently by social, political, historical and other power relationships. Intersectional thought, therefore, recognizes the fact that people belong to and are defined by more than one at the same time and, further, that experience is an effect of various social categories and identities. Thus, according to intersectional theory, prejudice and discrimination may be multi-layered and simultaneously linked to one or more of these categories/identities: sexism interconnects with racism, homophobia, ableism, classism, and sizeism.

Intersectional theory aims at studying the ways in which various socially and culturally constructed categories interact, form multiple identities, and multiple grounds for social inequality and oppression (e.g. Phoenix 2006; Verloo 2006; Yuval-Davis 2006). In a sense, intersectional thought wants to go further than just exploring the gender aspects of racial discrimination or the gendered aspects of ableism. Indeed, it can be used as an analytical tool for examining the various ways in which people are susceptible to inequality and discrimination.

#### 4.6 Fatness as an intersecting power relation

*Although the world does not treat fat people "normally," i.e., we are even less safe from oppression and persecution, bigotry and harm, than other oppressed groups because we are always something else besides fat, too. So we are fat women or we are fat African Americans or we are fat lesbians or we are fat people with disabilities. Know what I mean? Fatness is a multiplying factor is social injustice. (A post by a member of the Fat Studies mailing list 200, cited 17.12.2008)*

I am of view that the rise of interest in intersectionality and intersectional thought has the potential to significantly benefit the social science and feminist-orientated study of fatness. It can complement the identity political approach to fatness. Intersectional thought has, in a way, enabled recognition of fatness as a social category by showing that fatness is bound to other social categories in such a way that effects a person's treatment and experience. Intersectional thought makes it possible to explore fatness alongside and together with such master statuses as gender, race/ethnicity, disability, and class - experiences of fatness can rarely be isolated from the other meaningful social categories to which people belong or identify with. If fatness is paired up with one of the other social categories, its social meaning and effects change; being a fat woman is different from being a fat man. Being a fat black woman is different from being a fat white woman and so forth. In other words, intersectional thought enables recognition and exploration of several identity political projects simultaneously.

In the case of women, general discrimination based on weight and body size intersects with discrimination stemming from gendered organisation and, hence, orders of society. Fat women are stigmatized because of their body-size and derogatory moral characteristics associated with being fat, however, these two categories of fatness stigma are further linked to women's status and role in society. Expectations concerning the appearance of the female body and acceptable behaviour for women overlap and interconnect with the general fat stigma<sup>26</sup>.

There is evidence that fatness is connected to and correlates with the gender, class, and race/ethnicity, and sexuality of the person (Herndon 2005; Rice 2007). Studies have clearly shown that both experience and treatment of fat people are affected by gender (e.g. Cooper 1997 & 1998; Silberstein, Striegel-Moore, Rodin 1987), in such a manner that fatness is generally more stigmatizing for women than men<sup>27</sup> (Sobal & Maurer 1999a&1999b). Especially women's socio-economic and class status seem to be particularly dependent on body size. In general, fatness is less prevalent in higher social classes (Stunkard and Sorensen 1993). Nonetheless, it has been shown that highly educated fat women, in particular, are discriminated in the employment, in terms of their salaries (Kauppinen & Anttila 2005), and that fat women are in more danger of becoming unemployed than their thin counterparts (Härkönen & Räsänen 2008). In her insightful article, April Herndon (2005, 139) has observed the ways in which race, class, citizenship, and nationality are bound together in the United States in the "war against obesity". She notes that the "war against obesity" discourse is used to criticize groups of people who are already marginalized in the United States, such as immigrants and poor people.

The interconnection of gender and body size manifests itself in various ways. One obvious example relates to dieting. In general, more women than men diet, although men are on average fatter than women. Furthermore, many of the women who diet are of normal weight, thus, they would not need to diet for health reasons (Ogden 1992), even according to the fat-pathologizing medical paradigm. Indeed, it has been noted that women diet more often for social than health reasons (Sarlio-Lähteenkorva 1999). The pressure to represent a certain type of femininity is high, while the central constituent of this acceptable femininity is normative body size. Because the diet industry is aware of the fact that the effects of weight stigma are stronger for women, most of the diet and weight loss advertising is targeted at women (Hänninen and Sarlio-Lähteenkorva 2004). These examples provide a further indication that fatness as

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<sup>26</sup> It has to be noted that fat stigma does not affect all women in the same way even in the Western world, where the thin ideal is said to reign, but it is also bound to other markers such as race and class for example.

<sup>27</sup> Although making a comparison between the experiences women and men is outside the scope of this study, one needs to understand and make the distinction between sexism and what is sometimes named as "sizeism" (Cooper 1998) in order to analyze the combined effect of gender and fatness.

an issue pervades multiple layers of our social experience at the same time<sup>28</sup> and that fatness is a significant axis of gendered experience.

I am well aware that one should be wary of making claims about the “sameness” or similarity of discrimination or oppression experienced by different groups of people. Nira Yuval-Davis (2006) has pointed out that it is necessary to be aware of the differences between the differences. However, in the culture of moral panic on “obesity”, fat people are being constructed as the marginalized “other” both socially and culturally. Further, I claim that discrimination and prejudiced treatment due to body size is related and interrelated to other forms of discrimination.

One of the challenges of the intersectional approach is that every social category and every combination of social categories has a different kind of effects. For example, Beverley Skeggs (2006) has argued that the logics by which social divisions are organized differ and, because of this they should be analyzed differently. Mieke Verloo (2006) has pointed out the need to pay attention to both similarities and distinctions of inequalities when analyzing them. Although the disadvantage related to fatness stems obviously (partly) from a different source, it shares many of the mechanisms that produce and maintain it with other groups of people. In addition, it seems clear that the *stigma related to fatness inevitably draws from other systems of oppression*, for fatness does not exist outside the body that is not gendered, racialized, class-determined, and so forth. The current debate concerning fatness and fat people can be seen as a host of discussions about morals, values, and attitudes, normality vs. abnormality, social acceptability vs. unacceptability, aesthetic ideals, and “proper” behaviour. These discussions are replete with assumptions about class, gender, sexuality, ethnicity and race, and so on.

In her article *Gender as Seriality: Thinking about Women as a Social Collective* (1994, 713), Iris Marion Young pondered how women could be understood as a group in such a manner that it would not lead to the normalization of some and exclusion of other groups of women. She speaks against isolating gender identity from other identities and exemplifies the irrationality of trying to do so by asking how it would be possible for a woman to distinguish between her “woman part” and “white part”. In a similar manner, I see that the experiences related to fatness become entwined with the person’s “other parts” in such a manner that it is difficult to say where the gender part ends and the “fat part” begins. As a consequence, the “powers” or power relationships that define fatness are akin to those that are many times identified in relation to other such groups that have been begun objects of normalization, stigmatization, and medicalization.

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<sup>28</sup> Also, it must be kept in mind that there is significant variation within the category of fatness itself. Fatness as a term is vague, and the size of people who are labelled as fat can vary a great deal. The experience of being fat is not the same for all fat people, and, the treatment of fat people is greatly affected by how far one’s body is perceived to be from the category of the “normal” body size. Moreover, being larger sets a different set of challenges to one’s social and physical mobility.

## 5 THE LIMINAL FAT SUBJECT

### 5.1 Fatness as liminality<sup>29</sup>

As has become apparent in the course of this study, fatness is, by and large, considered as a non-permanent state in the sense that change and transformation of the fat body is a prevalent normative expectation. As a result of this, fatness is commonly thought to be a “phase” one eventually leaves or should leave behind (Harjunen 2007). This idea of non-permanence of fatness is typically taken for granted and can be traced back to the medical paradigm of fatness, which rests on the assertion that fatness is a “curable” and temporary condition. It can be claimed that the powers of medicalization, normalization, and stigmatization all ultimately aim at changing the fat body. This anticipation for change is problematic for many reasons, the most obvious of which is the fact that successfully losing weight is very hard for most people. While there is an enormous pressure to change the body, research on dieting and dieting successes has shown time and again that only a small minority of dieters are successful in maintaining long term weight loss. In Sirpa Sarlio-Lähteenkorva’s

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<sup>29</sup> The concept of liminality was first used by social anthropologist Arnold van Gennep (1909/1960) in his study concerning the rite of passage, and it was later developed further by anthropologist Victor Turner (1977). The liminal phase is one of the three phases of the rite of passage. According to van Gennep the rite of passage is a transitional ritual designed to help the individual to move from one status, place or state to another. The rite of passage begins with separation, is followed by the limen and finally re-aggregation to society. The purpose of the rite of passage is to transform the individual, the whole person including the body (Van Gennep, 1960). The rite of passage represents change that is controlled, recognized, and accepted by society. After the rite of passage, the individual or group will be treated according to their new status. As I have described in the article “Lihavuus välitilana” (2007), the use of the concept of liminality is not nowadays limited to the study of the rite of passage alone, and it has been used to describe or explore a wide variety of experiences (Harjunen 2007). Recently, liminality has been used as a conceptual tool to describe and examine experiences or social statuses that fall somehow between classifications or are otherwise difficult to grasp, explain, or measure. I have used liminality in the latter sense: more precisely as a “category of the experience” that is more permanent in nature as described by Little, Jordens, Paul, Montgomery and Philipson (1998) in their study on chronic illness and recovery.

(1999) study the estimated percentage of success was 6%. Many diet repeatedly, but gain the weight back soon after. So, although fatness is constructed as a transitory and temporary bodily state of being, for the majority of fat people, fatness would appear to be a fairly permanent, or at least recurring, bodily characteristic. This paradox of fatness being marked by demands of change and transformation at the same time as having a proven tendency to be permanent or recurring intrigued me.

Based on the findings in my data, being fat seems to be an ambiguous position. I have surmised that this ambiguity draws from and is partly constituted by the constructed in-betweenness of the fat position. The discrepancy between the hegemonic fat discourse that emphasizes change and weight loss and the actual prevalence of fatness is quite apparent. However, I became even more intrigued by this when I detected the same inconsistency in women's experiences in the data. I noted that only very few of the women in the data considered fatness as their permanent characteristic or identified with being fat. Remarkably, nearly all of the women, including those who said they had been fat "all their lives" or "since early childhood", considered the thin body as their normal body size or saw it as a self-evident goal (Harjunen 2007). Only a small minority of women in the data appeared to consciously identify with fatness or the fat body. It intrigued me that fatness was thought of as a non-permanent condition even by most of those women who had been fat for the most part of their lives, in some cases for decades. All of this led me to surmise that fatness seems to be both, as a concept and as a physical state, always somewhat shifting or under negotiation. The women's stories convinced me that fatness marks a state in-between, or a liminal space, which influences one's subjectivity and sense of agency. These observations led me to think about fatness in terms of liminality and liminal experience<sup>30</sup>.

In the article "*Lihavuus välitilana*" (2007), I asked what factors construct and support the idea of fatness as a temporary state and liminality, or restrain us from thinking about fatness as a permanent characteristic and, consequently, as a permanent part of the subject. I aimed at tracing some of the consequences of "liminalization", as, in my view, understanding fatness as both temporally and conceptually liminal state fundamentally influences the general perception of fatness; how it is understood, treated, and tolerated (Harjunen 2007). It seems that the construction of fatness as a liminal state, albeit largely previously unidentified, is one of the central ways by which fatness is both produced and maintained, as a phenomenon and experience, as a marginalized and marginalizing condition.

Although the liminalization of fatness is, in a sense, logical continuation and effect of medicalization, normalization and stigmatization, I am of the opinion that liminality as a concept and "liminalization" as a practice or process

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<sup>30</sup> Kathleen LeBesco (2004, 25-28) has very briefly studied fatness as a liminality in her book *Revolting Bodies*, but her interpretation relates to fatness and sexuality. She attempts to explain why the fat body is understood as sexually ambivalent and why fat bodies are stuck in the marginalized position. In her interpretation, LeBesco used the three-stage rite of passage formula, which I have not used in my article.

differs in some respect from the three other techniques I have dealt with in this research. Medicalization, normalization and stigmatization aim at producing the norm by prevention, elimination, monitoring and observation for example. These techniques of control can be easily connected to other groups of people as well, not just fat people and their treatment. Although there are certainly a number of other groups of people who can be considered to be in-between and placed in a liminal position, what seems to be distinctive feature of “fat liminality” is that it is constructed as a “permanent” state of being, or a “fixed” position, as paradoxical as it may sound. In other words, my thesis is that fatness is constructed as a temporary and transitory state, although it is often, in fact, permanent. Furthermore, the denial of the permanence of fatness, and its possible consequences and meanings for an individual, seems to lead to a permanent state of liminality and give impetus to the experience of being in-between. Therefore, I understand fat liminality both as a practice and a process simultaneously. Moreover, I understand that medicalization, normalization, and stigmatization contribute to the liminalization of fatness, fat bodies and the fat experience.

In addition, I interpret fat liminality as a specific subject position. Fat person resides in that peculiar position of in-between where one is constantly expected to change and one’s fat body is constructed as temporary (Van Gennepien liminality), yet at the same time the fat body is for most fat people a more or less permanent one (c.f liminality as a permanent category of experience in Little et al 1998). The subject position then becomes determined by this ambivalence.

I found it interesting that the expectation for change does not limit itself to the physical body. It is intriguing how the fairly permanent characteristics associated with a fat body apparently vanish when the weight has gone. For example, the person who was previously labelled as lazy, undisciplined and uncontrolled, is no more labelled as such upon losing the weight. Along with the physical change, one’s character is “born again” as a thin person. This is, of course, an example of the power of the negative stereotyping, social prejudice and stigma that fat bodies bear, but it does raise an important question, one that has been central to this study: is fatness truly only skin deep? Can it be taken off like a piece of clothing, as the mainstream cultural understanding would tell us? So, when we say that we want to cure the fat body, are we not also saying that we want to change or transform the person too? By demanding the fat body to change, are we not also simultaneously disregarding, disrespecting, overlooking, and dismissing the possibility of an embodied fat subject? It is not a wonder that when we are told that we should battle against the fat, but that it is wrong to discriminate against fat people, the message gets muddled<sup>31</sup>.

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<sup>31</sup> Slogans that are used in the battle against “obesity” such as “hate the fat, not the fat people”, are eerily reminiscent of such attitudes as expressed by slogans such as “hate the sin, love the sinner” which is often used by Christian fundamentalists to defend their anti-homosexuality sentiments.

## 5.2 The splitting of the fat female subjectivity

As for example Jokinen et al (2004, 8) have observed, the body is a site where several meanings and practices meet. Society meets individual, nature meets culture, and institutions meet personal desires. Subjectivity is embodied, and it is forged in interaction with all these levels. However, the subjectivity is affected by the characteristics of the body in question and how they are discursively produced. For example, such characteristics as gender, the size of the body, or disability have influence on the 'validity' and 'level' of the subjectivity and what subject positions are deemed available. By subjectivity I mean, on one hand, how one sees herself, 'who I am as a fat woman', and on the other hand, agency, 'how do/can I act as a fat woman'.

It would be reasonable to assume that this would also concern the fat body. Fatness as a characteristic, a fat body as the body that moves, functions, behaves and so forth. inevitably has an effect on the person's experiences, agency, and how s/he is treated by other people. It would therefore seem unjust to separate the fat body from a fat person. If the permanence of fatness were to be taken as a default value instead of its temporariness and curability, the rehabilitative approach of medicine to fatness begins to seem rather questionable and prejudiced. Fatness could possibly be a subjectivity-defining characteristic for a large number of people.

However, currently, fatness can be seen as a particularly vague bodily basis for female subjectivity, for it is often undesired and rejected, even though one cannot escape either the multiple meanings or powers that construct and shape fatness and, consequently, the experience of living as a fat woman. Fat subjectivity can be seen as an expression of power negotiations that is inevitably informed and affected by the techniques of power; medicalization, normalization, and stigmatization previously discussed and analyzed. In my view, the liminalization of the fat subject is both the result of the aforementioned techniques of power and a power technique in itself.

I would argue that there is a fat subject and fat subjectivity that is negotiated at the intersection of various social and cultural powers that aim to define and construct it, and personal experience. One's weight history, (dark) socialization and experiences as a fat person do count. The experience of liminality is that of not being taken seriously, treated with respect, being constantly told that one does not look right, or judgements that one cannot be a healthy, smart, a good worker and so on due to the appearance of one's body.

The relationship between the fat body and subjectivity is ambiguous and clearly affected by the medicalization, normalization, and stigma of fatness. Katariina Kyrölä (2005, 99) for example has observed that in popular media "the fat body is almost always represented as something that includes, not is, a person". Body fatness is seen as a somehow separate characteristic. This assumption is, according to Le'a Kent (2000, 134-135), encouraged by the mainstream representations of fat such as weight loss advertising, which relies

on the use of “before” and “after” pictures. Kent says that the fat person is represented as something that encloses the person and something the person must break away from.

In my data this split between the body and the subject comes up frequently for example in the form of the phrase: “inside the fat body there is a thin person who is trying to get out” with its many variations. My interpretation is that the women do not use the phrase only to refer to the size of the body or the aspiration to change it; instead, it has a more complex meaning. Firstly, it underpins the assumption that the thin body is the normal, or perhaps even “authentic” body that one should always strive for. Secondly, it conveys the meaning that the person’s fatness is temporary. Thirdly, it assures that inside the ‘abnormal’ fat body is a ‘normal’ person. Kyrölä (2005) has noted that, as a result of the split between the fat body and the person, fat subjectivity is often understood as a partially, instead of completely embodied subjectivity. The fat body is in effect split into two: the inner self and outer body. Kent (2000) is brusquer in her interpretation. She notes that: “[t]he self, the person, is thin and cruelly jailed in a fat body. The self is never fat. There is no such thing as a fat *person*”. This phrase seems to underline the liminality of fatness; how fatness is understood as liminal temporally, conceptually and consequently as an experience.

Grippingly, in the women’s narratives, what is perceived as genuine subjectivity is very often bound to certain weight or size of the body. Being thin is seen as the prerequisite for subjectivity. In the data it is time and again repeated how real life can begin when one has reached a certain weight. As long as the body is fat, life is not lived to the full and one is waiting for the true life to begin. I call this ‘life in the waiting room’. In the waiting room one lives in a somewhat arrested existence and waits to start living as a fully-fledged and accepted subject, to start doing things ‘everyone else’ does, or ‘be just like everyone else is’, or just melt into the crowd. Losing weight does not, therefore, only represent fulfilling some body ideal, it means the promise of becoming a “full” subject.

In my view, women use this phrase to distance themselves from the negative characteristics associated with fatness. In this case, the split of the fat body into physical body and the inner self might serve a social purpose: when the stigmatized body is separated from the ‘person’, the stigma of fatness might be easier to manage. Fatness is a stigmatized identity and by denying the connection between the body and the ‘person’, one denies the identity and subject position that is considered undesirable. The phrase can be used to reassure (oneself and others) that ‘one is not one’s body’, or one’s body does not reflect the inner world of the person. It tells that, inside the fat body, the person has got the qualities associated with the ‘normal’ thin body such as intelligence, effectiveness, control, and so forth (e.g. Kissling, 1991; Ogden, 1992).

So, in essence, the inner person would deserve to be considered as a valid subject, but the stigmatized outer body prevents it. In the data, the women tell how they feel that they constantly need to explain their fatness: why they are fat, how they got fat, how they have let themselves become fat, are they going

to diet and so forth. Women hear comments about their body from people they know as well as from complete strangers. The message is made even clearer by the constant media bombardment about the dangers of “obesity”, social and moral unacceptability of fatness. A fat person has to live with the knowledge that s/he is not recognized as a completely embodied subject unless the body goes through a transformation i.e. is not fat anymore. If it is assumed that one’s subjectivity is bound to the body, constant challenging of the legitimacy of the fat body must have some consequences.

In summary, it seems that the relationship between the fat body and subjectivity is especially unstable. One of the integral parts of the liminal experience of fatness appears to be the experience of not being a “valid” subject, and the fat body is seen as a barrier for achieving subjectivity. I have been intrigued by the fact that despite of the unwillingness to identify with the group of “fat people” or “fat women”, the boundaries of “real” fat people and those who just think or talk fatness are being guarded and authenticity of fat experience is required. I am again referring to the setting of boundaries of fat and non-fat bodies that was discussed earlier in chapter 2.2.1. The fact that both the research community and informants raised the issue albeit in their own ways, seems to suggest that there is indeed some kind of running “scale” for evaluating fat people’s position on the continuum of weight and size, which is used as the base for evaluating the “validity” or “realness” of their experience of fatness<sup>32</sup>.

This phenomenon could be perhaps interpreted as some kind of covert recognition of possible fat subjectivity, even if not as a particularly desirable one. It could at least be seen as a sign of an ambivalent relationship with one’s fatness and fat subject position. My interpretation is that both the informants and those people who asked me about the distinction between “real” fat women and those who think they are fat, albeit perhaps unconsciously or without being able to articulate it clearly, assume that there is indeed a category of fat people and an embodied experience of fatness. So, although the majority of the women in the data did not want to identify with fatness, they still felt the need to identify their right to take up that position. In fact, the right to reject the fat position might be one of the few fat subject positions available to fat women presently. The hegemonic fat discourse makes taking the fat subject position in any other sense as medicalized and stigmatized target of normalization difficult and for many, impossible. However, since the points of resistance exist in the form of identity political fat acceptance movement and academic fat studies for example, taking on a fat subject position and fat social identity in a more positive sense might become more appealing or possible in future. Exploration of this development as well as methods by which this could be done is however a matter of further study.

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<sup>32</sup> Although this is rarely explicitly articulated in mainstream society, this issue is heatedly debated within fat online communities and fat activism blogs. Since the range of weights and sizes that are considered to be fat can vary a great deal, it is clear that the experience of fatness is not the same for every fat person. The “small” and “big” fat people face differently many every-day issues, such as availability of appropriate services.

## 6 CONCLUSION

Fatness as an issue is a multi-faceted one, however, it has not been explored as such until recently. Besides fatness being a many-sided issue, the fat body is a meeting point for a number of discussions concerning body, gender, and society. This dissertation project was instigated by a need to expand the scope of research and to increase understanding of fatness as a social phenomenon and experience. This goal has remained important throughout the writing process. Non-medical based study concerning fatness is currently a growing field of study internationally and this doctoral dissertation is a contribution to this field, specifically to social scientific and feminist study concerning fatness and gender. I wanted to focus specifically on the relationship or interrelation of gender and fatness for it seemed to me that the fat female body was the meeting point of a number of interesting body political discussions.

When I was starting out this research I had a tentative idea that fat people could be seen as a social group alongside other social groups that have been pushed in a marginal position in society and studied as such. In one of the many research proposals that I submitted I wrote that:

*“Fatness can be seen as a socially and politically meaningful difference alongside other significant differences that are based on the body such as disability, gender, and ethnicity, for example”.*

I presumed that fat people and fat women in particular are a specific group of people, whose bodies mark them “different” or place them outside the accepted norm. Moreover, I further assumed that fat women’s life and experiences must be somehow affected by their “difference”. In this doctoral dissertation, I show that fat people are in fact in many ways understood as a group of people (social group, if you will) in socio-political sense and that they are as a group stigmatized and often thereby marginalized. Furthermore, I demonstrate that the hegemonic fat discourse constructs fatness not only as a stigmatized characteristic, but also as an illness, moral defect, temporary condition and unsustainable base for subjectivity.

In the four articles included in this doctoral dissertation, I approach women's fatness from various angles and through a number of concepts. What all the articles have in common and what has kept the thin red line visible is that they all deal with power, or the processes of power that somehow aim to mould the gendered fat subject, or set limits to it. Subsequently, I explore how those aspects that relate to the social construction of gendered bodies and those which relate to the (gendered) size of the body meet and interact, how being simultaneously female and fat construct (one version of) fatness and experience of fatness (that is perhaps typical of fat women in that particular society, culture, time, etc). This line of investigation has continued and been expanded on in this summary article. Namely, I put forth an idea that intersectional theory and thought might be able to provide a way to conceptualize and understand gender, fatness and fat bodies in the context of social scientific research. In particular, I propose that this might be a way to put fatness on the feminist agenda in a manner that is both conceivable and usable. It seems that the use of intersectional thought could facilitate the recognition of body size as a marker of a position of power, privilege, or that of subjugation and discrimination

The progression of the articles illustrates the development of my thinking regarding fatness and the study of fatness: I started out by thinking about the construction of fatness as a medical issue, and how and by which methods the study of fatness could be transferred into the direction of social scientific study. In the article, *Exploring Obesity through Social Model of Disability* (2004) I experimented with the social model of disability and explored how it could be applied to the study fatness. This experiment proved to be worthwhile for contrasting medicalization of disability and fatness and seeing how researchers who use social model of disability to study disability had been able to frame it as a social issue was extremely encouraging. The study of the ways the fat body is being normalized and setting of the boundaries of the acceptable female body in the form of stigmatization of fatness were important steps on the path, as is illustrated in the articles *The Construction of the Acceptable Female Body in Finnish schools* and *Lihavuus, stigma ja sukupuoli* (Fatness, Stigma and Gender). The three concepts that play major role in the first three articles, namely, normalization, medicalization and stigmatization are clearly techniques of biopower that are commonly used and appear frequently in connection to fatness. Identifying these techniques and showing how their use is validated, how they work, and aim at producing a certain type of a socially acceptable female bodies was an important task: first and foremost, it made apparent that the fat body is a target of parallel discursive and practical powers as many other groups of people whose "social and moral deviance" has been located in their "deviant" bodies.

As I have shown in the first three articles included in this doctoral dissertation, as well as in this summary article, fat people are currently largely defined by their assumed negative medical or health status and social prejudice and fat bodies are under intensive pressure of normalization. These discourses contribute to construction of fatness as an unbearable, stigmatized and undesirable condition. The fourth and final article *Lihavuus Välttilana* (Fatness as

Liminality) is, on one hand, a logical continuation from the three articles that preceded it, but on the other hand, it presents a departure from them. The "Fatness as Liminality" article introduced yet another process by which fat bodies are being defined and controlled: that of liminalization. In line with prevailing hegemonic knowledge of fatness and fat bodies, the fat body is constructed as a not permanent body, it is assumed to be in the eternal state of becoming something else, and the pressure to change is ever-present in fat people's lives. Understanding of fatness merely as a passing phase forces the fat body in a limbo and at the same time denies the possibility that a fat body could be a valid basis for subjectivity. Liminalization can be understood as a power technique alongside normalization, medicalization and stigmatization.

One of the key findings of this doctoral dissertation is that the liminalization of the fat body and, consequently, the fat subject; the experience of becoming fixed to that liminal space (as long as one is fat) is what seems to be distinctive of fatness in comparison to other groups of people that are targets of various techniques of biopower. The expectation for change is part and parcel of the present-day fat discourse. It does not take into account the possibility that the fat body might be the only realistic one, or the only one person has ever known. Change is seen as good and desirable, but is striving for that change worth a life-long struggle as is in the case of many women not just in my data but world wide? The problem of understanding fatness as liminality is that while it forbids positive identification with fatness, it denies that fatness could be an important part of one's experience and identity. Liminality is also an experience category, and it has an effect on how the individual perceives herself as a subject, as well as her possibilities for agency. The normalization, medicalization and stigmatization obviously contribute to the construction of fatness as a state in-between. However, living in the liminal sphere seems to result in a precarious existence and subjectivity. Positioning fatness in the liminal sphere clearly restrains understanding of a fat body as a valid basis for subjectivity and condemns the fat woman in a permanent state of in-between.

In light of this study, it seems obvious that societal discourses and practices enhance and justify the (mis)treatment of fat people and that more attention should be paid to the biased way fat people are treated. Systematic critical analysis and evaluation of the effects of said bias is needed, but in order to this happen, new social science-based ways of conceptualizing and understanding fatness need to be developed; ones that can not only challenge the medical discourses dominance, but also increase understanding of the multifaceted nature of fatness as an issue and phenomenon. I claim that there is currently an acute need for development of social theory of fatness and models by which fatness can be explored as a social issue both on individual and societal levels. Mainstream society does not face this challenge alone, for, as I have shown in chapter four of the summary article, even feminist research and understanding of fatness has been often biased.

Although the meaning of fatness as a basis for social categorization has not yet been widely recognized or systematically researched, understanding and establishing fatness as a (personally, socially, politically) meaningful category of

its own, and consequently as a relevant axis of experience and power, would, in my view open up interesting possibilities for further research and discussion on fatness and fat bodies.

## TIIVISTELMÄ

### **Naiset ja lihavuus: näkökulmia lihavuuden yhteiskuntatieteelliseen tutkimukseen**

Yhteiskuntatieteellisen naistutkimuksen alan väitöskirja on muodoltaan artikkeliväitöskirja. Väitöskirjaan sisältyy neljä aiemmin julkaistua artikkelia (Harjunen 2002, 2004a, 2004b, 2007) sekä niin sanottu yhteenvedoartikkeli, joka koostuu kuudesta luvusta. Väitöskirjan artikkeleissa tarkastellaan lihavuuden sosiaalisen rakentumisen erilaisia elementtejä ja prosesseja sekä naisten kokemuksia lihavuudesta empiirisen aineiston avulla. Tutkimuksessa keskitytään nimenomaan naisten kokemuksiin, sillä ruumiin muodon ja koon kontrolli ja säätely on toistaiseksi kohdistunut vahvemmin naisruumiiseen. Sekä institutionaalinen että median lihavuus- ja laihdutuspuhe ovat kohdistuneet naisiin ja ne ovat olleet pitkälti ”feminisoituneita” diskursseja ja käytäntöjä.

Väitöskirjassa tarkastellaan lihavuutta sukupuolittuneena ilmiönä ja kokemuksena.

Artikkeleissa lähestyttiin lihavuutta teemavetoisesti neljän eri käsitteen kautta. Yhteenvedossa kootaan artikkelien tuloksia sekä laajennetaan niissä käytyä keskustelua. Yhteenvedossa nostetaan uudelleen esiin nämä käsitteet ja tarkastellaan niihin kytkeytyviä ja toisiinsa kietoutuneita lihavuusdiskursseja ja prosesseja laajemmin. Yhteenvedossa esitetään, että ne ovat erikseen tarkasteltuna merkittäviä ”hegemonisen lihavuusdiskurssin” osia. Yhteenvedossa käsitellyt diskurssit ja prosessit ovat: 1. lihavuuden medikalisaatio, 2. lihavuuden stigmatisointi eli lihavuuden ja lihaviin vartaloiden leimaaminen sosiaalisesti ei-hyväksyttäväksi ruumiillisuudeksi, 3. pyrkimys lihavuuden normalisointiin. 4. liminaalisuus eli lihavuuden käsittäminen väliaikaisena tilana. Yhteenvedossa lähestytään lihavuutta näiden neljän käsitteen kautta ja niihin perustuvaa analyysiä edelleen kehittämällä. Ne näyttävät keskeisesti jäsentävän ja tuottavan käsitystä lihavuudesta sekä rakentavat naisten lihavuuden kokemusta.

Yhteenvedossa käydään läpi monitieteisen kriittisen lihavuustutkimuksen syntyä ja tavoitteita ja feministisen tutkimuksen ja kriittisen lihavuustutkimuksen suhdetta, joka ei ole ongelmaton. Yhteenvedossa tuodaan esille ns. intersektionaalisen analyysin mahdollisuus ja pohditaan sen mahdollista käytettävyyttä ja antia kun pyritään tutkimaan lihavuutta yhteiskunnallisena ilmiönä ja eritoten lihavia ihmisiä sosiaalisena ryhmänä feministisestä tutkimusperinteestä käsin. Intersektionaalisuuden käsitettä ja ideaa on aiemmin käytetty tutkimuksessa jossa on pyritty nostamaan esille esimerkiksi ns. moniperustainen syrjintä, joka liittyy esimerkiksi erilaisiin sukupuoliin, rodun, etnisyyden ja luokkaseksojen intersektioihin. Näin on myös saatu esiin erilaisiin sosiaalisiin positiioihin ja niiden yhteenliittymiin kytkeytyvät valtasuhteet ja -erot. Tässä tutkimuksessa esitetään, että lihavuus voidaan käsittää yhtenä merkittävänä ruumiillis-

na erona, joka voidaan nähdä yhtenä hierarkisoivia valtapositiioita tuottavana tekijänä.

Tutkimuksen yksi keskeinen lähtökohta on ollut tutkimuksellisen aukon paikkaaminen: lihavuuden tutkimus on ollut pitkään painottunut lääke - ja kansanterveys ja ravitsemustieteiden aloille ja lääketieteellinen eli biomedikaalinen näkemys on pitkään hallinnut sekä tiedontuotantoa että tulkintoja lihavuudesta. Lääketieteellisessä diskurssissa lihavuus näyttäytyy parannettavana tilana, sairauteen tai esisairautena, mikä ilmenee mittaustuloksina, lukuina ja käyrinä joiden (epä)normaaliutta tulkitaan kulloinkin käytössä olevaan mittaristoon nähden. Lihavuuden vaikutukset eivät kuitenkaan rajoitu vain lääketieteellisiin kysymyksiin, ei henkilökohtaisella eikä yhteiskunnallisella tasolla. Tähän kysymykseen on pureutunut viime vuosina nousussa ollut monitieteinen lihavuustutkimus, jonka piiriin tämä väitöskirja voidaan lukea. Monitieteinen lihavuustutkimus on osoittanut, että lihavuuden lähestyminen vain lääketieteellisenä kysymyksenä on kestänytöntä niin yksityisellä kuin yleisellä tasolla, sillä lihavuudella on niin kulttuuriset, sosiaaliset, poliittiset, taloudelliset kuin psykologiset ulottuvuutensa, jotka väistämättä vaikuttavat esimerkiksi siihen miten lihavuutta käsitellään yhteiskunnassa, millaisia toimenpiteitä siihen halutaan kohdistaa, miten lihavia ihmisiä kohdellaan ja kuinka lihavuus koetaan henkilökohtaisella tasolla. Toisin sanoen esimerkiksi talous, politiikka, kansanterveyslinjaukset, kulttuuriset käsitykset sosiaalisesti hyväksyttävästä vartalon koosta ja muodosta, nais- ja mies(ruumiisiin) kohdistetut sukupuolitetut odotukset vaikuttavat lihavuuskysymyksen muotoutumiseen sekä kokemuksiin lihavuudesta. Näiden tekijöiden merkitystä ei voi sivuuttaa haluttiinpa lihavuutta ymmärtää paremmin ilmiönä, hoitaa tai hallita sitä.

Väitöskirjatutkimus sijoittuu siten lihavuustutkimuksen kansainväliseen murrokseen, jossa on nähtävissä viitteitä biomedikaalisen lihavuusparadigman murtumisesta tai siirtymästä kohti monitieteisempää lähestymistapaa. Tutkimus ponnistaa siten monitieteisestä lihavuustutkimuksesta, jota kutsutaan toisinaan myös kriittiseksi lihavuustutkimukseksi (Rice 2007). Se tarkastelee esimerkiksi lihavuuden sosiaalista konstruoitumista, lihavuusstigman erilaisia seurauksia kuten syrjintää eri elämänalueilla kuten terveydenhoidossa tai työelämässä, lihavuuden kulttuurisia merkityksiä sekä lihavuuden henkilökohtaisia kokemuksia.

Yleisenä teoreettisena lähtökohtana tutkimuksessa on näkemys, että lihavuus on paitsi mahdollisesti terveyteen vaikuttava tekijä myös sosiaalisesti luotu ja ylläpidetty kategoria. Lihavuus määrittäytyy tällöin monella tasolla samanlaisesti. Se on tieteellisen, etenkin lääketieteellisen tiedon määrittelemää, mutta vähintään yhtä tärkeää on lihavuuden kulttuurinen ja sosiaalinen määrittely. Kulttuurimme vallitsevat arvot ja normit vaikuttavat arvioomme hyväksyttävästä ja ei-hyväksyttävästä ruumiista. Ne määrittävät normaalin ruumiillisuuden rajat esimerkiksi ruumiin toiminta - ja suorituskyvyn ja ulkomuodon suhteen.

Tätä tutkimusta varten kerättiin vuonna 2000 aineisto, joka koostuu suomalaisten naisten omaelämäkerrallisista kirjoituksista ja haastatteluista. Yhteen-

sä 47 henkilöä osallistui tutkimukseen. Aineistopyyntö esitettiin yhdessä sanomalehdessä ja yhdessä naisten viikkolehdessä. Kaikki aineistossa mukana olevat naiset olivat aineistonkeruuhetkellä lihavia tai olivat olleet pitkään lihavia jossain elämänsä vaiheessa. Kaikilla heillä on siten kokemuseräistä tietoa lihavana naisena elämisestä. Naisten iät vaihtelivat 21 ja 65 ikävuoden välillä.

Ensimmäisessä artikkelissa *The Construction of the Acceptable Female Body in Finnish School* (2002) tarkastellaan kuinka tyttöjen vartalot tulevat muokkauksen kohteiksi suomalaisessa koulussa. Aineistosta kävi ilmi, että useimmat naiset, jotka olivat olleet lapsuudessaan lihavia, nimesivät juuri koulun paikaksi, missä he olivat oppineet tai heille oli kerrottu joko suoraan tai epäsuorasti, että he ovat liian lihavia tai että heidän vartalonsa eivät olleet normin mukaisia. Kysyn tässä artikkelissa kuinka koulun järjestykset ja organisaatio tuottavat ja uusintavat tätä sukupuolittunutta ja väkivaltaista hyväksyttävän naisvartalon standardia ja kuinka se vaikuttaa tyttöjen käsitykseen heistä itsestään ja ruumiistaan. Näyttää siltä, että koulussa opetetaan ja opitaan hyväksyttävän tai ideaalin naisvartalon rajat.

Toisessa artikkelissa *Exploring Obesity through the Social Model of Disability* (2004a) tutkitaan lihavuutta vammaistutkimuksen piiristä lähtöisin olevan vammaisuuden sosiaalisen mallin avulla. Lihavuuden kuten vammaisuudenkin tutkimusta on hallinnut biomedikaalinen malli. Yhteiskuntatieteellisessä vammaistutkimuksessa tätä kutsutaan vammaisuuden yksilömalliksi. Artikkelissa havainnollistetaan kuinka lihavuus on konstruoitu lääketieteellisenä ongelmana sekä näytetään kuinka lihavuus sosiaalisen mallin kautta ymmärrettynä näytetään ominaisuutena, joka on sosiaalisesti rakennettu, stigmatisoitu ja jonka sosiaaliset vaikutukset ovat merkittävät lihavan henkilön kannalta. Artikkelissa käytetään vammaisuuden sosiaalista mallia teoreettisena ja käsitteellisenä kehyksenä jonka avulla tutkitaan lihavuuden käsitteellistämistä ja diskursiivista rakentumista sekä lihavuuden ja vammaisuuden suhdetta.

Kolmannessa artikkelissa *Lihavuus, stigma ja sukupuoli* (2004b) lähtökohtana on näkemys, että sekä normaalipaino että lihavuus ovat sosiaalisesti luotuja ja ylläpidettyjä kategorioita, sosiaalisia konstruktioita. Tarkastelun kohteina ovat erityisesti lihavuuden, stigman ja sukupuolen väliset suhteet. Artikkelissa kysytään miten lihava (nais)ruumis määritellään kulttuurisesti ei-normaalina ja ei-hyväksyttävänä stigmatisoituna ruumiina ja mitä seurauksia stigmatisoinnilla on yleisellä ja henkilökohtaisella tasolla. Lihavuus on monille pysyvä tila, mutta myös monet normaalipainoiset kokevat tyytymättömyyttä painonsa vuoksi.

Neljännessä artikkelissa *Lihavuus välitilana* (2007) lihavuutta ja naisten lihavuuskokemuksia tarkastellaan erityisesti välitilan käsitteen avulla. Tämä teema nousi tarkasteltavaksi alkujaan aineistosta. Naisten kertomuksista välittyi ajatus lihavuudesta ja lihavana elämisestä väliaikaisena tilana tai hetkellisenä poikkeamana, vaikka lihavuus olisi tosiasiasa ollut pysyvämpi ruumiin olotila kuin mikään muu. Artikkelissa pohditaan mitkä ovat niitä kulttuurisia ja sosiaalisia tekijöitä, jotka rakentavat ja tukevat käsitystä lihavuudesta välitilana ja estävät

lihavuuden ajattelua pysyvänä ominaisuutena silloinkin kun se tosiasiaa on sellainen.

Yksi tutkimuksen keskeisiä tuloksia on lihavan ruumiin ja lihavuuden liminalisointi eli välitilaistaminen, jolla näyttää olevan vaikutus siihen kuinka lihavan naisen toimijuus ymmärretään sekä henkilökohtaisesti että yleisesti. Lihavuuden ymmärtäminen välitilana osaltaan estää positiivisen identifioutumisen lihavaan ruumiiseen ja johtaa lihavan subjektiivisuuden horjumuuteen. Lihavuuden kytkeminen välitilaan rajoittaa lihavan ruumiin ymmärtämistä subjektiivisuuden perustana. Lihavuuden medikalisaatio, normalisaatiopyrkimykset ja stigmatisoiminen osallistuvat lihavuuden rakentamiseen välitilana. Tämän tutkimuksen valossa näyttää siltä että yhteiskunnassa vallitsevat lihavuusdiskurssit ja käytännöt edistävät ja niitä käytetään oikeuttamaan lihavien ihmisten huonoakin kohtelua.

Lihavuuden yhteiskunnallisen teoretisoinnin ja tutkimuksen tarve on ilmeinen niin valtavirran kuin feministisessä tutkimuskentässä. Tämä edellyttää uusien tapojen ja mallien kehittämistä lihavuuden käsitteellistämiseksi mutta myös lihavuuden ymmärtämistä laajemminkin moninaisena kysymyksenä, ilmiönä ja kokemuksena. Vaikka lihavuuden merkitystä ei ole vielä analysoitu laajasti tai systemaattisesti, lihavuuden ymmärtäminen tärkeänä tekijänä niin henkilökohtaisella, yhteiskunnallisella kuin poliittisella tasolla ja siten merkittävänä kokemuksen ja vallan risteyspisteenä, avaa uusia mielenkiintoisia näkymiä jatkotutkimukseen ja keskusteluun lihavuudesta ja lihavista ihmisistä.

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## APPENDICES

### Appendix I

#### INTERVIEW STRUCTURE/HAASTATTELURUNKO

28.2.2000

#### 1. YLEISTÄ/General

Ikä, koulutus, ammatti, perhesuhteet, kotipaikka/age, education, profession, family, city

#### 2. PAINOHISTORIA JA LIHAVAKSI MÄÄRITTYMINEN/Weight history and becoming labelled as fat

Missä iässä/elämänvaiheessa aloit ajatella olevasi lihava/At which age/stage of life you began thinking of yourself as fat?

Minkälaisessa tilanteessa se tapahtui ensimmäisen kerran?/What was the situation?

Miten reagoit tilanteessa, millaisia tunteita se herätti?/How did you react, How did it feel?

Avainkokemukset tai omaa lihavuutta määrittelevät tapahtumat/Key experiences relating to becoming defined as fat?

#### 3. LIHAVAKSI ITSENSÄ NIMEÄMINEN/Naming oneself Fat

Miten itse määrittelet lihavuuden?/How do you define fatness?

Vaihteleeeko käsitys omasta lihavuudestasi/koostasi? Miten? Milloin?/does your conception of fatness or your body size vary? If yes, how and in what kind of situations?

Miten lihavuus merkitsee sinulle henkilökohtaisesti?/what does fatness mean to you personally

Millaisia merkityksiä lihavuudella on?/Meanings of Fatness?

Ajatteletko kokoasi usein?/Do you think about your size often?

Onko käsityksesi lihavuudesta muuttunut esim. ajan kuluessa/iän myötä?/Has your conception of fatness changed over time/with age?

#### 4. ULKONÄKÖ JA SEKSUAALISUUS/ Appearance and Sexuality

Miten kuvailet omaa vartaloasi? Millä sanoilla?/How would you describe your body?

Ulkonäön merkitys? / Meaning of appearance?

Pidätkö vartalostasi? Miksi/miksi et?/Do you like/dislike your body?/Why?

Muuttaisitko jotain vartalossasi?/Would you like to change something in your body?

Pidätkö itseäsi viehättävänä? Miksi/miksi et?/Do you think you are attractive/unattractive? Why?

Onko tilanteita joissa tunnet itsesi enemmän/vähemmän viehättäväksi/ Are there any particular situations you feel more/less attractive

Onko vartalon koolla/painolla merkitystä kumppanin etsinnässä?/Does the size of the body matter when searching for a partner?

Vaikuttaako vartalon koko/paino pukeutumiseesi/vaatevalintoihisi? Does your body size have an effect on your choice of clothing/how you dress?

#### 5. PERSONALLISUUS JA IDENTITEETTI/Personality and identity

Lihavuus ja naiseus?/Fatness and being a woman?

Lihavuus ja persoonallisuus?/Fatness and personality?

Lihavuus ja kokemus itsestä?/Fatness and experience

#### 6. LIHAVUUDEN KOKEMINEN ARJESSA/Fatness in Every-day Life

Miten lihavuus vaikuttaa arjessasi?/Effects of fatness in every-day life

-harrastukset/hobbies

-vapaa-ajan erilaiset sosiaaliset tilanteet/leisure and social interaction

-työelämä/working-life

-terveyspalvelut/health care

- kuluttaminen/consumption
- syrjintäkokemukset/experiences of discrimination
- hyödyt ja haitat/pros and cons

#### 7. LAIHDUTTAMINEN/Dieting

Oletko joskus halunnut laihtua/oletko laihduttanut?/have you wanted to lose weight/have you been on a diet

Mikä motivoi laihduttamista?/What was motivation behind it?

Oliko laihduttaminen vapaaehtoista/koitko painostusta joltain taholta?/Was it your own decision or did you feel pressurized?

#### 8. LIHAVUUTEEN LIITTYVÄT ASENTEET/ Attitudes towards Fatness

Onko lihavuus hyväksyttävää?/Is being fat/fatness acceptable

Onko se hyväksyttävämpää/ei hyväksyttävämpää naisille/miehille/More/less acceptable for women/men?

Mitä ajattelet muiden ihmisten lihavuudesta/Lihavista ihmisistä yleisesti?/what do you think of other people's fatness/fat people in general?

#### 9. POLIITTISUUS JA MEDIA/Fat politics and Media

Voiko lihavuus olla poliittista? Can fatness be political?

Voiko lihavuus olla valittua?/Can being fat be a choice?

Pitäisikö lihavat ihmiset ottaa huomioon palveluiden saamisessa/erityispalvelut /Special services for fat people?

Lihavuuskeskustelu mediassa?/Media and fatness

Lihavat esikuvat?/Fat idols?