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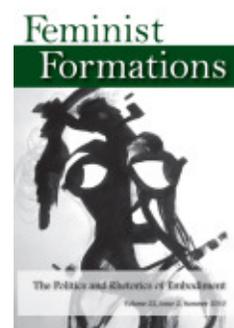
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Disparate But Disabled: Fat Embodiment and Disability Studies

APRIL HERNDON

This paper explores questions of fat embodiment and how tensions between and among biologically based descriptions of fatness and disability feature in the lives of women. In tracing the medicalization of fatness and disability and exploring important shared experiences of fat women and disabled people, this paper dislodges both fatness and disability from biological moorings and examines them within cultural and political contexts. In particular, the experiences of oppression and pathology are analyzed to expose the commonalities between what might initially appear to be disparate groups. By illustrating why medicalized rubrics cannot usefully account for the stigma associated with fat and/or disabled embodiments, this paper seeks to set the stage for a feminist disability studies that recognizes disability as a diverse social category and meaningfully incorporates fat embodiments.

Keywords: deafness / disability studies / discrimination / fat women / medicalization

At a recent conference on race, a prominent but controversial white male academic presented a paper on buckshot skull studies, noting comparisons between Caucasian and African skulls. Well-known for his race/ist scholarship, this scholar concluded that such studies represent facts that cannot be ignored, implying that racism, at least on some levels, can be biologically and scientifically justified. During the discussion of his paper, I posed a question about feminist standpoint epistemology, his obvious belief in science as purely objective, and his recalcitrance to situate himself, as a white male, within the context of his own study and scientific epistemology. After replying with the tiresome argument that only scientists can criticize science and stating that feminist standpoint epistemologists needed to build a rocket that made it to the moon before he would take their criticisms seriously, he continued to argue for pure objectivity, stating he could “show me studies that empirically prove women’s hips are wider than men’s.”

Unpacking his choice of example exposes the liability I faced as a woman of size in a culture that values thinness. First, his example reminded me of my body size (while I was standing in the front of a crowded room) lest I forget that I am a large woman violating the ideal figure of womanhood. While I often out myself as a fat woman, the politics of this situation certainly erased my ability to define myself and articulate my own identity in meaningful ways.¹

Second, this scholar's comment drew attention to the fact that I am a large **woman** and have sinned not once but twice. Thus, he hailed me on two different but conjoined levels of subjectivity. His emphasis on gender distinctions and his marking of me as both a woman and as fat with large hips served to elicit shame on two levels. First, I should be ashamed because a powerful, older, academic male marked me as an undesirable woman by gesturing to the breadth of my hips, assuming I would be invested in what he as an established male academic thought of my hips (or perhaps all women's hips). In this sense, his comment reflects both patriarchal power and heteronormativity. Finally, pointing out body size publicly can injure the psyche enough to impose silence. The cultural script reads that once called out on being fat, a woman re-assumes her proper place and remains quiet.

Perhaps the final observation to be gleaned from such condescension and marginalization is an obvious inability to understand the complex relationship between empirically proven data, the influence of questions on resulting data, and the relevance accorded data. Yes, it might be true that women's hips, on average, are larger than men's. This observation alone, however, is not particularly problematic. The problem is that the questions posed about fatness, within both medical and socio-cultural realms, indicate a profound bias. Like inquiries launched to find the causes of homosexuality, the search for medical and/or psychological origins of fatness reveals the place of fatness, fat embodiment, and fat people within current epistemological rubrics. The issue is how this information is used to support social decisions; in the case of the aforementioned scholar, it can be argued that his deployment of the empirical fact of the size of women's hips publicly pathologized and discredited a fat woman.

Physically discernible "imperfections" such as fatness manifest as further evidence of women's pathologies. Particularly unfortunate is the evocation and acceptance of these pathologies without investigation of political commitments spurning such studies onward. Initiating inquiries from the lives of fat women raises hosts of questions about how it is that fatness features in the lives of women and whether or not fatness is best understood within the context of disability studies. What consequences emerge when women, already facing sexual discrimination, are also large? How do discussions about socially and/or physically disabled bodies both echo and expand feminism's long battle over natural and socially-constructed bodies? Can examining the contours of fat embodiment and medical models of fatness help us better understand how we can usefully frame such inquiries? How does gender feature in these struggles and why might examining the specific construction of the female body in conjunction with disability be particularly revealing? This paper will explore these questions and others by mapping the terrain of feminism, disability studies, and fatness alongside mainstream

medical paradigms most often used to describe fatness. By exposing and illustrating why these medical rubrics cannot usefully account for the stigma associated with fat embodiment, this paper seeks to set the stage for political commitments that recognize disability as a diverse social category that can meaningfully incorporate fat embodiments.

Why Disability Studies?

Within the language of the *Americans with Disabilities Act of 1990* (ADA), an impairment is defined as “[any] physiological disorder, condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine” (Solovay 2000, 135). Following disability scholars such as Simi Linton and Susan Wendell, I aim to dislodge disability from its origins in impairments and medicalized physical conditions. This is not to suggest that physical impairments are unimportant; certainly there is physical suffering endured by many. Rather I am interested in how such impairments feature in people’s lives and divulge cultural values about bodies and normativity.

Similarly, Wendell encourages readers to de-familiarize the most common notions about disability by looking for social and environmental factors. She writes:

One of the most crucial factors in the deconstruction of disability is the change of perspective that causes us to look in the environment for the source of the problem and the solutions. It is perhaps easiest to change perspective by thinking about how people who have some bodily difference that does not impair any of their physical functions, such as being unusually large, are disabled by the built environment—by seats that are too small . . . doors and aisles that are too narrow . . . the unavailability or expense of clothing that fits. (1996, 46)

Examining the terrain of disability from the perspective that problems inhere, not within particular individuals, but rather within social contexts, social expectations, and built environments allows us to map disability as a socially-constructed phenomenon rather than a physical trait.

For both Wendell and Linton, disability studies must move beyond the study of physical impairments and toward a study of group politics. In other words, the distinction between impairments and disabilities must be understood as both theoretically and epistemologically important. In Linton’s germinal text *Claiming Disability* (1998), she maintains the

distinction between impairment and disability in order to articulate and theorize differentiations between medical and cultural, individual and group. Thus, she characterizes impairments as related more closely to medicalized individuals while disability refers to disabled people as a culturally recognized and defined group. Linton argues that “we should . . . utilize the term *disability studies* solely for investigations of disability as a social, cultural, and political phenomenon” (149). Thus, while understanding that there are fat people who suffer impairments due to size, I choose to focus on disability studies in terms of Linton’s use of the concept. While physical impairments surely cause personal struggles, the treatment of fat/disabled people as social pariahs must be addressed first and foremost. The reliance upon biological truths about bodies, as I will discuss and argue more intensely later in the paper, serves only to further pathologize individuals. I will use feminist theory and disability studies to criticize culturally embedded values about fat people as a group.

Resistance to seeing fatness as a disability and fat people as a politicized group situates itself within medical epistemological frameworks that focus mostly on the biology of individuals. In a striking comparison between the politics of the supposed biological categories of race and disability, Wendell states that “the belief that ‘the disabled’ is a biological category is like the belief that ‘Black’ is a biological category in that it masks the social functions and injustices that underlie the assignment of people to these groups” (1996, 24). Echoing the problems with individualization and medicalization, Sondra Solovay writes that the battle between those who choose to see weight as a disability and those who discredit any attempt to do so stems from the belief that weight constitutes a problem with an impaired individual (2000, 135). For weight in particular, dominant definitions of impairment and disability are entangled in cultural debates about medicalization, group and individual autonomy, cultural decisions and consequences of pathologizing certain bodies, demanding corrective action on the part of individual people rather than collective social action.

Yet another resistance to thinking of fatness as a disability is the fact that fatness is not specifically named in the *ADA*. If we stop to consider the numerous policies written to protect one group then later extended to others, it becomes painfully obvious that there is inherent *fatphobia* in the very decision to deny weight explicitly. Sexual harassment policies, for example, were originally aimed at protecting women from unwanted sexual attention and harassment proffered by men. However, recent cases have, rightfully, moved beyond the original purpose and dated language of such policies to protect men who are sexually harassed by same sex colleagues. Thus, interpretations of sexual harassment policies acknowledge dynamic cultural shifts. Similarly, those interpreting the *ADA* and state legislation passed for similar purposes have also remained open

to considering newly proposed forms of disability. When members of the medical community began to cite scientific studies suggesting that alcoholism was a disease, in the sense that those suffering from it shared similar physical traits and characteristics, courts adopted similar views. As a result, alcoholism, although not explicitly named under the *ADA* as a disabling condition, is often legally recognized as a disability. Thus, courts clearly do engage in considering shifting paradigms of disability—but often not where fatness is concerned. There is far more at stake in locking out obese individuals than merely being true to the original nomenclature or intention of anti-discrimination legislation; closing the door on disability claims is far more about the pervasive and perverse *fatphobia* of our culture.

The frequent dismissal of fatness as a disability lodges itself in an intense cultural fear of frivolous *ADA* claims and what it might mean to accommodate larger bodies. *The Simpsons*, a television sitcom, provided a classic episode that exemplifies this fear. Entitled “King Size Homer,” the episode consisted of Homer, one of the lead characters, getting another wacky idea to escape work; he decided to purposefully gain enough weight so he would be able to work at home. His goal weight, which he eventually exceeded, was 316 pounds. To surpass this weight, Homer stuffed his face with hamburgers, ice cream, and in the end, Play-Doh. At his desired weight, Homer was depicted as a muumuu-wearing fat man who loafed all day and changed television channels with a broomstick (1995). Recounting familiar narratives of fatness as a voluntary condition resulting from poor eating habits and sedentary lifestyle and of disabled people as dangerous to the American purse because accommodation must be suffered by the public writ large, the episode stripped the issues down to elemental fears of Otherness. “King Size Homer” underscored the role of volition in dominant understandings of both fatness and disability.

Sadly, the fear of frivolous claims is not restricted to media satire or speculation. The most serious consequences of the panic generated by disability claims are “negative decisions . . . based on unfounded fears” (Solovay 2000, 36). The Department of Justice itself is also concerned, and attempting to allay the public’s fears. On the *ADA* website, the section entitled “Myths and Facts About the *Americans with Disabilities Act*” addresses questions concerning weight and the *ADA*, facts and myths about the frivolity of *ADA* cases, and abuse of legislation by those with “emotional problems” (1990). In essence, the facts and myths included on the site address people’s fears about the government being bamboozled into providing accommodations for those who are undeserving, such as fat people who are “eating up” more than their share of funds. Discussions of weight and disability seem perpetually freighted with issues of choice and frivolity.

Medical Constructions of Fatness

In addition to fears of frivolous claims, many people fear that accepting fatness as a disability, and thus as a protected category under the *ADA*, condones fatness at a time when obesity is considered a public health crisis of epidemic proportions. The medicalization presents fatness as a disease epidemic and strips away humanity, focusing solely on a medical condition, and ignoring the people involved. While a majority of people in the United States believe that fat is unhealthy, immoral, and often downright disgusting, medical opinions on weight are actually quite mixed. Even well respected members of the medical community are beginning to understand that such assertions display a woefully fatphobic and misguided understanding of obesity that damages fat people in very tangible ways.

For example, 1 January 1998, Dr. Jerome Kassirer and Dr. Marcia Angell published an editorial in *The New England Journal of Medicine* that succinctly stated the reasons why any New Year's resolution to lose weight was doomed. Citing the well-known fact that 95 percent of diets fail, Kassirer and Angell ask that the medical community stop pushing for weight loss. In addressing the issue of "health" so often used to justify fatphobia, they write: "Given the enormous social pressure to lose weight, one might suppose there is clear and overwhelming evidence of the risks of obesity and the benefits of weight loss. Unfortunately, the data linking overweight and death, as well as the data showing the beneficial effects of weight loss, are limited, fragmentary, and often ambiguous" (1998, 52). Thus, there is very little compelling evidence that losing weight equals a step toward health or that losing weight is even really possible for the vast majority of folks, putting claims about volition and the possible consequences of the epidemic of obesity to rest.

Despite the efforts of doctors such as Kassirer and Angell, misinformation continues to circulate, further confusing the American public about fatness. In 1993, the *Journal of the American Medical Association* published a brief statement entitled "Actual Causes of Death in the United States." This short piece contained the statement that 300,000 people had died in the previous year due to factors such as poor eating habits and sedentary lifestyle (2208). Weight was never specifically mentioned. In the following months, however, weight was all that was mentioned. Exhibiting the power of fatphobia—even where supposedly objective medicine is concerned—this information suddenly appeared in other sources, but subsequent citations failed to indicate that sedentary lifestyle and poor eating habits contributed to these 300,000 deaths; instead, obesity was cited as the cause of these deaths, conflating poor eating habits and sedentary lifestyles with a particular embodiment.²

My own experience with doctors resonates with these examples of fatphobia and the overwhelming cultural narratives of fatness, which are constructions fueled far more by the drive toward normative bodies than by solid medical evidence. I have many times been reminded that—despite the fact that my blood pressure, cholesterol, and pulse are within acceptable ranges—I am unhealthy, for no other reason than my weight. Although it is difficult to find scientific studies that suggest fatness is in and of itself the catalyst behind diseases such as atherosclerosis or high blood pressure, it seems that many medical practitioners feel quite comfortable telling patients that regardless of any other aspect of their lifestyle or health, they are ill. The doctors who have confronted me have offered a litany of possible impairments they see in my future, ranging from heart disease to arthritis in my knees.

These hypothetical corporeal futures are based in stereotypes of people of size, laying bare the stigma associated with larger-than-average bodies. A careful and complete review of scientific studies does not, as many assume, reveal direct ties between fatness and the diseases we so closely associate with it.³ Steeped in both the creation and reflection of popular narratives about fatness, many medical accounts (despite confounding scientific evidence) dramatize negative aspects of obesity, further stigmatizing fat people. It is this stigma, these cultural narratives about fatness, the black cloud of misunderstanding and hatred that heavily hangs around the shoulders of people of size (our albatross if you will), that medicalized accounts and those focusing on impairments alone fail to address. Medical narratives of fatness and the language of impairment often cannot usefully address alternative accounts offered by those embodied as fat and/or disabled. Alternative accounts, especially those that resist popular accounts of suffering and self-hatred, disrupt expectations of what it means to be fat and/or disabled. Linton writes, “We [disabled people] further confound expectations when we have the temerity to emerge as forthright and resourceful people, nothing like the self-loathing, docile, bitter, or insentient fictional versions of ourselves the public is more used to” (1998, 3). As Wendell explains in *The Rejected Body*, the stigma associated with certain bodies and abilities can sometimes be as disabling as physical impairments themselves: “the distinction between the biological reality of a disability and the social construction of a disability cannot be made sharply, because the biological and the social are interactive in creating disability” (1996, 35). Further, Wendell states, “being identified as disabled also carries a significant stigma in most societies and usually forces the person so identified to deal with stereotypes and unrealistic attitudes and expectations that are projected on to her/him as a member of a stigmatized group” (12). When medical narratives of disability maintain such firm footing within cultural imaginations, little room is left for political self-definition.

Group Identity? The Cases of Deaf Culture and Fatness

Although medicine's analysis of weight works under the assumption that it is the individual's responsibility to control her body, it is also clear that medicine finds little room for individual analyses of fat people as individuals. Instead, almost anyone considered obese by medical standards will be given the same list of possible conditions and complications. Having previously argued that fat people are not usually treated as individuals, even (or especially) during medical exams, I would like to move on to examining the contours of what guaranteeing Fat people group status might entail.⁴ Historically, civil rights legislation has been informed by the belief that certain groups have been oppressed via social structures such as racism, sexism, and nationalism; however, fat people remain largely unprotected by such legislation. In addition to fears about frivolous claims, the belief that fat people do not constitute a cohesive social group hinders progress toward protection. Yet, many of the criteria for politicized group identities are met by fat folks because they inhabit a similar stigmatized social location.

In character with medical narratives previously discussed, "the obese" are often referred to as a group, particularly when they are accused of emptying our national health care budget and driving up insurance rates for healthy Americans (Gaesser 1996, 60; Albrecht and Pories 1999, 149). Psychoanalysis is another branch of medicine that refers to "the obese" and "the disabled" as groups. One particularly interesting study, supposedly conducted to better understand "the morbidly obese patient," states that "depression is the hallmark of the obese" and that many of us are very "angry people" (Fox, Taylor, and Jones 2000, 479).⁵ Familiar with such strategies, Linton notes a trend in psychological and psychoanalytical studies of disabled people of casting personality traits as pathologies related to embodiments (1998, 99). Thus, the stigma and pathology surrounding both fat and disabled people are conceived around the notion that both are cohesive groups. Unfortunately, the group *fat* is often evoked for the purposes of pathology rather than activism.

There are many other shared experiences among fat people, despite our diversity. First, we are constantly told to change our bodies, regardless of how we might feel about such proposals. Second, we are repeatedly told to lose weight even though mounting evidence shows weight loss as a false panacea. Third, our bodies are held up as public spectacles on a daily basis. Pitted against one another, particularly in the case of women, we are often represented as warning signs for those who are currently thin as well as those who are already heavy. Watching *The Jerry Springer Show* on any given day provides ample evidence of many women's ability to chastise other women about weight. Thin women castigate fat women,

and women who are themselves large play the game of “at least I’m not that fat.” Despite conflict and differentiation within the group, these experiences remain similar across such lines, suggesting that Fat is a shared political identity. While regarding Fat as a viable political identity might encourage protection for fat people as a class. However, resistance to such proposals is quite strong. Why? What specifically makes the proposition of acknowledging fat persons as a group so threatening? How are notions of individual responsibility and “choice” implicated here?

As disparate as the identities Fat and Deaf might seem, critically reading recent debates about deafness and what is now being referred to as “elective disability” is especially helpful in thinking through these questions. As a quick review, both Fat and Deaf people are often considered morally blameworthy when they choose not to adopt recommended treatment. Similarly, both fatness and deafness are routinely recognized as medical conditions but seldom as the counter-hegemonic identities of Fat and Deaf, especially within the contexts of law and medicine. These are only a few of the comparisons we should examine if our goal is to better understand the current criteria and narratives necessary for qualifying for civil rights protection. Doing so enables us to better understand both Fat and Deaf identities as well as the political commitments and values that underpin the representations of both as mutable, curable conditions.

Beginning with current debates between those who believe cochlear implants can and should be used to cure deafness and those who believe these implants are pieces of genocidal quackery, a careful analysis of fatness and deafness reveals similar strategies for eliminating both physiological traits despite the fact that medical interventions produce neither thin nor hearing people. While cochlear implants are touted as cures for deafness, members of Deaf culture fight to be recognized as a legitimate social group, a group that should not be forced to assimilate into a mainstream hearing culture. As Bonnie Poitras Tucker explains in “Deaf Culture, Cochlear Implants, and Elective Disability,” Deaf culture is based on several practices believed to create cultural autonomy:

The theory of Deaf culture is primarily premised on a shared language—American Sign Language (ASL). Individuals who communicate via ASL clearly *do* speak a different language. . . . in addition, some members of the Deaf cultural community claim to be part of a separate culture as a result of attending segregated . . . schools for Deaf children, or as a result of their participation in Deaf clubs or wholly Deaf environments in which they socialize or work. (1998, 6–7)

Additionally, most individuals who identify as members of Deaf culture take great pride in their deafness (7). Those inside and outside Deaf culture, who both acknowledge and wish to support this culture and pride, refuse to view Deaf people as flawed individuals who should be “cured.”

Despite protestations, support for mandatory cochlear implants and demands for responsible self-correction are intensifying. Is it the responsibility of the Deaf to assimilate? First, we must elaborate on what assimilation entails when achieved via cochlear technology. Proponents of cochlear implants, such as Tucker, describe the technology as “a surgically implanted device that is capable of restoring hearing and speech understanding to many individuals who are severely or profoundly deaf” (1998, 6). Supporters of cochlear implants often view the surgical insertions of the devices as Deaf culture’s responsibility to larger society, especially when deafness is discovered in children.

Furthermore, cochlear implant advocates consider Deaf individuals as impaired *individuals*, failing to consider Deaf as a legitimate cultural group identity. From this perspective, the presence of a “cure,” and Deaf people’s refusal of it, amounts to choosing disability, which of course angers both advocates of cochlear technology and people who worry about frivolous disability claims for supposedly volitional conditions. While I’m not making an argument for Fat culture, I want to suggest, as Rosemarie Garland Thomson has suggested that “the shared experience of stigmatization creates commonality” (1997, 15). Similarly, Harlan Lane, Robert Hoffmeister, and Ben Bahan maintain that because many Deaf people grow up in hearing homes, physically and culturally distanced from one another, common experiences, such as time spent in schools for the Deaf, are more generative of the “DEAF-WORLD” than “any single locale” (1996, 124–5). Hence, the experiences and status of being Fat and being Deaf are what bind individuals in these groups together, and the groups Fat and Deaf are then bound together by their struggles against mainstream culture’s treatment of people thought to have abnormal embodiments.

Many opponents of cochlear implants are concerned about both the possible coercive power involved with this technology and its questionable success rate. Some members of the Deaf culture might persuasively argue that there is no “choice” of disability because cochlear implants simply do not create hearing people. For example, Robert A. Crouch, who is a staunch opponent of cochlear implants, believes that there are serious limitations to cochlear technology. The author of the section on cochlear implants included at *Healthlibrary.com* writes that as a result of Crouch’s work we must reconsider the “miracle” of technology. S/he writes: “We need to recognize the limitations of cochlear implants. A recent study found that after five years of hard work, patients with such implants were able to correct [sic] pronounce just 70% of vowel sounds” (“Cochlear Implants” 2001).

Likewise, bariatric surgeries, which often reduce stomach capacity to around two tablespoons and bypass sections of bowel, are encouraged despite questionable outcomes.⁶ The National Association to Advance

Fat Acceptance (NAAFA) maintains a staunch position against such surgeries: “the National Association to Advance Fat Acceptance condemns gastrointestinal surgeries for weight loss under any circumstances” (“NAAFA Policy: Weight Loss Surgery” 2002). NAAFA opposes these surgeries due to a lack of follow-up studies, the performance of new surgeries without adequate testing, and a host of surgical complications, including death. Most similar to cochlear implants, however, is the fact that weight loss surgeries simply do not produce thin people. NAAFA states, “Currently, the most frequently performed procedure, vertical banded gastroplasty, results in weight loss of about 20% within 18–24 months. Because weight regain is common within two to five years after operation, doctors plan ‘staged surgery.’” In spite of the limited success and serious complications accompanying weight loss surgery, the IRS currently offers tax deductions for those who pay for their own bariatric surgeries (“A Taxpayer’s Guide” 2000). In sum, both fatness and deafness continue to be represented as mutable and ideally curable despite the mixed outcomes of medical technologies designed for carrying out the task.

When Fat and Deaf people are not recognized as disabled, fatness and deafness are depoliticized. For Fat people who are often already isolated from both mainstream culture and other disabled people, non-recognition further breaks down group bonds, isolates us as discrete individuals, and severely hinders the forming of politically conscious Fat politics. Linton states, “the material that binds us [disabled people] is the art of finding one another, of identifying and naming disability in a world reluctant to discuss it” (1998, 5). This “art” can be severely hindered by the isolation of disabled people into discrete individuals who are thought to share no common experiences due to the diverse nature of impairments. The experiences of Fat and Deaf people reveal commonalities between seemingly disparate groups of people and can form the basis for new and perhaps previously untapped political alliances.

Weight, Feminism, and Disability

Flipping through the pages of the morning paper or perusing magazines while standing in checkout lanes, women are constantly reminded that to be overweight, and especially to be obese, is not only a medical emergency but also an affront to dominant aesthetic values of female embodiment, both of which constitute ripe ground for further discrimination of women. Hence, the social positioning of fat women demands careful and thoughtful analysis within the framework of disability studies. As legal scholar Sondra Solovay argues, young women and girls are much more likely to fall prey to the self-deprecation of “internalizing anti-fat

discourses" (2000, 36). In short, already socially disadvantaged by nature of female embodiment, fat women find themselves in a difficult position that requires an analysis of fatness as a central component in shaping their lives.

Given all the attention that feminist scholarship has rightly given to issues of weight (particularly the fear of fatness), why are some feminist scholars still resistant to Fat as a group identity? Why is fatness depicted as an individual attribute rather than a significant point in constellations of identity? In her study of standpoint epistemology, *What Can She Know?*, Lorraine Code maintains that fatness, hair color, and eye color are all individual attributes that do not produce their own unique social locations or group identities. Code writes:

It is not necessary to consider how much Archimedes weighed when he made his famous discovery, nor is there any doubt that a thinner or fatter person could have reached the same conclusion. But in cultures in which sex differences figure prominently in virtually every model of human interaction, being male or female is far more important to the construction of subjectivity than are such attributes as size or hair color. (1991, 11–2)

Code makes two false assumptions in this statement. First, while I would agree that there are instances where gender might very well be more important, to say that gender is always more important is to make a false and sweeping generalization. Perhaps Denise Riley best explains why such generalizations prove false when she writes that "there are always different densities of being sexed in operation" (1998, 6). As Riley reminds us, these "densities" are dynamic, which means that gendered constructions feature differently and incorporate various co-constructing elements at different contextual moments. Code assumes gendered constructions will trump others and that gendered constructions do not include body size.

Second, Code forgets that what she considers insignificant "attributes" such as size co-construct gendered norms and subjectivities. As corporeal theorists and the host of studies about eating disorders and women's relationships to their bodies suggest, it is nigh impossible to cleave gender norms from corporeal norms. Code, however, indicates that such attributes are often unimportant when one is examining gendered subjectivities. For Code, gender operates almost (if not completely) independent of attributes such as body size. The violence of cleaving femininity and fatness negates how often women's experiences of femininity are filtered through their bodies and vice versa. Furthermore, it is a profound instantiation of the mind/body split feminism has so often struggled against.

For many women, and/or feminist scholars, fat is particularly scary and threatening, often evoking contradictory desires and troubling realizations. Fat tests the boundaries between individual desires for certain

embodiments and larger feminist goals of resisting corporeal ultimatums precisely because so many women and/or feminists struggle with their own physical identities.⁷ The complexities surrounding fatness, women's bodies, and the possibilities of fatness as a transitory and fluid embodiment also work on another level. In addition to possibly negating the identity of women for whom fatness is not a transitory condition, the notion of fatness as fluid is dangerous and threatening because it serves as a reminder that our bodies are dynamic rather than fixed. Thus, the female body, already thought to be flawed, is at risk of being further pathologized by fatness. As Margrit Shildrick points out in *Leaky Bodies and Boundaries*, "the body is a fabrication that mimics material fixity" (1997, 13). Our bodies are forever in the process of undeclared construction, and once we dislodge fatness from biology and begin to think of who is categorized as fat as a social decision (in the same way that categorizing who is disabled is a social decision) what once appeared as solid categories surface as fluid boundaries.

In my experience, even the most enlightened friends and colleagues tend to be fatphobic, partly because biologically-based cultural narratives are so pervasive and because, in some sense, the boundaries of who is fat and who is not are recognized as contextual. Any woman who has walked down a street to hear the word (and insult in this case) "fat" hurled from a passing car understands that no particular female embodiment provides safe haven from such comments. Part of the power of "fat," when used as an insult, is lodged in the very fact that no standard definition exists. There are, of course, the weight charts referred to in medical accounts, but culturally "fat" can mark any woman, referencing body size in general, a jiggle of a thigh, or the slight swell of a tummy. As Solovay reminds us, negative associations with fatness are far ranging and difficult to pin down to any one body type: "all gradations of fat, even slight to moderate, have been regarded by government agencies and popular culture as mutable, volitional, and dangerous conditions that are synonymous with physical and moral shortcomings" (2000, 151). Thus, the lack of firm cultural definitions of fatness exposes all women to the danger of discrimination.

Fatness and disability also remind us that bodies are subjected to changing socio-cultural contexts as well as physiological changes. While always casting Fat as a transitory identity is problematic, the physical conditions of both fatness and disability can be usefully understood as fluid. Recognizing this fluidity moves away from ideas of inherently flawed individuals and toward accounts of dynamically situated bodies and identities. For many women, there are times in their lives when they gain weight and/or become disabled. Regardless of whether either is permanent or temporary, the existence of these possibilities removes bodies from solid ground and acknowledges once again that bodies are

unstable. As Susan Bordo notes in *Unbearable Weight*, femininity is both empowering and disempowering, an argument clearly played out in the fear of fatness and/or disability (1993). The approximation of ideal femininity can offer social capital to women, albeit social capital that is, as Bordo points out, ultimately disempowering. The prospect of having one's body read as a text about slovenly behavior, inherent flaws, and abnormality—all narratives associated with fat people and disabled people in general—robs many women of what they think of as a significant source of power. With “normal” and “ideal” always defined by what is pathologized and classed as abnormal, the possibility of the slippage between these categories and the contingent power involved can prove divisive to women as a social group.

Revolutionary Fatness

In *Fat? So! Because You Don't Have to Apologize for Your Size*, Fat activist Marilyn Wann succinctly describes the position in which feminist scholars dedicated to fully understanding the lives of all women find themselves: “once you become aware of the system, it's your choice, your responsibility, to choose how you will relate to it” (1998, 33). Wann's statement provides direction for Fat women in particular and disabled people in general, as well as political theorists who attempt to illuminate marginalized identities. The “system” Wann speaks about works to silence Fat women and their status as disabled, but scholarship that initiates inquiries from the lives of Fat women—not as biologically categorized by weight and impairments but as socially situated—can break this silence in profound ways.

I am the Fat woman pointed out during academic conferences. I am the graduate student who is disabled by seats in auditoriums that don't accommodate my body. I am the woman Susan Powter swears can and should be thin, and I am the tragic woman over whom Richard Simmons sheds tears. I am also the Fat woman whose identity and narration of fat embodiment resists fatness's cultural moorings in sadness and despair but whose story is seldom represented. Unfortunately, representations of disabled people most often focus on pain and suffering: “Particularly noteworthy for its absence is the voice that speaks not of shame, pain, and loss but of life, delight, struggle, and purposeful action” (Linton 1998, 113). Representations of women, and especially representations of women characterized as fat and/or disabled by popular media, often focus on pain and suffering rather than the possibilities of such embodiments. One such possibility rests in demystifying fatness and disability, making it possible for fat women; disabled men and women; non-fat, nondisabled men and women; and those living at multiple conjunctions of these iden-

tities to work together around shared goals rather than pitting themselves against one another in struggles for power. While Fat and Deaf people may seem so disparate that political alliances would be strained, the shared goal of social justice and commonality of experiences has the potential to bind these diverse groups to one another in meaningful ways.

Nomy Lamm in her essay "It's a Big Fat Revolution" shares her frustration with what she sees as a refusal to deal with fatness and fat oppression as a political issue: "maybe we should be demystifying fat and dealing with fat politics as a whole. And I don't mean maybe, I mean it's a necessity" (1995, 91). Lamm's urgency stems from what she sees as a general lack of scholarship that deals with fatness and women in a productive way. Rather than side-barring discussions of fatness within scholarship, the lives of Fat women should be catalysts for analyses of fatphobia and oppression. When scholars initiate thinking from the lives of Fat women, it becomes apparent that body size does matter. Fat women's social location affords them a view of fatphobia and weightism from which feminist scholars can learn a great deal. Subjected to medicalization and stigmatization, fat women's bodies must also be represented as sites of power, entitlement, and freedom rather than loci of fear, misunderstanding, and pity. Situating fatness and Fat women within the context of disability studies and feminist standpoint epistemology can proffer resistant accounts of marginalized embodiments and identities.

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Notes

1. The concept of "outing" one's self as a Fat woman is discussed by both Marilyn Wann (1998) and Eve Kosofsky Sedgwick (1990). Both authors understand that although fatness is very visible, it is often ignored, both by fat people themselves and by thin people, because it can be difficult to discuss. Additionally, the concept of "coming out" as a Fat woman resists the idea that "I am just like everyone else" or desires to be so by directly confronting people with my weight and my difference and deviance from the standard body.
2. Here I am greatly indebted to Dr. Jon Robison. During the summer of 1998, I took a summer class with Jon, which turned out to be germinal to my work. Jon's refusal to settle for the easy explanations of obesity and his desire to

offer socially just accounts of fatness that took into account both medical and cultural narratives were both inspiring and informational. It was during Jon's class that I first heard about the misquotation of this particular statistic.

3. For a comprehensive review of scientific studies, I recommend Glen Gaesser's *Big Fat Lies* (1996).
4. During this paper, I use *Fat* to indicate a politicized identity similar to *Deaf* when expressed as a cultural and political identity that moves away from impairments and medical conditions and toward a politics of embodiment. At times, I also use *fat* and *fatness*, usually when speaking about the medicalized understandings of these terms. Finally, I use *obesity* and *obese*, terms that are rightfully controversial, when speaking within the framework of medicine where those are the terms of choice.
5. The trend of characterizing the "obese" as psychologically damaged is rampant throughout texts encouraging bariatric surgeries. Two examples of such texts are Norman B. Ackerman's *Fat No More* (1999) and Michelle Boasten's *Weight Loss Surgery* (2001).
6. In addition to the Ackerman and Boasten texts, Carnie Wilson's autobiographical text *Gut Feelings* (1998) offers a particularly honest account of the process involved in such surgeries. Although Wilson's account is an endorsement of such procedures, it presents bariatric surgeries as both painful and problematic procedures. The NAAFA website also contains detailed descriptions of various procedures housed under the general heading of bariatric surgeries.
7. I also struggle with ambiguous desires where my embodiment is concerned. Some days I feel wonderful and other days I wonder why I don't just go on a diet. Acknowledging and working through these disparate feelings and the contradictions between my personal feelings and my political commitments is an integral part of my scholarship and my lived experience as a Fat woman. Duncan Woodhead, a colleague from the history department here at Michigan State University, tells me that I am in "full possession of my fatness." For me, being in "full possession of my fatness" means dealing with these contradictory feelings and political commitments. Thus, my intent is not to chastise women who find fatness problematic but rather to suggest that these are issues that must be recognized and engaged.

References

- "A Taxpayer's Guide on IRS Policy to Deduct Weight Control Treatment." 2000. American Obesity Association Home Page. Retrieved 28 May 2001, from www.obesity.org/taxguide.
- Ackerman, Norman B. 1999. *Fat No More: The Answer for the Dangerously Overweight*. Amherst, NY: Prometheus Books.

- "Actual Causes of Death in the United States." 1993. *Journal of the American Medical Association* 270(18):2208.
- Albrecht, Robert J., and Walter J. Pories. 1999. "Surgical Intervention for the Severely Obese." *Balliere's Clinical Endocrinology and Metabolism* 13(1): 149-72.
- Americans with Disabilities Act*. U.S. Public Law 101-336. 101st Cong., 2nd sess., 26 July 1990.
- Boasten, Michelle. 2001. *Weight Loss Surgery: Understanding and Overcoming Morbid Obesity*. Akron, OH: FBE Service Network and Network Publishing.
- Bordo, Susan. 1993. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.
- "Cochlear Implants." 2001. Healthlibrary.com. Retrieved 28 May 2001, from www.healthlibrary.com/reading/ethics.
- Code, Lorraine. 1991. *What Can She Know? Feminist Theory and the Construction of Knowledge*. New York: Cornell University Press.
- Fox, Katherine M., Susan L. Taylor, and Judy E. Jones. 2000. "Understanding the Bariatric Surgical Patient: A Demographic, Lifestyle and Psychological Profile." *Obesity Surgery* 10:477-81.
- Gaesser, Glenn A. 1996. *Big Fat Lies: The Truth About Your Weight and Your Health*. New York: Fawcett Columbine.
- Kassirer, David, and Marcia Angell. 1998. "Losing Weight: An Ill-Fated New Year's Resolution." *NEJM* 338(1):52-4.
- "King Size Homer." 1995. *The Simpsons*. Retrieved 28 May 2001, from www.thesimpsons.com.
- Lamm, Nomy. 1995. "It's a Big Fat Revolution." In *Listen Up: Voices from the Next Generation*, ed. Barbara Findlen, 85-94. Seattle, WA: Seal Press.
- Lane, Harlan, Robert Hoffmeister, and Ben Bahan. 1996. *A Journey into the Deaf-World*. San Diego, CA: Dawnsign Press.
- Linton, Simi. 1998. *Claiming Disability: Knowledge and Identity*. New York: New York University Press. "Myths and Facts About the Americans with Disabilities Act." 1990. U.S. Department of Justice Home Page. Retrieved 28 May 2001, from www.usdoj.gov.
- "NAAFA Policy: Weight Loss Surgery." 2002. National Association to Advance Fat Acceptance Online. Retrieved 28 May 2001, from www.naafa.org.
- Riley, Denise. 1998. *Am I That Name? Feminism and the Category of "Women" in History*. Minneapolis: University of Minnesota Press.
- Sedgwick, Eve Kosofsky. 1990. *Epistemology of the Closet*. Berkeley: University of California Press.
- Shildrick, Margrit. 1997. *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)Ethics*. New York: Routledge.
- Solovay, Sondra. 2000. *Tipping the Scales of Justice: Fighting Weight-Based Discrimination*. Amherst, NY: Prometheus Books.
- Thomson, Rosemarie Garland. 1997. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press.
- Tucker, Bonnie Poitras. 1998. "Deaf Culture, Cochlear Implants, and Elective Disability." *The Hastings Center Report* 28(4):6-14.

- Wann, Marilyn. 1998. *Fat! So! Because You Don't Have to Apologize for Your Size*. Berkeley, CA: Ten Speed Press.
- Wendell, Susan. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York: Routledge.
- Wilson, Carnie, with Mick Kleber. 1998. *Gut Feelings: From Fear and Despair to Health and Hope*. Carlsbad, CA: Hay House, Inc.