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Constructing the “Obesity Epidemic:” A Chronology of the Pathologizing and Enfreakment of Fatness

Brooklynn Smith

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Constructing the “Obesity Epidemic:” A Chronology of the Pathologizing and
Enfreakment of Fatness

by

Brooklynn Smith

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ABSTRACT

The “obesity epidemic” is framed by medicine and media as a public health crisis that urgently demands medical intervention and policy. Despite this common narrative, the cultural and scientific dimensions, as well as the historical roots of the “obesity epidemic,” have been subject to much less scrutiny than necessary. Part of this inadequate scrutiny is due to the pervasive pathologizing of fatness that has roots back in 18th- and 19th-century ideals of normative bodies. While the contemporary American medical system holds the “obesity epidemic” as objective truth, scholars both within and outside of medicine have challenged that idea. Furthermore, recent scholarship has detailed the overwhelming amount of fat stigma within medicine, and this scholarship highlights the dangers of pathologizing fat bodies. Yet, the beliefs that fatness is unhealthy and that the “obesity epidemic” poses a threat to our society remain widespread.

Using a health humanities framework, my research seeks to more fully assess the origins of the “obesity epidemic.” In particular, I identify a pervasive and longstanding connection between the pathologizing of fatness and the enfreakment of fat bodies. To do this, I use varied methodologies including fat studies and disability studies, along with historical and literary analysis, to trace the dynamic relationship between fat enfreakment and pathology. In Chapter 1, in addition to an overview of the thesis, I offer an overview of the “obesity epidemic” that focuses largely on how medicine defines the “problem” and the unreliable science behind its conclusions. In Chapter 2, I examine Daniel Lambert and other contemporaneous white, fat performers as cultural touchstones to illustrate how fat bodies were seen as freakish bodies. Importantly, however, in Chapter 2

I also focus on the life and legacy of Sara Baartman, a South African woman whose exploitation and enfreakment can illuminate the racial origins of the pathologizing of fatness. As I continued through history, in Chapter 3 I look to Celesta Geyer (aka “Dolly Dimples”) and 21st-century weight loss television shows *The Biggest Loser* and *My 600-lb Life* to highlight the contemporary intertwining of fat enfreakment and pathology. Finally, in Chapter 4 I turn to current fat studies scholarship, fat activism, and fat advocacy work in healthcare to imagine a path toward deconstructing the “obesity epidemic.”

Keywords: fatness, obesity epidemic, pathologizing, enfreakment, fat studies, health humanities

DEDICATION

To my found family:

Your love, support, and acceptance are more than I ever expected. I love and appreciate you all more than you know.

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LIST OF ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
BMI	Body Mass Index University
AMA	American Medical Association
WCHP	Weight Centered Health Paradigm
HAES	Health at Ever Size
WHO	World Health Organization
PBF	Percent Body Fat
TBL	<i>The Biggest Loser</i>
M6L	<i>My 600-lb Life</i>
NAAFA	National Association to Advance Fat Acceptance

CHAPTER I: Introduction

The “obesity epidemic” is a common refrain in medicine, depicted as a “grave public health threat” (Blumenthal and Seervai). A “health condition” diagnosed in individuals whose Body Mass Index (BMI) exceeds 30, obesity affects 42.5% of people in the United States with an additional 31.1% of people being classified as “overweight” (Fryar et al.). Since its classification as an “epidemic” in the 1990s, the rates of obesity have dramatically increased (CDC, “Obesity Is a Common, Serious, and Costly Disease”). These statistics have led to an explosion of medical research, policy, and public health measures surrounding obesity. The current model of medical weight science in the United States—dubbed the Weight Centered Health Paradigm (WHCP)—classifies fatness as unequivocally unhealthy (O’Hara and Taylor), and in 2013, despite growing criticism, the American Medical Association (AMA) officially classified obesity as a disease. Opponents of this decision argued that obesity did not meet the Food and Drug Administration guidelines of disease, and even the 2012 AMA council advocated against this definition on the grounds of insufficient universal metrics to measure or assess obesity (Rosen). While a debate over the classification of obesity as a disease still wages on, most public health and medical institutions, including the Centers for Disease Control and Prevention (CDC), accept and use this definition, especially when discussing the “crisis” of national obesity statistics (CDC, “Adult Obesity”).

Importantly, in this thesis, I will not use the term “obesity” except when discussing the medical interpretation of fatness. Instead, I will exclusively use the terms “fat” and “fatness” to describe people’s bodies and the societal responses to larger bodies. This decision is in line with the terminology used by fat activists and scholars in the

interdisciplinary field of fat studies. Abigail C. Saguy and Anna Ward describe this terminology use in their paper “Coming Out as Fat: Rethinking Stigma,” writing,

They [fat activists] are not disclosing, as much as affirming, their fatness. They are reclaiming the term fat, commonly used as an insult, as a neutral or positive description (it is in the sense that we use the word fat here), rejecting the terms obese and overweight as pathologizing normal human variation. (54)

As Saguy and Ward write, using “fat” and “fatness” instead of medicine’s terminology is a decision made to resist medical stigmatizing of fatness and to affirm fatness as a morally neutral bodily difference.

Under the WHCP framework that our society is the most familiar with, the assertion that fatness is being unfairly pathologized could certainly be met with skepticism. The mainstream social understanding of fatness is that it is indisputably “unhealthy.” For example, in an article called “Obesity Epidemic ‘Astronomical,’” *WebMD*, a popular (if not an entirely credible) source, says simply, “The prognosis for the nation is bad and getting worse...But while obesity may not be the Black Death, it is a severe public health crisis” (Griffin). When placed into conversation with the Black Death—an epidemic that is estimated to have decimated upwards of thirty percent of the European population in the 14th century (DeWitte)—the “obesity epidemic” takes on all of its imagery of death, despair, and devastation. The comparison that *WebMD* makes is representative of the intense fear surrounding fatness. Even the terminology “obesity epidemic” illustrates the state of public panic about the effects of fatness on society. The parallel meant to be drawn between the “obesity epidemic” and the Black Death—as well

as other historical epidemics—clearly sets up obesity as the next devastating global sickness, bound to decimate a significant portion of the world’s population.¹

Yet despite the intense and consistent messaging about obesity’s dangers, the medical and public health communities are split on the issue of the “obesity epidemic,” often debating even the basic medical science surrounding fatness. The tension in this debate can be seen in all aspects of medicine, but especially within debates about medical policy regarding fatness. While the WCHP remains dominant, the Health at Every Size (HAES) model rejects most of the WCHP decisions and classifications of weight. In fact, the HAES model completely reframes fatness in relation to public health and medicine. Founded on the fundamental principles of body acceptance, intuitive eating, and active embodiment, HAES opposes any claims that weight loss is practical or improves overall health, or that fatness is even inherently “unhealthy” in the first place (Penney and Kirk). In terms of medical and public health policy, the HAES framework is a striking contrast to the WCHP, and while it has not been accepted by mainstream medicine, it arises from fundamental issues that the WCHP model cannot navigate.

Most notably, the HAES model provides logical conclusions about what is called within medicine the “obesity paradox.” Dubbed the “obesity paradox” because it undercuts the WCHP model’s assumptions about fatness, this phenomenon describes the relationship between body size and mortality and morbidity rates. While the current

¹ Along with comparisons to historical epidemics and other dramatic messaging from the past decade, messaging about the “obesity epidemic” has been incredibly dramatic and widespread during the COVID-19 pandemic. Headlines such as “Double Trouble: A Pandemic of Obesity and COVID-19” by *The Lancet Gastroenterology and Hepatology* (K Y, et al.), and “The Deadly COVID-19 Pandemic is Obscuring Another—Obesity” by *The Washington Post* (Wen) illustrate a state of public panic surrounding the effects of fatness.

medical ideology asserts that fat people are inherently unhealthy, data related to several medical conditions has shown that people dubbed “overweight” to “obese” actually have the lowest rates of morbidity or mortality, while people in the “underweight” or “morbidly obese” categories have similar, higher rates (Hainer and Aldhoon-Hainerová). The earliest data that contributed to the “obesity paradox” paradigm was collected through a 2002 comprehensive cohort study on the relationship between BMI and mortality in patients with coronary heart disease (Gruberg, et al.). Since the publishing of Gruberg’s 2002 study, similar patterns have been revealed in other conditions, including but not limited to stroke (Vemmos, et al), thromboembolism (Stein, et al.), and type 2 diabetes (Doehner, et al.).² The WCHP considers obesity a risk factor for each of these conditions, and yet scientific data states that “overweight” and “obese” people have lower mortality and complication rates for each condition. Though the messaging of the WCHP implies that these conditions are inevitable consequences of being fat, science cannot corroborate these claims.

Other studies have challenged the more general belief that it is dangerous to be fat. In 2004, a study by Ali. H Mokdad reported a 15% excess death rate associated with obesity and tallied the number of obesity-related deaths as 365,000 in 2000—a number that is still frequently referenced (Mokdad et al.). However, a 2005 study by CDC epidemiologist Katherine Flegal challenged these results with her own study on the same

² See also: The *Journal of the American College of Cardiology* 2012 study, “Body Composition and Survival in Stable Coronary Heart Disease: Impact of Lean Mass Index and Body Fat in the ‘Obesity Paradox’” (Lavie, et al.), the 2011 study published in the *Journal of Cachexia, Sarcopenia and Muscle*, “Body Mass Index and Prognosis in Patients Hospitalized with Acute Exacerbation of Chronic Obstructive Pulmonary Disease” (Lainscak, et al.), and the 2009 *Annals of Surgery* study, “The Obesity Paradox: Body Mass Index and Nonbariatric General Surgery” (Mullen, et al.).

data. Flegal's study reported that there were roughly 5% excess deaths associated with obesity, which was well under Mokdad's calculations (Flegal et al.). Mokdad's 2004 study had significant sampling errors and a calculation error, but when Flegal's research was published in 2005, hers was attacked for "promoting" obesity. In a 2021 article in *Progress in Cardiovascular Diseases*, Flegal has reflected on the public backlash she faced from her 2005 study. Flegal explicitly attributes the attacks on her research as antagonism "provoked by inconvenient scientific findings" (Flegal). Despite significant research that has confirmed the findings of Flegal and others, researchers are still debating the "obesity paradox."

Many researchers have tried to disprove the "obesity paradox," most attempting to explain why "normal weight" patients in the original cardiology study could have been "less healthy" than the fat patients. But despite numerous studies and assertions that the "obesity paradox" does not exist, the 2002 cardiology study and Flegal's research have not been refuted. Flegal and co-author John P.A. Ioannidis have addressed the attempts to deny the "obesity paradox." Referencing the 2002 cardiology study, they write, "...the lean may have higher mortality because of other causal factors, thus making obesity appear less detrimental in comparison. This argument assumes that obesity itself is also a risk factor for the disease." Despite this assumption that fatness carries medical risk, studies have shown that "in some conditions...obesity appears associated with better outcomes but not with increased disease risk" (Flegal and Ioannidis 629). Put otherwise, though other researchers have tried to discredit the "obesity paradox," science continues to show that obesity is not as dangerous as medicine makes it out to be. Moreover, in

some cases, obesity is even linked to fewer risks of serious illness and easier recovery after medical events like surgery, stroke, or heart issues.

While Flegal and Ioannidis defend the science behind the “obesity paradox”—that is, the science challenging the “unhealthiness” of fatness—they also criticize the medical system that has forced the “paradox” label. They point out that “Simply labeling counterintuitive findings as the ‘obesity paradox’ adds no value. Unexpected findings should not be viewed negatively; such findings can lead to new knowledge, better treatments, and scientific advances” (Flegal and Ioannidis 630). Their criticism of medicine revolves around the inability to appreciate new, differing science that may be antagonistic to preexisting information. Flegal and Ioannidis highlight the importance of accepting new information about fatness and health even if it challenges preconceived assumptions. Researchers’ need to call scientific advances a “paradox” highlights a key issue within the WCHP. Medicine’s opinions about fatness and obesity are regarded as indisputable, both by most medical practitioners and also society at large, but the actual science related to weight, fatness, and obesity is mixed and shaky.

In fact, the science is shaky enough that the tools used to categorize obesity are now heavily debated and criticized. Created by Adolphe Quetelet (1796-1874), a mathematician aiming to measure population averages and not individual health status (Gutin), the BMI—the main diagnostic tool for determining obesity—is inherently flawed. BMI does not account for any factors other than height or weight, so many different aspects of body composition are ignored by the measurement. Bone mass, limb length, muscle mass, and overall frame size all skew BMI data and contribute to significant variance within each classification of weight that has nothing to do with body

fat (Nuttall). Even those working within medicine question the validity of the BMI. Researchers in one 2013 Italian study published in the *International Journal of Cardiology* write about the lack of nuance in the BMI and advocate for changing the metric entirely. The researchers write, “the clinical use of WHO [World Health Organization] BMI cut-off values when applied to the Italian population cause misclassification...To overcome misclassifications, direct measures of PBF [percent body fat] would be a better tool for diagnosing obesity” (De Lorenzo et al.). Although following researchers including Flegal and Ioannidis, I disagree about the utility of having an “obesity” diagnosis at all, the 2013 study showcases a serious issue with the classification tools used by medicine to declare what body fat is acceptable or unacceptable, even within the framework that supports the diagnosis.

Even more problematic, the formula used to create the BMI was based solely on white European men in the nineteenth century. Racial differences were not considered in the production of the BMI, and they still are not factored into the BMI scale (Stern). Since the establishment of the BMI as a common metric in the United States, obesity rates in the Black population have increased at a greater rate than in other races, with Black women maintaining the statistically highest BMIs. Yet, research shows that Black people tend to have higher bone densities and muscle mass than white people and that while Black women had higher BMIs than white women, they had lower mortality rates at the same BMIs (Strings 295). However, despite the research, the BMI scale still has not been adjusted, leaving Black people, overall, with the highest BMI rates. This negatively impacts insurance rates, limits access to adequate healthcare, and contributes to stigma. Furthermore, these skewed BMIs point not just to the intersectional identities

involved in the pathologizing of fatness but also highlights the inherent racism within the pathologizing of fatness.

Another major issue resulting from the pathologizing of “obesity” is the intense weight bias in medicine. In the 2016 article, “Stigma in Practice: Barriers to Health for Fat Women,” Jennifer Lee and Cat Pausé detail their own experiences and also quote from patients’ narratives to reveal a pattern of medical fatphobia and discrimination. Pausé describes her own experience of going to what she thought would be a routine physical as a requirement for immigration into New Zealand. Pausé recounts, “He [the doctor] didn’t ask me anything about my health, or history, or health behaviors. He told me that while my blood work was all well within normal limits, that wouldn’t last long, and I would be diabetic before I was thirty. He dismissed me with a nod of his head, and I left the office” (Lee and Pausé 6). Shortly after this experience with her doctor and additional tests, she was denied residency in New Zealand due to her BMI. The pathologizing of fat bodies shows itself starkly here. Regardless of the “good” results of her medical tests, Pausé was still denied residency solely based on the assumption that her fatness was inherently “unhealthy.” Despite all of Pausé’s metabolic tests showing average results, falling under the classification of “obesity,” was enough for her doctor—and the government of New Zealand—to assume her inevitable ill health. Yet, while the doctor’s opinion on her health was enough to dictate her immigration status, Pausé’s doctor did not show any actual regard for her health. He did not take a patient history, ask about her health behaviors, or properly talk to her about her physical exam. Instead, he made assumptions about Pausé’s health, belittled her, and decided that her fatness made her “unhealthy.”

Lee's narrative in the same article demonstrates the powerful effect that weight stigma can have on healthcare avoidance. Lee describes her own personal fears of healthcare, writing, "When I interact with medical professionals, I have very little fear of physical pain...I'm afraid they're going to judge me, talk about obesity, not treat me for my actual health condition, give me the wrong treatment because I'm fat, not listen to me, or flat out be mean to me." (Lee and Pausé 6). That Lee fears the assumptions and mistreatment by medical professionals over physical pain highlights the anguish that fat people often feel trying to navigate healthcare. This type of weight bias is not isolated, and neither are the intense psychological effects stemming from medical weight discrimination. A 2010 article published in the *American Journal of Public Health* asserts that weight stigma in healthcare leads to increased levels of depression, low self-esteem, body dissatisfaction, and overall negative psychological outcomes in patients (Puhl and Heuer). In 2009 the *Obesity Research Journal* published a study that measured the effect of weight discrimination on mental health. The results of the study link weight stigma to "substantial psychiatric morbidity and comorbidity" (Hatzenbuehler et al.). The academic scholarship reporting intense weight bias in medicine is consistent and highly illustrative of the consequences of medicine's pathologizing of fat bodies. Science does not back up medicine's claim that fatness is inherently "unhealthy," but it does show that medical fatphobia is overwhelmingly harmful, regularly affecting fat people's mental health, physical health, and access to adequate, compassionate care.

The pattern of medical discrimination is also exposed outside of academic circles, but especially in the form of what I interpret in the framework of postmodern illness narratives. This genre of narrative is understood as a response to modern medicine's

inability to capture the reality of having and navigating illness. It also encompasses people's need to reclaim their illnesses and their ill bodies, especially when medicine has left them behind; these narratives take many forms, ranging from essays to memoirs to social media posts. In his book *The Wounded Storyteller: Body, Illness, and Ethics*, Arthur W. Frank writes, "The postmodern experience of illness begins when people recognize that more is involved in their experiences than the medical story can tell" (6). Fat people have taken to writing these narratives as medicine continues to ignore harmful scientific myths and fatphobic discrimination, and one of the largest venues for fat postmodern illness narratives is social media.

One post on Reddit by user YukiBean is titled simply, "I lost 75 pounds so doctors would stop blaming everything on my weight" (YukiBean). YukiBean continues the post, describing their experience of trying to receive treatment, writing:

I am 5'6, I was 210 lbs before and am now 135...what finally pushed me to lose the weight was because every single thing I went to a doctor for, it got blamed on my weight. Severe cramps? Weight. Feeling sleepy during the day? Weight. Numbness in fingers, headaches, memory problems, balance problems? Weight. I recently went back to my doctors, who of course applauded the weight loss and wrongly assumed all my problems would be gone. (YukiBean)

YukiBean goes on to post that, only after radical weight loss, they were eventually diagnosed with narcolepsy, and an MRI revealed a Chiari malformation—a condition in which brain tissue protrudes into the spinal canal ("Chiari Malformation"). Moreover, because of undiagnosed and untreated endometriosis, YukiBean lost both ovaries and parts of their lower intestines and colon (YukiBean). Their narrative shows the blatant

disregard their doctors showed for their body until they were no longer fat. The doctors were so confident in their diagnosis—“obesity”—that they seem to have genuinely believed all of YukiBean’s symptoms stemmed from their fatness. The other possibility, of course, is that YukiBean’s doctors did not care until they were no longer fat.

YukiBean’s is a common story of the consequences of medicine’s pathologization of fatness. Countless other social media posts detail similar stories. On Twitter, users often tag these illness narratives with the hashtag, #DiagnosisFat.³ One of these social media posts reads simply, “Had back pain. Was told I need to lose weight. 100 pounds later still pain. Turns out I had multiple fractures” (Cutchshaw). Another reads, “Pain specialist literally laughed at me and told me I was just fat, and he’d call me every day at lunch and ask me what I ate so I’d lose weight. Turns out I actually have Ehlers-Danlos Syndrome and losing a lot of weight made my problems worse” (Kragt). These types of quick illness narratives recreate the same scary pattern of the medical neglect that scholars have shown. The entire concept of #DiagnosisFat hinges on the chronic mistreatment of fat people, but the language implies more than just a cultural disregard for fat people. The tongue-in-cheek hashtag contains thousands of stories of fat people being pathologized. Fat people are having their symptoms—especially their pain—ignored, and as the stories pile together, the pattern points less to a disregard for fat people and more to the pervasive belief that fat people are supposed to be sick.⁴

³ #DiagnosisFat is not the only Twitter hashtag where people share their stories of interacting with healthcare. Similar stories of medical neglect and discrimination appear on the hashtags #disability, #chronicillness, and #medicalracism. Importantly, these hashtags, like #diagnosisfat, also provide community support and resources to help marginalized people navigate healthcare more safely.

⁴ The phenomenon of having one’s pain ignored by medical professionals is also highly common for Black Americans. Recent scholarship has demonstrated that as a result of implicit racial biases and systemic

Crucially, even if individual physicians genuinely believe that fatness is unhealthy, that does not change or justify discrimination toward fat patients. In describing her experience navigating healthcare as a fat woman, Jennifer Lee writes, “I’m grateful when all I get is physical pain, and I don’t have to experience ridicule or misinformation or ignorance” (Lee and Pausé 6). Medical discrimination being so intense that fat patients would wish for physical pain over that discrimination points to an undeniable failure of the medical system. Fatness being pathologized to the point of harm, even if coming from a completely altruistic attempt to heal people’s bodies, is not acceptable in a system touting an ideal of “doing no harm.” If that were not enough on its own, the harm of medical weight stigma only increases when intersected with other forms of medical discrimination, namely medical racism. Black people, especially Black women, are disproportionately labeled “obese.” The CDC reports that non-Hispanic Black adults have “the highest age-adjusted prevalence of obesity” at 49.6%, followed by Hispanic adults at 44.8%, non-Hispanic white adults at 42.2%, and non-Hispanic Asian adults at 17.4%, despite the national average being 42.4%. (CDC, “Obesity Is a Common, Serious, and Costly Disease”). Along with the clear intersections with racial discrimination, obesity rates are also more prevalent among lower educated, lower-class individuals, all

racism, Black Americans receive less effective treatment and pain medication, and overall, their pain is ignored or diminished by the medical system. For example, in a 2016 study published in *Proceedings of the National Academy of Sciences of the United States of America*, higher belief in false racial differences directly related to rating Black people’s pain lower than white people’s (Hoffman, et al.). Furthermore, this study revealed that half of the medical trainees—medical students and residents—surveyed held one or more false beliefs about racial differences (Hoffman, et al.). For further study on this topic see: the Association of American Medical Colleges’ article “How We Fail Black Patients in Pain” by Janice A. Sabin and “Chronic Noncancer Pain Management and Systemic Racism: Time to Move Toward Equal Care Standards” published in the *Journal of Pain Research* (Ghoshal, et al.).

of which compound pre-existing medical discrimination based on education and class (CDC, “Obesity Is a Common, Serious, and Costly Disease”).

Methodology and Chapters

Medical and public health policy and ideology on fatness are harmful and riddled with blurry science, professional debates, weight discrimination, and compound racial, class, and education biases. Fat people are being pathologized to the point of harm, and to truly understand why the pathologizing of fatness is so pervasive, and to imagine a more equitable and science-based path forward, both medicine and culture have to be examined. Fully grappling with the pathologizing of fatness requires us to turn to history to analyze the duration and extent of the issue. As I will show in this thesis, the past 250 years of history reveal how deeply intertwined fatphobia is with medical and cultural norms.

In order to examine the intersections of fatness, medicine, and culture, I turn to the health humanities, an interdisciplinary field that uses humanities methodologies to analyze topics related to human health, medicine, and culture. In particular, my thesis incorporates disability studies, fat studies, literary analysis, and historical analysis. Because disability studies and fat studies examine the social construction of disability and fatness, they provide the main methodological framework for my thesis and in particular justify my critique of medicine’s pathologizing of fatness as a result of social construction. As I will demonstrate, social and cultural ideas about fatness and normative bodies shape medicine’s pathologizing of fatness as “obesity.” The social construction of

fatness also helps contextualize the social structures and systems of power that impact society's understanding of fat bodies.

In particular, my thesis utilizes the concept of enfreakment as critical to understanding the position of fat people in society. As Rosemarie Garland-Thomson explains in *Freakery: Cultural Spectacles of the Extraordinary Body*, “People who are visually different have always provoked the imagination of their fellow human beings” (Garland-Thomson, et al. 1). Historically, the intrinsic fascination with bodies has helped to create both social norms and pathology, and I will demonstrate the importance of enfreakment to these norms. “Enfreakment” is used to describe the cultural context of the people who performed in freak shows. While formed, on the surface, by a mix of public curiosity, imagination, and fascination with “extraordinary” bodies, these shows hold a tremendous amount of cultural power, both historically and in the present day. Operating as an embodiment of social opinion, freak shows—and beyond the shows themselves, the process of enfreakment—have the unique ability to spectacularize and marginalize anybody outside the accepted norm, often on the basis of race, gender, and disability. Fat people are only one of many types of people whose bodies have been treated as inherently public in this way, as they are pathologized and viewed as spectacles based on their bodily traits. Garland-Thomson describes this by outlining the social construction of a freak body. She writes, “by constituting the freak as an icon of generalized embodied deviance, the exhibitions also simultaneously reinscribed gender, race, sexual aberrance, ethnicity, and disability as inextricable yet particular exclusion systems legitimized by bodily variation” (Garland-Thomson 10). Enfreakment is not just relocated to

entertainment and performance spaces but instead shapes our perception of people and their bodies.

Enfreakment, in many ways, is just another way that people are marginalized, but the spectacularization of freaks has leaked into science, and vice versa. The enfreakment of fat bodies intertwines with the pathologization of fatness, and in this thesis, I argue that in the 21st century, the two concepts are inseparable from one another. To understand why doctors ignore sound studies that point to the obesity paradox, it is helpful to look at contemporary representations of fatness and the ways they construct fat people as freakish spectacles. Moreover, to understand why so many medical professionals cling to flawed metrics like BMI, as well as harmful ideas about fat people, we need to understand the long history of spectacularizing fat people and its relationship to medicine.

Using historical analysis, I trace the relationship between the enfreakment of fat bodies and the pathologizing of fatness from the 18th century to the current day. Exploring the links between the spectacularizing of fat bodies and pathology from over two hundred years ago illustrates how pervasive these connections are to our current culture and medical system. As my thesis moves forward through history, the representations of fat freakery and fat pathology change, but the relationship between the enfreakment of fat bodies and the pathologizing of fatness remains consistent. In order to cover 250 years, I've chosen several touchstones that will allow me to focus on particularly important moments and dynamics of the intertwining of enfreakment and pathology. My touchstones are Daniel Lambert (and contemporaneous famed white 18th- and 19th-century fat people), Sara Baartman, Celesta Geyer, and the television shows *My*

600-Lb Life and *The Biggest Loser*. Honing in on these touchstones allows for an in-depth analysis of how culture and medicine have worked together to pathologize fatness as “obesity.”

Chapter 2 starts the chronology of both fat enfreakment and pathology, starting in the late 18th-century and early 19th-centuries. The social factors leading to the pathologizing of fatness and the enfreakment of fat bodies begin in the 18th century, a century whose vivid culture of freakery provides a clear background to explore the dynamics of fat enfreakment in individuals like Daniel Lambert, Edward Bright, and the character Widow Blacket from Charles Lamb’s essay, “The Gentle Giantess.” More importantly, I turn in Chapter 2 to the life and legacy of Sara Baartman, whose exploitation, exhibition, and enfreakment can allow us to identify the racist origins of the pathologizing of fatness.

Continuing through history, Chapter 3 focuses on the rise of contemporary enfreakment and pathologization of fat individuals. Centering on Celesta Geyer—a fat performer in the early 20th century who lost an extreme amount of weight—and the rise of weight loss television shows, such as *The Biggest Loser* and *My 600-lb Life*, Chapter 3 illustrates how contemporary culture enfreaks fat bodies and pathologizes fatness through the guise of health advocacy.

Finally, Chapter 4, the conclusion to this thesis, looks at the possible impacts of current scholarship and activism that might allow us to break past current ideas of fatness and representations of fat bodies. Turning towards recent work done by fat activists, fat studies scholars, and HAES and allied healthcare professionals, Chapter 4 explores the instability of the social factors holding fat freakery and fat pathology together and

examines the possible path to understanding the social construction of the “obesity epidemic” and to creating a more equitable and inclusive future.

CHAPTER II: 18th- and 19th-Century Fat Enfreakment and Sara Baartman

21st-century ideas of freaks and freakshows conjure images of large, graphic, circus-like displays. While that happened to some extent during the late 18th-century and early 19th-century—especially at St. Bartholomew’s Fair in London—the display of freaks was typically more intimate, consisting of small shows, private visits, or simpler fair exhibits (Garland-Thomson 70). Still, fat performers held a similar sort of fascination during the 19th century that they did in later iterations of freakshows, and contrary to our current negative notions about fatness, that fascination did not convey pathologization. In “‘Weighty Celebrity’ Corpulency, Monstrosity, and Freakery in Eighteenth- and Nineteenth- Century England,” Whitney Dirks writes, “Indeed though extremely corpulent individuals needed to exist in the first place to be incorporated into the show circuit, it was society’s fascination with these new, unusual bodies that allowed fat people to rise into prominence as an entertainment feature in eighteenth- and nineteenth-century England” (12).

In this chapter, I analyze the relationship between 18th and 19th-century fat enfreakment and the early pathologizing of fatness through its association with Blackness. First, I turn to Daniel Lambert, Edward Bright, and Widow Blacket from Charles Lamb’s essay “The Gentle Giantess.” These three illustrate 18th and 19th- century standards of fat enfreakment in England, encompassing the intrinsic fascination with fat freakery and the objectification of fat celebrities. In order to analyze the origins of the medicalization of fatness and its connections to 18th and 19th-century fat enfreakment, I will then examine the pathologizing of Sara Baartman. Also known as “The Hottentot

Venus,” Sara Baartman was enfreaked for both her fatness and her race, and the interplay of fat freakery and racial freakery led to Baartman’s sexualization, dehumanization, and the pathologization of her body by medical professionals and audiences in colonial South Africa, England, and France. Because of the racial norms of the 19th-century, Baartman’s fatness was pathologized as a means to prove her racial “inferiority.” The legacy of the pathologizing and enfreakment of Sara Baartman persists in our current culture, and her exploitation indicates a turning point in our ideas of fat enfreakment as well as one of the origins of fat pathology.

Daniel Lambert, Edward Bright, and Widow Blacket

One of the first fat performers to rise to fame in the Transatlantic world was the British Daniel Lambert (1770 - 1809). Lambert’s career as a performer was relatively short-lived—only spanning about four years—but his exhibitions left a long-term effect. The fascination with Lambert’s body was intense during his time as a fat performer, but his enfreakment prevailed—in some ways with increased intensity—after his death. While much of his life prior to his exhibition is only rumored, tales of Lambert saving children, fighting bears, and lifting over five hundred pounds, left him with a sort of mythology (Tromp 43). This mythic storytelling of Lambert’s past served to contextualize his uniqueness as a fat person; he was not only extraordinarily fat but also extraordinarily powerful. This combination helped create his public persona.

In Figure 1, an engraved double portrait of Lambert and Edward Bright (1721 - 1750)—a fellow famous British fat man—the text commentary clarifies the public awe surrounding both men.



Figure 1: 1806 Engraving of Daniel Lambert and Edward Bright (Fairburn)

Published as a second edition in 1806 by John Fairburn, this image appeared over fifty years after Bright's death. Though Lambert was still alive during its publication, the reprinting of Bright's image so far after his death emphasizes the immense market and lasting curiosity for spectacles in the 19th-century. Also, both men appear respectfully dressed in a way that could have linked them to a higher class and points to their social status.

Split into two sides, the text begins the accounts of each man in the same way: with a description of their bodies, from their weight and height to the circumference of their stomachs and legs. Lambert may have had a mythic persona, but his myth and awe stemmed from his fatness, first and foremost. Bright's public persona functioned the same. The men's bodies were their defining features, and only after their

measurements—both literally and metaphorically—can anything else about them be considered. However, the accounts themselves, especially Lambert’s, convey a distinct tone of wonder. The description of Lambert reads:

His countenance is manly and intelligent, he possesses great information, much ready politeness, and manner the most affable and pleasing, with a perfect ease and facility in conversation, of which he is by no means reserved: with those qualifications he fails not to give universal satisfaction, and it is generally acknowledged far exceeds the most sanguine expectations of his visitors (Fairburn).

The awe-inspired depiction of Lambert—and Bright, who had a similar description—illustrate a recurring theme of admiration and excitement within the public opinion of fat people during the 18th century and into the early decades of the 19th.

Charles Lamb used similar language when describing widow Blacket of Oxford—a fictionalized version of a real woman in Cambridge—in his essay, “The Gentle Giantess.” Lamb seems to exalt her, writing in his opening, “The widow Blacket, of Oxford, is the largest female I ever had the pleasure of beholding. There may be her parallel upon the earth, but surely I never saw it” (Lamb 211).⁵ Throughout the essay, he compares her to forces of nature and seems to revere her, in one line writing, “Of more than mortal make, she evinceth withal a trembling sensibility, a yielding infirmity of purpose, a quick susceptibility to reproach, and all the train of diffident and blushing

⁵ Charles Lamb’s letter about Mrs. Smith of Cambridge is printed in an article titled “The Fat Lady of Cambridge” published by *The Princeton University Library Chronicle* (Coulter). Mrs. Smith of Cambridge was the anonymous name Lamb gave to the woman he saw in Cambridge who inspired his essay “The Gentle Giantess.”

virtues” (Lamb 213). With his description of widow Blacket, Lamb emphasizes the spectacular nature of fat people and the intensely pleasurable act of looking at them. As society had done through constructing Daniel Lambert’s mythical past, Lamb’s description of widow Blacket makes her more than simply human. She is not just extraordinarily fat, she is enticing and exciting.

Lambert, Bright, and widow Blacket together—while not a complete representation of all fat freaks during this time—illustrate the body ideals of the 18th and early 19th centuries. To many, fatness was inherently fascinating, and fat people, especially fat freaks who openly performed their fatness, were revered. Yet, the reverence was superficial at best. The pathological skepticism we associate with fat people today was not present in the 18th and 19th centuries but questions about the consequences of perceived abnormality were beginning to emerge. Concepts of bodily norms were being informed by the enfreakment of bodies like Bright, Lambert, and Blacket. As culture emphasized how they were “abnormal,” assumptions about normality were being constructed.

In the accounts of Lambert and Bright in Figure 1, the health of both men was heavily referenced. In fact, the bulk of both accounts explicitly discussed their diets, sleep, countenance, exercise habits, and sexuality. Bright’s account even detailed his death, focusing on the exact measurements of his coffin and the logistics of his funeral. Not only was everything in both accounts contextualized by their fatness, but each account also had an undercurrent of surprise. It was cloaked in awe and admiration, yet it seemed to be answering questions about Lambert’s health. Lambert’s account read, “This wonderful man enjoys an excellent state of health, and feels himself perfectly at

ease, either sitting up or lying in bed...can walk about the room, or up and down the stairs...Mr. Lambert has never been married, although he has always been very partial to the female sex” (Fairburn). While the framing of Lambert’s account uplifts him, the implication that each of these descriptions is spectacular, pushes an assumption that these traits were not necessarily a norm of fatness. If Lambert exceeded expectations, then his ability to sit, walk, and have “normal” sexuality, implies that fat people were not expected to meet these benchmarks. While these traits may have been considered basic for “normal” people, Lambert possessing them was exceptional. The same subtle probing tone can be seen in Lamb’s descriptions of widow Blacket. He makes a point to emphasize her “good” health and nature, writing, “She possesseth an active and gadding mind, totally incommensurate with her person. No one delighteth more than herself in country exercise and pastimes...With more than man’s bulk, her humours and occupations are eminently feminine” (Lamb 212). Again, Lamb’s awe at widow Blacket, while still genuinely admiring, points out that she was against norms for fat women.

This spectacularization of fatness aided the objectification of fat people as well. In the account in Figure 1, Lambert was referred to as “an astonishing prodigy” (Fairburn), words similar to the epitaph carved onto his gravestone that read, “Prodigy of Nature” (Topley). While on the surface the term “prodigy” invokes reverence, it was not necessarily used respectfully. Definitions of “prodigy” at the time varied some, but most defined a “prodigy” as an abnormal occurrence, whether terrible or wonderful (*Prodigy, n.: Oxford English Dictionary*). In reference to Lambert, regardless of intention, the term “prodigy” objectifies him, establishing him more an occurrence than a human being.

Similar objectification happens to Bright. After detailing the specific measurements of Bright's coffin, the account of Bright reads:

After his death, a wager between Mr. Codd and Mr. Hants, that five men of the age of 21 could be buttoned within his waistcoat, was decided Dec. 1, 1750, at the Black Bull, in Malden, kept by the Widow Day; when not only the five men proposed, but seven men were actually inclosed therein, without breaking a stitch or straining a button (Fairburn)

Bright's objectification here is clearer than Lambert's. Not only were people cashing in on bets about who could fit into Bright's clothes shortly after his death, but this assertion—how many people could fit into his coat—ended Bright's account in the article, taking up more space in the article than his death. Widow Blacket was similarly objectified, albeit differently than her male counterparts. When describing her, Lamb referred to her as walking in an “ostrich-fashion,” and as “best of the Titanesses” and “ogress” (Lamb 212-213). The comparison of Blacket to animals and mythical creatures suggested again that Blacket was somehow not quite human, and while Lamb exalted her, he also placed distance between Blacket and her humanity.

The social struggle between spectacle, marginalization, and the combination of the two that encompassed Bright, Lambert, and Blacket's enfreakment made a perfect storm for pathology to seep into late 18th and early 19th-century ideas of fatness. While the notions of fatness seemed mixed in the 19th-century, 21st-century concepts of fatness are not. Georges Canguilhem states in his book, *The Normal and the Pathological*, “every conception of pathology must be based on prior knowledge of the corresponding normal

state” (51). While the normal state of a body was explicitly defined by 18th and 19th-century culture, the pathological state of a body was not. Through their constructions as freaks, Lambert, Blacket, and Bright were set aside as pillars of abnormality, but they were not overtly pathologized. Even the assumptions about health and fatness that Lambert, Blacket, and Bright seemed to defy were used as examples of the spectacular nature of their bodies not as signifiers of something pathological. Yet, now, those same assumptions and health benchmarks signify a distinct pathologizing of fatness. Though fat enfreakment still persists in current society through shows like *The Biggest Loser* and *My 600-lb Life*, the cultural context of fat enfreakment has changed to revolve around fatness as inherently pathological. The premise of these television shows centers on the “importance” of fat people losing extreme amounts of weight, and instead of holding the same fascinated awe and obsession that 19th-century culture did for fat freaks like Lambert, Bright, and Blacket, contemporary culture emphasizes fatness as “unhealthy” and dangerous. The journey from 18th-century enfreakment to contemporary pathologizing of fatness started—at least in part—with the exploitation, exhibition, and enfreakment of Sara Baartman and other women of African descent who, like her, were diagnosed with “steatopygia.”

Sara Baartman

Known by the racial epithet, “The Hottentot Venus,” Sara, or Saratjie, Baartman was also a famous fat freak. Toured around Britain, and later, France, Baartman was renowned for her large body size, specifically the size of her buttocks. Advertised as a “perfect specimen” of her race (“Just Arrived”) and as having the “kind of shape which is most admired among her countrymen” (qtd. in Strings 173) Baartman was exploited

sexually, racially, and medically. While the superficial reality of Baartman's exhibition and spectacularization largely mirrored that of Lambert, Bright, and Blacket, the problematic notions of fatness constructing her as a freak were intensified by racism. Following her display and exploitation, Baartman was treated as a medical specimen, and her fatness was explicitly pathologized by racist 19th-century pseudoscience.



Figure 2: Image of Sara Baartman (Firth)

Most research shows that Baartman was born in 1789 in Gamtoos River, Eastern Cape, South Africa (Strings 90).⁶ When Baartman was an adult, she became a servant to Hendrik Cezar. Around 1808, after periods of colonization and rebellion in the region, the economy of the Cape began to collapse. Left in debt like many others, Cezar began displaying Baartman to British soldiers in a naval hospital in Cape Town (Strings 136).

⁶ At least one source—*Sara Baartman and the Hottentot Venus: A Ghost Story and a Biography*—states that Baartman was born in the 1770s (Crais and Scully 7).

While the exact details of Baartman's shows at the naval hospital are unknown, scholars Clifton Crais and Pamela Scully speculate that "Sara became something of an early nineteenth-century exotic dancer and may have provided sex as well" (51). These shows were foundational to the positioning of Baartman as "The Hottentot Venus." Utilizing a European exonym, "Hottentot," for the Khoikhoi people, the moniker encompasses the racial power differential of these shows—as the audience of these shows were white soldiers in South Africa aiding in British colonization. Furthermore, the use of the word "Venus" indicates not only the sexualization of her body but also primes her audience to view her as an object of desire.

This type of exploitative exhibition only continued as Alexander Dunlop—a surgeon—took Baartman to London in 1810 (Quershi 235). Dunlop is assumed to have met Baartman due to his work as a doctor treating "sick Hottentots and others" (qtd. in Crais and Scully 54) and having access to her shows at the naval hospital. Looking to profit from exhibiting Baartman, Dunlop and Hendrik set Baartman up in London where she would officially become "The Hottentot Venus" (Crais and Scully 54). Dunlop's interest in Baartman stemmed from his career as a medical professional and experience exporting and trading medical specimens (Quershi 235). His involvement with Baartman signified the first trace of the pathologizing of Baartman's body as he treated her as a specimen to exhibit. As a medical professional and medical specimen trader, Dunlop's experience not only gave him the ability to treat Baartman as a specimen but also legitimized that treatment in her performances.

The British exhibition of Baartman focused on the sexually suggestive presentation of her body. Court records describe Baartman's attire during these exhibits

as a skin-tone dress tight enough that her “shapes above and the enormous size of her posterior arts are as visible as if the said female were naked” (qtd. in Qureshi 236). These details of Baartman’s exhibition in London show some similarities to Lambert’s exhibition. Like Lambert, Baartman’s fatness and her buttocks gave her the status of an “extraordinary body,” and her objectification mirrored that of Lambert, Bright, and Blacket. However, Baartman’s exhibition was uniquely distinct because along with sexualizing her, her attire typically included accessories meant to reference her ethnicity. In contrast with Lambert, who was usually dressed as a respectable, proper Englishman, the misappropriation and exploitation of Baartman’s cultural background along with her revealing attire highlighted the racism inherent in the sexualization and objectification of her body. Sabrina Strings writes of this dynamic simply, “She was simultaneously grotesque and exotic: a sexual specimen with a peculiar racial identity. For these reasons, exhibitgoers came both to gawk at her proportions, especially her posterior, and to experience the sensory pleasure of touching her” (140).

The spectacularizing of Baartman’s body could not be separated from her race, and in fact, the awe-inspiring part of her display depends on claims of inherent racial difference. One advertisement for Baartman’s exhibit transformed her into a specimen of her culture, reading:

In viewing this Wonderful Living Production of Nature, the Public have a Perfect Specimen of the most extraordinary Tribe of Human Race, who have for such a Length of Time inhabited the most Southern Parts of Africa, whose real Origin has never been ascertained, nor their Character...and considering the natural

morose Disposition of those People (who are scarcely ever observed to laugh) she is remarkably mild and affable in her Manners (“Just Arrived”)

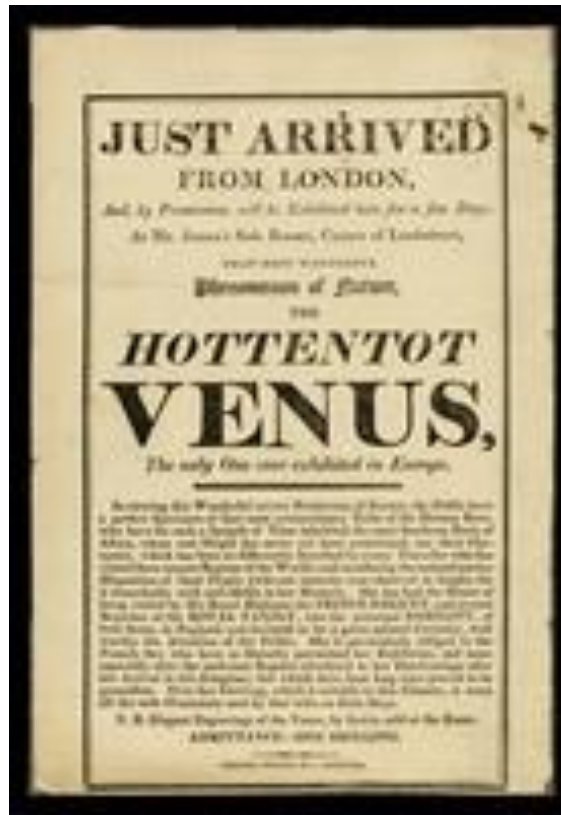


Figure 3: Advertisement for Sara Baartman as “The Hottentot Venus” (“Just Arrived”)

Some of the language of Baartman’s advertisement mirrors the language used to describe her contemporaries, especially Lambert. Both were referred to with words like “wonderful” and “extraordinary,” and advertisements for the the two of them emphasized their amiable dispositions. Yet, the focus of Baartman’s advertisement did not fixate just on her fatness the way the Lambert’s did. Where Lambert’s advertisements focused on his fatness, Baartman’s set up her fat body not just as “extraordinary,” but as an example of her race. With language like “Perfect Specimen of the most extraordinary Tribe of Human Race,” Baartman’s enfreakment was fixated both on her “abnormal” body and

what it represented about her “abnormal” race. While Baartman herself was on display, her entire race was on display with her.

Due to her racial oppression, shortly after Baartman’s arrival in London, abolitionists filed a lawsuit on Baartman’s behalf to have her released from the shows. Slavery was technically illegal in England—though it remained in the British Empire—and abolitionists questioned whether Baartman was truly autonomous. Cezar and Dunlop, however, were able to provide a contract signed by Baartman that, while likely falsified, was held up in court (Crais and Scully 100-101). The public trial solidified Baartman’s status as a cultural touchstone and legitimized European culture’s control over her body and exploitation.

With the legal sanctioning of her display, Baartman continued as “The Hottentot Venus” in London until roughly 1814, when she was brought to Paris by an animal trainer, Réaux. The comparison of Baartman to animals was a fundamental part of her exhibition, and her performance in Paris only emphasized how her performances were severely dehumanizing (Qureshi 241). Baartman was often displayed in cages, directly compared to and made to pose like animals, and in Paris she was usually displayed naked. One quote from *The Book of Days: A Miscellany of Popular Antiquities in Connection with the Calendar* by Robert Chambers—while describing a London show—illustrated some of the reality of her dehumanization during these displays. It read, “she was led by her keeper, and exhibited like a wild beast; being obliged to walk, stand, or sit as he ordered” (qtd. in Qureshi 236). By organizing her shows like the exhibition of an animal, Baartman’s “keeper” was able to simultaneously dehumanize her and assert her “exoticism.”

Similar comparison to animals and objectification continued in more explicitly scientific and medical contexts when in 1815 Baartman was observed by anatomists at the Museeum d'Historie Naturelle. Images of Baartman appeared as the only human portraits in a mammalian anatomy textbook; the other images were predominantly of many species of apes and monkeys (Qureshi 241). This intense dehumanization has some similarities to the objectification of other fat freaks, especially Charles Lamb's widow Blacket. As mentioned earlier, Lamb compared Blacket to animals and mythical creatures, yet this apparent similarity with Baartman in fact only serves to highlight the intensity of Baartman's dehumanization. The comparisons made between Blacket and an ostrich, an ogre, and a Titaness, convey whimsy and humor, and Lamb's tone is lighthearted. Though, the comparisons still dehumanize Blacket to a degree, the effect is more to solidify her as extraordinary. The comparison of Baartman to apes and monkeys, however, echoes 18th-century race theory, which speculated the relationship between Black people and primates. As a result, linking Baartman with apes and monkeys had the effect of asserting not just her abnormality but also her racial "inferiority."

Unfortunately, Baartman would die only a few months after being brought to Paris from an unknown inflammatory disease which was likely linked to her abuse in the exhibitions (Qureshi 242). After her death, Georges Cuvier—a naturalist, zoologist, and now famous scientist—dissected and preserved her remains. Cuvier explicitly pathologized Baartman's body to make broad pseudoscientific claims. Namely, Cuvier used her body as an attempt to prove his race theory. During the late 18th and early 19th centuries, comparative anatomists and race theorists sought to determine the nature of humankind and the relationship between races. Predating Darwin's theories of evolution

by decades, thinkers like Cuvier were split between the belief that all races descended from a singular origin—monogenism—and that all races had separate origins—polygenism. (Haller 1319-1321). While following his Christian beliefs Cuvier was a monogenist and believed that all humans descended from a singular origin, he also asserted that there was a hierarchy of races, with white people at the top and Black people at the bottom. The medical desecration of Baartman’s body was part of Cuvier’s attempt to prove his theory that Black people were a “degraded” or “inferior” human race. While science has since disproved this theory, the ramifications of racist pseudoscience persist in contemporary culture, particularly in the pathologizing of Black people.⁷

Importantly, the pathologizing of Black bodies—especially Baartman’s—relied on 18th-century notions of bodily norms and race. In the context of the pathologizing of race circa 1800, Cuvier used Baartman’s body as proof of “primitivity” (Strings 141). Her skull was heavily featured in Cuvier’s reports—which was in line with 18th-century notions of physiognomy—but the other, most prominently cited aspects of her body as it related to her race were her buttocks and genitalia. Using the shape and structure of her genitals as evidence of “sexual savagery” (Strings 141), Cuvier legitimized racist claims of hypersexuality, a stereotype that featured heavily in her

⁷ The pathologizing of Black people has been heavily researched. Stemming from 18th- and 19th-century scientific racism and racist pseudoscience, the pathologizing of Blackness impacts our contemporary medical system and other societal institutions. One 2021 article, “Modern Day Drapetomania: Calling Out Scientific Racism,” published by the *Journal of General Internal Medicine* highlights contemporary versions of scientific racism and pathologizing Blackness in the COVID-19 pandemic, comparing it to Drapetomania—a 1851 “disease” attributed to enslaved people who fled enslavement (Opara, et al.). Another article published in *The Yale Journal of Biology and Medicine* entitled, “Race and Genetics: Somber History, Troubled Present” highlights historical attempts to biologize race and how it appears in modern-day science (Mohsen). Furthermore, Mohsen’s article challenges the perceived “objectivity” of medical science in light of medicine’s history of pathologizing Black people.

performances. The racial basis of Cuvier’s pathologizing of Baartman’s body is only further exemplified by his explicit medicalizing of Baartman’s butt. Given the title *Steatopygia*, Cuvier defined the “medical condition” attributed to Baartman as the excess of fat in the butt, thighs, and hips (Qureshi 242).

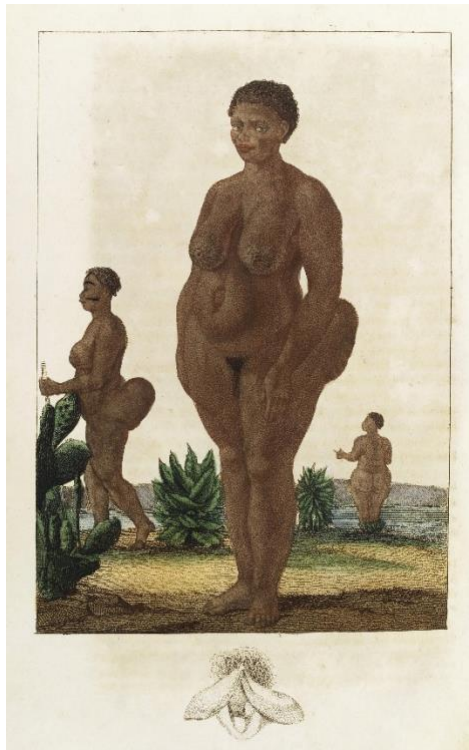


Figure 4: Illustration of Steatopygia (“A Female Hottentot”)

Figure 4—which could possibly be Baartman but is not conclusively her—depicts steatopygia. Showing a Black woman’s body from all angles, the picture clearly intends to illustrate steatopygia, but unlike the depictions common in anatomy texts, this picture showcased the women’s bodies in a way that comes closer to standards of anthropological illustration. Set into a scenic landscape instead of the usual plain background of anatomical illustrations, the image showcases the “exoticism” of the

women's bodies. This picture encapsulates the racism inherent in the pathologizing of Baartman's body and the creation of steatopygia as a diagnosis. The actual anatomy of Baartman's body was not Cuvier's focus. Instead, his focus—as was the focus of the artist of the steatopygia figure—was on legitimizing Baartman's "exoticism" and early 19th-century notions of race.

A plaster cast made of Sara Baartman's body and her preserved brain, genitals, and spine remained on display in the Musee de l'Homme until 1974, and they were not returned to South Africa so Baartman could be properly laid to rest until 2002 ("The Saartjie"). The continued display and treatment of Baartman as a medical specimen for almost two centuries stresses the turn of enfreakment into pathology. Baartman was exhibited and exploited for her "abnormal" body during her life, but the fascination with her body did not end with her death. Instead, her "abnormality" had to be kept alive even after her death. The plaster case of her body and her preserved body parts were a medically appropriate means of freakish display and a tool to pathologize her "abnormality." As time passed and the cultural impact of the "Hottentot Venus" faded, Baartman's body was still on display in an exhibit on scientific racism and remained a specimen of early racist pathologizing.

The dual objectification on the basis of her fatness and race was the tragic distinction of Baartman's exploitation. A victim of both early 19th-century tensions of fat enfreakment and pathology and intense racial enfreakment and pathology, Baartman and her exploitation were a foundation for the pathologizing of fatness, which was intimately intertwined and, in many ways, guided by the pathologizing of Blackness. Scholar

Sabrina Strings writes about this connection in her book, *Fearing the Black Body: The Racial Origins of Fatphobia*. Strings explains,

Whether fact or fiction, the purported size of [Bartman's] bottom, in tandem with her presumed general rotundity, placed Sara beyond the pale of fair-skinner, European norms of beauty. Racial theories had linked fatness to blackness in the European imagination. And they had also linked thinness to whiteness. (Strings 148)

Bartman's life and legacy were marked by the legitimization of racism through her body. While 18th and early 19th-century ideas about fat bodies were already problematic—as showcased by the treatment of Lambert, Bright, and widow Blacket—the pathological tie between Blackness and fatness solidified racist notions into scientific knowledge. Now, instead of just the spectacularization and social stigma that guided the enfreakment of fat bodies, racial oppression used “extraordinary” bodies to further marginalize Black people. Guided by the exploitation and marginalization of Black bodies, thinness increasingly carried all the moral weight of whiteness, and as medicine grew in a white supremacist culture, medical science continued to further that pathology.

CHAPTER III: Celesta Geyer and Contemporary Fat Enfreakment and Pathology

As modern medicine began to take hold, the science, politics, and cultural expectations of the 18th- and 19th centuries quietly bled into “objective” knowledge. With modern medicine solidifying its place as a dominant social power in the United States by the early 20th century, it gained the ability to legitimize harmful bodily norms. The social stakes of fatness had been raised with the racist pathologizing and enfreakment of individuals like Sara Baartman, and with all the moral and white supremacist notions wrapped up in fat pathology, medicine began to hold that pathology as fact. As fat pathology began to solidify and medicine sought to govern fat bodies, the enfreakment of fat bodies also evolved into contemporary versions of fat freakery that not only persist today but are intertwined inseparably with medical fat pathology.

To complete this analysis, I first focus on Celesta Geyer (1901 - 1982), otherwise known as Dolly Dimples, a fat performer in the early 20th century. Geyer’s career as a fat performer closely resembled 18th and 19th-century fat freakery, but under the pressure of medicine’s pathologizing of fatness, Geyer lost 433 pounds. After this weight loss, medicine began to spectacularize Geyer as a fat person who had managed to liberate herself from her fatness and was, therefore, still extraordinary and abnormal. The new spectacularization Geyer faced demonstrates the intertwined nature of fat enfreakment and pathology in contemporary American culture. The interlocking of fat enfreakment and pathology that Geyer experienced has continued into contemporary television shows such as *The Biggest Loser* and *My 600-Lb Life*. By graphically displaying fat bodies,

stigmatizing fat people, and highlighting the extreme importance of losing weight at all costs, these shows illustrate the complete enmeshment of fat enfreakment and the pathologizing of fatness.

Celesta Geyer

One prominent example of fat freakery and pathologization in the early to mid 20th century was the life and career of Celesta Geyer. Geyer was a fat performer before losing 433 pounds and maintaining notoriety as a previously-fat public figure. Geyer's experience differed greatly from fat performers of earlier eras, especially in the context of Geyer's privilege, but her experience held similarities that tie her with predecessors such as Daniel Lambert, Edward Bright, and Sara Baartman. Like 18th and 19th-century fat performers, the enfreakment of Celesta Geyer centered on the intimate display of her body and, as was the case with Baartman, the pathological assumptions of fatness. Yet, the enfreakment that Geyer faced completely changed by the end of her life, and her career transitioned from that of a traditional fat performer to a self-proclaimed "Champion Dieter" after Geyer lost 433 pounds in a year.

Celesta Geyer's relationship with her career and body was marked by periods of confidence and disgust, and she detailed her tumultuous experience in her autobiography, co-written with Samuel Roen, *Diet or Die: The Dolly Dimples Weight Reducing Plan* (1968). Though Geyer's autobiography predated the "obesity epidemic," the powerful statement of "diet or die" illustrates the intense conviction of weight loss as life-saving that underlies messaging and public health policy surrounding the "obesity epidemic." Not only does the message "diet or die" frame the goal of Geyer's book, as she offers it as a diet plan, but it also positions Geyer as a success story—someone who cheated death,

and more importantly, fatness. In her autobiography, she described her experiences of gaining weight, performing as a Fat Lady, and losing weight. Throughout the descriptions of her life, in *Diet or Die* Geyer highlighted the intense scrutiny she faced both socially and medically.

Before she was a fat performer, Geyer described her childhood through a central theme of food obsession. She wrote about her early childhood as comfortable, happy, and filled with an abundance of food, love, and family. Only when she started school did Geyer's opinion about her body begin to change. Geyer wrote of this transition out of her childhood innocence, "I began also to meet the unhappiness the world was to hold for me. For the next forty-four years, I was to be a miserable freak, a laughing stock, an oddity; I began an out-of-step life, physically, socially, and mentally" (Geyer and Roen 26). Geyer's framing of her life—as a "freak," "laughing stock," and "oddy"—was more than just the result of others' ideas, expectations, and amusement. The pathology and enfreakment of fatness created an environment of stigma and shame. Geyer's "out-of-step life" was a product of living in a body deemed freakish and pathological by society. Geyer's introduction of the stigma she faced frames the rest of her narrative, and it even becomes an integral reason why she eventually becomes a fat performer. The emotional turmoil that Geyer experienced as a result of the socialization she received as a fat girl and later woman guided her opinions of her body and her life. Geyer was bullied and discriminated against because of her fatness, and while she eventually married a man named Frank, others' fears that she would never find love, marriage, or a family, dictated much of her adolescent years. Despite her incessant want and need to fit into social norms, Geyer could never fit into the molds set forth for her by society.

As she describes it in *Diet or Die*, as Geyer transitioned to adulthood, she experienced various forms of economic instability, and when her husband, Frank, lost his job, Geyer began to seriously consider a proposition she had received a few weeks prior to become a fat performer. The woman who had tried to recruit her, Jolly Pearl, was herself a fat performer with the circus circuit, and when Geyer hesitated to join the tour, Jolly Pearl used the stigma they both faced to convince Geyer to join. Geyer recounted Jolly Pearl's words: "You know, honey, everyone laughs at you now. Don't you think it would be a good idea to make them pay for their fun?" (Geyer and Roen 102). The ability for Geyer to subvert some of the stigma she faced was one of the deciding factors in her joining the carnival tour with Jolly Pearl. Pearl's question is an assertion of agency over the conditions of living as a public body, a defining theme of Geyer's experience as a fat performer. The small power shift that accompanied Geyer's paid performances aligns with the complicated nature of enfreakment and power. In *Sideshow U.S.A.: Freaks and American Cultural Imagination*, Rachel Adams writes that "to characterize *freak* as a performance restores agency to the actors in the sideshow, who participate, albeit not always voluntarily, in a dramatic fantasy that the division between freak and normal is obvious, visual, and quantifiable" (6). While Geyer could not avert the attention and gaze of others, she could control the attention she received in her paid performances. By performing, Geyer was able to shirk the expectations of normality that caused her such excessive emotional turmoil outside of the freak show. The pathologizing and enfreakment of her body were insidious outside the confines of her performance—and within in many ways—but inside the realm of fat freakery, Geyer could at least distance herself from the "normal" in a way she could control. So, with a background of economic

instability and a desire to subvert some of the stigma she faced, Geyer joined the carnival tour with Jolly Pearl and officially took on her stage name, Dolly Dimples. Her stage name was another means of her shirking some of the expectations of normality, and though it was a reference to the archetype that she referred to in her performances—a jovial fat woman—she was able to choose it.

In post-PT Barnum era freakshows, Geyer’s career resembled the types of performances 21st-century audiences might envision, as she toured with a large troop on a circus circuit.⁸ 21st-century audiences might not expect that, like Sara Baartman had been a century earlier, Celesta Geyer was sexualized during her performances—although Geyer’s whiteness and resulting privilege helps to explain why she was not subjected to the most traumatic forms of violence and exploitation that Baartman suffered. In *Diet or Die*, Geyer described in detail the amount of sexual harassment that occurred during her performances. She wrote explicitly, “Then there were the perverts known as warmers...They stood around my platform, moving close to women in the audience, making warm body contact with them. Watching me, they would relish the thrill of rubbing against an unsuspecting woman” (Geyer and Roen 130). Throughout her career, Geyer cites many more experiences of sexual harassment, men asking for sex, sexual propositions, and a general air of vulgar curiosity at her shows. People watching Geyer perform viewed her as a perversion of “normal” bodily ideals, and the ability to watch her perform translated to perceived intimacy with her.

⁸ Phineas Taylor “PT” Barnum (1810 - 1891) drastically changed the landscape of freak shows. He popularized and mass marketed exhibits of human “oddities” and “freaks,” and he created the iconic representation of a traveling circus with James Bailey. Barnum transformed freak shows into a American cultural staple in the late 19th-century, and his version of freak shows continued into the 20th-century (Saxon).

The pleasure of watching Geyer perform was in the fetishizing of her body and her stigmatized position in society. Her sexualization was not a result of attraction alone but of further enfreakment, and the carnival only further promoted it. In every representation of Dolly Dimples, Geyer was scantily clad and overly sexualized. In one picture (Figure 5), she was even shown lifting her dress suggestively for the camera, a pose that was representative of the revealing nature of her performances.



Figure 5: Celesta Geyers as "Dolly Dimples" (Geyer and Roen 183)

The explicit sexualization of Geyer's body mirrors the sexualization of Sara Baartman during her performances. As I discussed in Chapter 2, Sara Baartman was not only touched and possibly forced to engage in sex acts, but she was also dressed provocatively, and French scientist Cuvier asserted her hypersexuality, preserved her genitalia, and pathologizing her buttocks. The racist history of fat freakery and

hypersexuality tie Geyer's experience back to ideas of fat pathologizing from the 18th-and 19th-centuries. This hypersexuality of fat women is a form of othering them and further enfreaking their bodily difference. Susan Wendell writes that this type of exocitizing of difference is a "double-edged form of appreciation" (66) that reinforces otherness and can lead to dehumanization. While Geyer, Baartman, and other fat women were subjected to the enfreakment and pathologizing of their bodies, they were also regarded as uniquely interesting and alluring. But despite—or in fact because of—the intense curiosity and fascination with their bodies, they were still marginalized.

The pathologizing and spectacularization of Geyer's fatness changed considerably as she transitioned out of being a fat performer in 1950 (Nicholas 88). With her career change and her eventual weight loss, Geyer describes responses to her body that represent a transition to a contemporary, highly medicalized version of fat pathologizing that does not just demonize fatness but also insists fatness must be eradicated. The shift was precipitated by an interaction that Geyer had with her doctor in which he told her bluntly, "Diet or die" (Geyer and Roen 14). The titular ultimatum presented by Geyer's doctor illustrates the extent of medicine's pathologizing of fatness. Medicine provided only two options for Geyer, given her fatness, and neither option considered the possibility of Geyer continuing to exist in a fat body. Instead, the options presented to Geyer considered fatness as an inherently "unlivable" condition. According to medicine's pathology of fatness, Geyer would either have to lose weight or die trying because death was better than being fat. Spurred by these pathologized notions, Geyer immediately began the process of losing weight.

Geyer's weight loss experience was riddled with dangerous means of weight loss, including the unmonitored use of the same diet pills that had caused the death of her sister-in-law before Geyer received her infamous "diet or die" ultimatum. Despite the harmful, even fatal, methods available to her, Geyer still pursued extreme weight loss at her doctor's behest. After a stint of hospitalization during which Geyer was not given solid foods for weeks (Geyer and Roen 196), her doctor prescribed her an incredibly restrictive diet that could not exceed 800 calories a day, and even advocated for binge eating to break Geyer's appetite (Geyer and Roen 208-209). After only a year, Geyer lost 433 pounds. The incredibly abusive means of weight loss that Geyer endured were extensions of medicine's intense pathologizing of fatness. In the eyes of her doctor—and in her own eyes—it was truly better for Geyer to die from attempting weight loss than to stay fat, and the continued push for her to wreak havoc on her body only exemplified how little value medicine placed on Geyer's wellbeing until she was thin.⁹

Ultimately, the most important aspect of Geyer's behavior to my analysis of the historical roots of the "obesity epidemic" was not her weight loss itself; it was the spectacularizing of the weight loss. She had managed to cheat death in the eyes of medicine, and despite medicine's insistence on her losing weight at all cost, it was clear that Geyer's weight loss was beyond the normal expectation of dieting. Geyer was inducted into the *Guinness Book of World Records* for her weight loss, and she even

⁹ This resembles the imperative to either cure or kill disability, which disability studies scholars have heavily criticised. The cure or kill trope implies that disability is an "unliveable" state, and that if a disability is "incurable," dying is preferable to living as a disabled person. Rosemarie Garland-Thomson provides an overview of this trope in an article entitled, "The Cultural Logic of Euthanasia: 'Sad Fancies' in Herman Melville's 'Bartleby.'"

considered her thinner self a spectacle, writing in her autobiography, “today I’m the world champion dieter” (Geyer and Roen 222). The spectacularizing of her weight loss only emphasizes the pathologizing of fatness. Her doctor gave her an option to “diet or die,” but the spectacle made of her weight loss showed that Geyer was never expected to lose enough weight to stop being fat. When she did manage to meet the demands of medicine, she still did not reach “normal.” Instead, Geyer’s fatness—or lack thereof—was simply further enfreaked.

Beyond just the fascination that Geyer’s weight loss garnered, with her newfound public draw, she quickly became a source of education, motivation, and inspiration. She wrote at one point, “I have thousands of letters from people pleading pathetically for help” (Geyer and Roen 225), demonstrating not only the sheer amount of people experiencing fatphobia but also the cultural positioning of fat people as “pathetic.” Geyer had conformed to the expectations of medicine’s fat pathology that few people seemed to reach. In the culture created by the pathologizing and enfreakment of fatness, she became a guide for other people seeking to find some way to reach a form of “normal” and escape the intense stigma of fatness. Even her autobiography functioned as a dieting manual, the ending reading, “Since I have successfully lived to diet, my story has been told piecemeal in newspapers and in a magazine article...What I have said here, with my author Samuel Roen, I hope will serve as an inspiration to help others overcome their own problems” (Geyer 226). Geyer’s framing of fatness as a problem to overcome

emphasized the intense social expectations for a person to “become normal”— in other words, thin—regardless of society’s positioning of them as inherently abnormal.¹⁰

Despite Geyer’s thinness, she never lost her connection to fatness. Even as a woman of “normal” body weight, Geyer was not regarded as “normal.” Geyer was still a freakish fat woman; she was just a fat woman who had done the “right thing” and lost weight. If anything, the extreme weight loss further spectacularized her as it positioned her as somehow morally or spiritually superior to fat people who could not lose weight. She wrote, “I did not think I could give up eating forever, but then I thought about the choice I had. I could only thank God for having given me this wonderful chance...I knew that I had come through the shadows of death and that I now lived to diet” (Geyer and Roen 197). She made it clear that not only was dieting the new purpose of her life, but it was also a spiritual gift that freed her from the “shadows of death.”

In many ways, the extreme weight loss made her more of a fat freak since it made her prior fatness even more extraordinary in comparison. Robert Bogdan writes about this sort of juxtaposition with his concept of “respectable freaks” in his book, *Freak Show: Presenting Human Oddities for Amusement and Profit*. The “respectable freak” is a freak who is made more spectacular by the highlighting of their socially acceptable traits or through an overemphasis on their morality. Bogdan explains that the framing of respectable freaks

¹⁰ The “overcoming” narrative is a phenomenon that appears in disability studies. Simi Linton’s description of the “overcoming” narrative points out that while society frames disability as a problem to overcome, the true issue is society’s stigmatizing of disability. The “overcoming” narrative shifts the responsibility of accessibility and equality to the disabled person instead of criticising the society that creates inaccessibility and inequity in the first place. For more, see the chapter, “Reassessing Meaning” in Simi Linton’s book, *Claiming Disability: Knowledge and Identity*.

suggested to onlookers that the exhibits' accomplishments and their ability to overcome disadvantages were a sign of their moral worth. The 'wonder' was not merely physical, it was the work of steadfast courage and perseverance. In other presentations, the exhibits' ability to overcome disadvantages and their uplifted spirits are presented as the work of the Lord. (217)

The moralizing of freaks did not absolve them of their enfreakment, and instead, it only cast them further into different forms of freakery. Similarly, Geyer's weight loss did not absolve her of the enfreakment of her fatness, but it did cast her further into a different type of spectacle. Instead of being a traditional fat freak, she was now a freak of medicine, an example of medicine's supposed success in altering her body, and a representation of a new form of fat freakery based on the explicit pathology of fatness and burgeoning diet culture.

21st-Century Television as Freakshow

While traditional freakshows have largely faded from society, enfreakment still exists in our culture, especially through television. In the article "Return of the Freakshow: Carnival (de)Formations in Contemporary Culture," Mikita and David Brottman, talk about the contemporary freakshow, writing, "The freakshow has not vanished from late twentieth-century culture, it has merely found other, possibly more subversive forms. Late-night talk shows in the U.S...some of the more mainstream daytime talk shows...have all featured special appearances of freaks" (104). The display of freakish bodies on television shows, especially fat freakish bodies, is pervasive in contemporary culture. With weight loss shows on multiple networks and scripted television shows depicting fat characters trying to lose weight, the popular cultural refrain

maintains the same pathology and spectacularization that surrounded Celesta Geyer after her weight loss. In fact, the persistence of fat freakery has only increased the pathology surrounding fatness, especially as medicine has increasingly legitimized fatphobia through its targeting of the “obesity epidemic.”

The authority given to medicine gives its ideals authority too, and the legitimized pathology only reinforces the enfreakment of fat people. Mikita and David Brottman speak to this as well, writing, “Medicine and psychoanalysis are still highly theoretical modes of “presentation,” carefully constructed frameworks that emphasize particular aspects of the individual at the expense of others and directed...towards fostering a particular impression in a particular audience” (Brottman and Brottman 94). With medicine as a framework supporting fat pathology, 21st-century American culture absorbs all the “objective” knowledge and values that stem from it. A particularly clear example of the complicated relationship between fat pathology and enfreakment is seen in popular contemporary weight loss shows, especially programs like *The Biggest Loser* and *My 600-lb Life*.

The Biggest Loser (TBL) is a competition show in which fat people compete to lose weight while personal trainers push them and in some cases berate them. With explicit framing from the “obesity epidemic,” TBL describes fatness as inherently “unhealthy” and “deadly.” While TBL pathologizes fatness, it also spectacularizes its graphic and problematic display of fat people. Each contestant is publicly weighed in their underwear every week to determine who lost the least weight, and contestants are regularly filmed in incredibly intimate situations. For example, contestants are shown coming to the limits of their bodies, often crying and vomiting during workouts, being

emotionally overwhelmed, and experiencing incredible physical or mental distress. This type of display of their bodies is the foundation of the show, and the common rhetoric in TBL pushes the contestants to “fight their bodies.” The rhetoric is well-placed, of course, as the goal of the show is for contestants to lose drastic amounts of weight and vie for the title of “The Biggest Loser.” Only the person who manages to “conquer” their body—that is, lose the most weight—can win the prize money.

The pathology of fatness within TBL mirrors Geyer’s, and it clearly places fatness as a moral and physical deficit. Michael Silk has written about the positioning of fat bodies in TBL:

TBL conceives the fat body as a site of numerous discursive intersections, the effect of normative beauty standards, health, gendered (hetero)sexual appeal, self-authorship, moral fortitude, fear of excess, and addiction; roughly translated as a white, male, heterosexual and able-bodied: a cared for, thin body recognized as reflecting control, virtue, and goodness. (Silk, et al. 78)

The way that TBL positions the fat body aligns with medicine and culture’s pathologizing of fatness and exaltation of slender, white, cis norms of embodiment. There is a distinct morality to losing weight, one influenced by the pathology of fatness, and one that is seen in Geyer’s experience as well. The same doctor that told Geyer to “diet or die” also told her in an ironically explicit way,

You certainly can not look forward to working in circuses and carnivals as a side-show freak anymore. Rather you can look forward instead to becoming a normal beautiful woman—normal weight, normal appearance, normal activity in every way. You can look forward to living, doing and enjoying everything a woman

should. The opportunity is yours and you can take it or you can turn your back on your opportunity and, of course, on your life too. (Geyer and Roen 200)

The emphasis on the normality of thinness and the responsibility of being thin is part of the contemporary pathology of fatness and the contemporary enfreakment of fat people. There seems to be a hard line between what is “good” and “bad,” and the language surrounding the display of fat bodies only illustrates the supposed superiority of thinner bodies. These values are made explicit in *Diet or Die*, as well as in the very premise of TBL—contestants literally win when they are at their thinnest—but these values also emerge more grotesquely in the show *My 600-lb Life* (M6L).

My 600-lb Life is a television show that documents fat people who weigh roughly 600-lbs or more over one a year of their life as they work for and receive gastric bypass surgery and lose tremendous amounts of weight. During the year each person is filmed, they are exposed and displayed in ways that, from a fat studies perspective, may be understood as obscene and offensive—and could easily be understood by a broader audience as radically fatphobic. For example, every participant is shown being bathed by their families as they talk about being “burdens” on their loved ones. More generally, they are shown in humiliating situations caused by inaccessibility, and even shown during active surgery as part of their stomachs are literally cut from their bodies on camera. In some episodes, the doctor even performs excess skin removal or lymphedema removal and weighs cut-off pieces of the participant’s body for the cameras (“Christina’s Story”). M6L also shows each fat participant unpacking the trauma they believe has contributed to their weight gain. These revelations end up being various forms of serious

bullying, abuse, or sexual violence, and during these segments in the show, they graphically recount their trauma for the audience.

Every aspect of M6L is constructed to show the most intimate, freakish view of the participants possible, and the exhibition of every participant's body is orchestrated to highlight their fatness and paint them as monstrously and uncontrollably fat. The incredible exposure of the bodily and emotional display in M6L does not necessarily look the same as in TBL, as the structured "winning and losing" premise of TBL is not present in M6L, yet the exhibition of fat people is just as grotesquely orchestrated. In the case of M6L, the pathology of fatness is one not just bearing morality and responsibility, but one that constructs fatness as resulting in or resulting from some sort of tragedy or loss of control. Displayed broken with no time or space to show any sort of healing or support for its participants, M6L creates a freakish image of fatness intertwined with emotional suffering, broadcasted on mainstream television. This is not a new concept, and the refrain of fatness being a "mental" issue even shows up in Geyer's autobiography. She wrote in a discussion of weight-loss strategies:

Like every American person I've read of speedy routes to losing ten pounds in two weeks, three pounds in two days or forty pounds in two months, and I'm convinced that none, no, not one, can be successful if you do not first take the weight off your mind before you strip it from your body. (Geyer and Roen 200).

Again, the relocation of fatness as a "mental challenge" brought on by some sort of emotional component is present in contemporary fat pathology. Crucially, this construction of fatness as a "mental challenge" is a theme that M6L takes to an extreme level of pathology and enfreakment by constructing fatness as trauma. Not only does

M6L have participants recount their trauma explicitly, but it films them being actively traumatized. With the emphasis on the gore and violence of weight loss surgery, heartbreaking stories of abuse, and the sheer, graphic exposure of their bodies, M6L leaves participants with nothing sacred or intimate. Instead, M6L makes their bodies radically public—literally laying their bodies, minds, and souls bare to their audience—and implies to the audience that simply existing in a fat body is a traumatic experience.

Furthermore, M6L also relies on specific narratives common in the pathologizing of fat bodies to further spectacularize them. Most notably, M6L falls back on overtly racist norms of fat pathology that stem from the exploitation and abuse of Sara Baartman and her contemporaries. In an article titled “Fear, Freaks, and Fatphobia: An Examination of how *My 600-Lb Life* displays ‘Fat’ Black Women,” Tori Justin discusses the display of Black women in the show. In a succinct summary of her examination of M6L she writes that the show promotes

the belief that Black women are unable to control themselves, further reifying their imagined deviance through the process of televisual enfreakment, while also solidifying the racist elements that underline fatphobia. This portrayal is a type of State-sanctioned violence against Black women as it associates and reduces multiple systems of domination...simply to the participants’ individual health choices. (Justin 11)

The freakery of fatness constructed in M6L is a clear example of all the white supremacist notions that underpin fat enfreakment and pathology stemming from the 18th- and 19th-century culture of scientific racism and fat enfreakment and pathology. The

pervasive racist history that guides M6L's display of bodies only emphasizes the cultural stakes the show has in the enfreakment of fatness.

The enfreakment of fat bodies present in both shows is not challenged by mainstream society. In fact, these shows are situated as inspirational and educational, each relying comfortably on medicine's inevitable backing of them. M6L especially exists completely within medical pathology, spearheaded by Dr. Younan Nowazardan—"Dr. Now"—who specializes in gastric bypass surgery—a procedure even the show acknowledges has a "less than five percent" ("Tara's Story") success rate. His involvement with each participant of M6L is integral. Dr. Now is the driving force of the show, and like Celesta Geyer's doctor, he continuously pushes the sensationalized rhetoric of "diet or die." In one episode titled for the participant, Christina, Dr. Now tells the camera, "I don't think they realize she [Christina] is not far from imminent death. Right now, even a cold or pneumonia, she's not gonna live through it" ("Christina's Story"). Dr. Now pushes the rhetoric of the deadliness of "obesity" so intensely that the show's participants parrot the idea as well. Right before her gastric bypass surgery, Christina turns to the camera and says, "I have a little bit of fear about not waking up, but I mean if I kept going the way I was then, I mean, there was gonna be a day I wasn't gonna wake up, living like that" ("Christina's Story"). The explicitly medical sphere in which M6L frames each of its contestants serves not only to push them through the pathologized rhetoric of fatness but to further pathologize their bodies. Participants genuinely believe that dying in surgery is better than living in a fat body, and the statements that Dr. Now makes are not just directed at the participants but at the cameras and the people watching the graphic display of each participant's body. The pathologizing

and enfreakment of fatness are etched into the framework of M6L, and the most intense scenes of centuries' worth of pathology and enfreakment occur in Dr. Now's clinic and operating room.

These shows are not viewed colloquially as forms of pathological construction or fat enfreakment. Instead, M6L and TBL are seen as types of public health awareness and intervention. With the spectacular backdrop of the "obesity epidemic," the pathologizing and enfreakment of fat bodies in these shows, as with Celesta Geyer before them, are not just forms of entertainment. Instead, they construct our cultural beliefs about and institutional approaches to fatness, fat bodies, and fat people. Our contemporary understanding of fatness and fat people is violently fatphobic, and the medical system's role in the pathologizing and enfreakment of fatness only further pushes dangerous rhetoric. Doctors are comparing the "obesity epidemic" to the Black Death, and shows like *My 600-lb Life* are allowing surgeons to cut fat people open on camera for "public health awareness." Yet, as I will discuss in the conclusion, there are people working in several spheres to deconstruct the ideas that fatness is "unhealthy" and morally apprehensible. Though contemporary pathologizing and enfreakment position fatness as irredeemable and deadly, there is hope—and a path—towards a more inclusive, equitable future.

CHAPTER IV: Conclusion

With pervasive notions of fat enfreakment and pathology, medicine and culture at large construct the fat body as inherently ill and inherently public. In *Staring: How We Look*, Rosemarie Garland-Thompson writes, “As what Michael Foucault calls the ‘clinical gaze,’ observation has been used to lasso the outlaw aspects of human variation into constricting categories and to diagnose differences as pathology. According to this view, medical-scientific observation as diagnosis brings home the alien in chains, converting the unusual into the monstrous, sick, polluted, contagious, mad, queer, deviant” (49). Garland-Thompson’s connection between pathology and freakery emphasizes the power of pathology, and the ability of medicine to claim the nature of bodies. Through pathology, medicine decides both what is normal and what is freakish. Of course, medicine does not make these decisions on its own. Medicine is a societal institution, and culture and medicine construct the value of bodies dynamically. A product of culture and medicine, the “obesity epidemic” constructs our understandings of fatness and fat people. But, while normative ideas of fatness seem natural and impermeable, understanding their constructedness makes them fragile. Calling attention to the ways that fatness is pathologized and freaked may not effectively deconstruct harmful ideas of fatness. However, calling attention to the constructedness of “obesity” has the potential to reset our foundational notions of fatness, and currently, activists, scholars, and healthcare professionals are attacking the constructions of fatness from all sides.

Fat Activism

Fat activism has been a rising political movement since the mid-1900s. In 1969, the National Association to Advance Fat Acceptance (NAAFA)—then titled the National Association to Aid Fat Americans—was founded in New York. As the first documented fat acceptance

organization, NAAFA's goal in 1969 and now is to "change perceptions of fat and end size discrimination through advocacy, education, and support" ("About Us"). Though NAAFA was the first documented fat activist organization, very soon it was joined by other groups fighting for fat equality. In the 1970s, for example, The Fat Underground started in California. The Fat Underground was founded on ideas of the Radical Therapy movement and advocated for the complete demystifying of thoughts and ideas about fatness inside and outside medical spheres (Fishman). Where NAAFA fought for fat acceptance, The Fat Underground advocated for a different type of movement they called "fat liberation."

In 1973, Judy Freespirit and Sara Aldebaran—founding members of The Fat Underground—published the "Fat Liberation Manifesto," and though almost fifty years have passed since its publication, the Fat Liberation Manifesto is still pertinent, partly because it explicitly advocates against the pathologizing and enfreakment of fat bodies. The manifesto outlines seven fundamental declarations:

fat liberation manifesto

1. We believe that fat people are fully entitled to human respect and recognition.
2. We are angry at mistreatment by commercial and sexist interests. These have exploited our bodies as objects of ridicule, thereby creating an immensely profitable market selling the false promise of avoidance of, or relief from, that ridicule.
3. We see our struggle as allied with the struggles of other oppressed groups, against classism, racism, sexism, ageism, capitalism, imperialism, and the like.
4. We demand equal rights for fat people in all aspects of life, as promised in the Constitution of the United States. We demand equal access to goods and services in the public domain, and an end to discrimination against us in the areas of employment, education, public facilities and health services.
5. We single out as our special enemies the so-called "reducing" industries. These include diet clubs, reducing salons, fat farms, diet doctors, diet books, diet foods and food supplements, surgical procedures, appetite suppressants, drugs and gadgetry such as wraps and "reducing machines." We demand that they take responsibility for their false claims, acknowledge that their products are harmful to the public health, and publish long-term studies proving any statistical efficacy of their products. We make this demand knowing that over 99% of all weight loss programs, when evaluated over a 5-year period, fail utterly, and also knowing the extreme, proven harmfulness of repeated large changes in weight.
6. We repudiate the mystified "science" which falsely claims that we are unfit. It is both caused and upheld discrimination against us, in collusion with the financial interests of insurance companies, the fashion and garment industries, reducing industries, the food and drug establishments.
7. We refuse to be subjected to the interests of our enemies. We fully intend to reclaim power over our bodies and lives. We commit ourselves to pursue these goals together.

FAT PEOPLE OF THE WORLD, UNITE!

YOU HAVE NOTHING TO LOSE.....

--Judy Freespirit and
Aldebaran

November, 1973

For more info write Fat Underground, P.O. Box
5621, Santa Monica, CA 90405

reprinted from OUT AND ABOUT

Figure 6: *The Fat Liberation Manifesto (Freespirit and Aldebaran)*

In declaration two of the manifesto (see above Figure 6), Freespirit and Aldebaran write, "We are angry at mistreatment by commercial and sexist interests. These have exploited our bodies as objects of ridicule, thereby creating an immensely profitable market selling the false promise of avoidance of or relief from that ridicule" (Freespirit and Aldebaran). This declaration rejects the enfreakment of fat bodies by referencing the exploitation, objectification, and amusement derived from the commercial display of fat bodies. Furthermore, declaration two references the "market"

of “false promise,” showcasing the industries catering to weight loss as a means of “relieving” fat people from the stigma following fat enfreakment.

The Fat Liberation Manifesto also details the pathologizing of fat bodies. In declaration 6, Freespirit and Aldebaran write, “We repudiate the mystified ‘science’ which falsely claims that we are unfit. It as [*sic*] both caused and upheld discrimination against us, in collusion with the financial interests of insurance companies, the fashion and garment industries, reducing industries, the food and drug establishments” (Freespirit and Aldebaran). The “mystified science” that Freespirit and Aldebaran reference points to the pathologizing of fatness and fat bodies by medicine. As I discussed in Chapter 1, medicine has upheld problematic and racist notions of fat pathology even though science has not substantiated those beliefs. Instead, the “obesity epidemic” has demonized fatness and has constructed fat people as inherently unacceptable, which creates inaccessibility, problematic policies, and industries dedicated to the eradication of fatness. Furthermore, the “obesity epidemic” describes fatness as an overwhelming, dangerous global crisis, implying that fat people themselves are a threat to fight. Lastly, the Fat Liberation Manifesto also advocates for the intersectionality of dismantling the institutional fatphobia derived from the pathologizing and enfreakment of fatness.

While The Fat Underground and NAAFA were the beginnings of global movements towards fat acceptance and fat liberation, they were far from the last movements. Recent fat activism, such as the Body Positivity and the Body Neutrality movements, incorporate aspects of fat acceptance and liberation, and increasingly reject the enfreakment and pathologizing of fatness and fat people. While Body Positivity—the radical acceptance, celebration, self-love of one’s body—and Body Neutrality—the individual acceptance of one’s body based on individual ability and not appearance—typically tend to act as opposite frameworks, both push for fat acceptance and liberation (Darwin and Miller). Importantly, both Body Positivity and Neutrality are becoming increasingly prominent on social media. As social media influences the landscape

and interface for activism, both frameworks are quickly becoming part of normal conversations surrounding body diversity. Social media activism, similar to the types happening on Twitter under #diagnosisfat explained in Chapter 1, shapes the way people understand fatness and how mainstream media frames fatness. A great example of the influence of fat activism on mainstream media is *Teen Vogue*. While a notable progressive source, it is also notable for its influence on younger generations. Among stand-alone articles about fat acceptance or Body Positivity, *Teen Vogue* also has a series of articles about the social aspects of fatness, titled “The F Word.” The series is described as “celebrating what it means to be fat—from destigmatizing the word to taking stock of the discrimination fat people face” (Mukhopadhyay). Not only does the series tackle the social stigma and discrimination against fat people directly, but it also illuminates different areas of stigma and discrimination, such as representation, economy, and language. With the influence of fat activism in mainstream media, social ideas of fat enfreakment and pathology are also slowly beginning to change.

Fat Studies

Scholars in the humanities, social sciences, and arts have also worked to call attention to and critique fatphobia. Critical fat studies is an academic discipline that utilizes interdisciplinary methodologies to analyze different dimensions of fatness in society. Fat studies is a relatively new but expansive academic field. The *Fat Studies* journal which was established in 2012 is the only academic journal in the field, and as of now, there is only one academic anthology, *The Fat Studies Reader*, which was published in 2009 by New York University Press. The field is continuing to grow though as colleges across the country are adopting Fat Studies courses. While the work inside Fat Studies is varied, a central principle is the rejection of the pathologizing and enfreakment of fatness.

Dr. Sabrina Strings, an Associate Professor of Sociology at the University of California, Irvine, looks at the integral connections between anti-fatness and anti-Blackness in *Fearing the*

Black Body: The Racial Origins of Fatphobia. Strings' work challenges the entire historical construction of ideas about fatness and anti-fatness, and compellingly links these ideas to anti-Blackness. Strings writes:

Indeed, the racial discourse of fatness as 'coarse,' 'immoral,' 'black,' and 'Other' not only denigrated black women, it also served as the driver for the creation of slenderness as the proper form of embodiment for elite white Christian women. In other words, the fear of the black body was integral to the creation of the slender aesthetic among fashionable white Americans. (212)

Strings's explanation of anti-Blackness as a catalyst for the creation of bodily norms and ideals explains the intensity of fat enfreakment and pathology and contextualizes the dichotomies of good/bad and normal/abnormal that fat people experience. Strings's research challenges foundational notions about the bounds of systemic racial oppression and fatphobic discrimination, and Strings's work does not just challenge the systemic racism that interlocks with fat enfreakment but challenges the racial boundaries of fat pathology as well.

One main goal of fat studies is to call attention to narratives about navigating society as a fat person. For example, Roxane Gay's memoir, *Hunger*, has been interpreted and taught by scholars working in fat studies. In *Hunger*, Gay explicitly criticizes medicine's pathologizing of fatness during her experience as a candidate for gastric bypass surgery. She writes, "It was a good news/bad news scenario. Bad news our lives and bodies would never be the same (if we survived the surgery). Good news we would be thin...we would become next to normal" (Gay 8). The use of the word "normal" is the key to the ability of Gay's narrative to challenge notions of fat pathology and enfreakment. The link between enfreakment and pathology constructs fatness and fat people as inherently sick, painful, or bad because it identifies them as socially and medically abnormal. Similar topics and insights are reiterated by others' experiences, as well as in other mediums. Several books written by journalists and professional writers have contributed

significantly to the fields of fat studies and research into the social construction of the “obesity epidemic.” In one book, *Body of Truth: How Science, History, and Culture Drive Our Obsession with Weight—and What We Can Do About It*, Harriet Brown writes:

...being thin has come to represent not just a physical condition but a spiritual and moral one. The divide between thin and fat marks a line between good and bad, virtue and sin, success and failure, beauty and ugliness, health and sickness. And who among us wants to construct an identity about being sinful, ugly, sick, and a failure?...body anxiety defines us and our social roles. Dieting stores are, like childbirth stories, our ticket into a club, a shared experience that bonds us in suffering and hope...one of our core human needs, the need to belong, now requires us to hate our bodies. (187)

The good/bad dichotomies that Gay and Brown reframe the enfreakment and pathologizing of fatness as a matter of societal expectations and the ability or inability to conform. These notions do not just operate on selected individuals participating in freak shows but act on everyone who exists in a fat body. As I discussed in Chapter 3, contemporary expressions of fat freakery are complicated interplays of morality, responsibility, and the pathological demonization of fatness. The dichotomies of good/bad and normal/abnormal expressed in the lived experiences of fat people showcase the inevitable effects of fat pathology and enfreakment.

Other important pieces of mainstream contemporary work that contribute to fat studies are analyses of history, society, and oppression that examine the creation and proliferation of fatphobic discrimination. One book by Da’Shaun L. Harrison, *Belly of the Beast*, complements Sabrina String’s work by analyzing anti-fatness as anti-blackness and by delving into ways anti-blackness constructs anti-fatness and interacts with systemic violence. Harrison writes of the “obesity epidemic”:

The world’s obsession with obesity and being overweight is less about health and is more about the cultural and systemic anti-Blackness as anti-fatness that diet, medical, and

media industries profit from. Just like with the War on Drugs and the crack epidemic, major institutions falsified evidence about the effects of fatness or obesity as a way to criminalize and profit off fat people—especially the Black fat...The Black—the Black fat—is dying because of a medical industrial complex committed to seeing fatness, Blackness, and Black fatness as death. (82)

Harrison's analysis of the medical industrial complex and the systemic anti-blackness of anti-fat policy and discrimination is an important and innovative challenge against medicine and society's construction of fatness. The connection between anti-Blackness and anti-fatness is pervasive and guiding, and as I discussed in Chapter 2, the freakery of the 18th-and 19th-centuries guided the enfreakment and pathologizing of fatness.

Healthcare Professionals. While work to dismantle the enfreakment and pathologizing of fat bodies is varied and has largely taken place outside of medicine, the last main sphere I want to discuss is healthcare and those professionals who, like fat activists, scholars, and authors, are challenging fatphobia. With the prevalence of “obesity epidemic” rhetoric and the ever-rising levels of medical fatphobia, healthcare professionals are often the front line of fat pathologizing and enfreakment. Still, challenges against medicine's pathologizing and enfreakment of fat bodies are being made by healthcare professionals at increasing rates.

One integral effort to attack fat pathology and enfreakment is the Health at Every Size (HAES) movement. As I described in Chapter 1, HAES is a paradigm of medical science that pushes directly against the Weight-Centered Health Paradigm (WCHP). As a rising public health and medical framework, HAES not only advocates against medical discrimination but completely rejects notions of fat pathology and enfreakment. Created by the Association for Size Diversity and Health (ASDAH), HAES's guiding foundation is as follows:

The Health At Every Size (HAES) approach is a continuously evolving alternative to the weight-centered approach to treating clients and patients of all sizes. It is also a

movement working to promote size-acceptance, to end weight discrimination, and to lessen the cultural obsession with weight loss and thinness. The HAES approach promotes balanced eating, life-enhancing physical activity, and respect for the diversity of body shapes and sizes. (“The Health at Every Size® (HAES®) Approach”)

Like fat studies scholars and fat activists, HAES emphasizes fat acceptance and the deconstruction of weight discrimination. However, HAES addresses medical fatphobia and harmful scientific myth directly through the medical system. HAES’s approach to challenging the WCHP addresses multiple different factors of the fat experience navigating healthcare, but importantly, HAES challenges both the science of the WCHP and the “cultural obsession with weight loss and thinness” (“The Health at Every Size® (HAES®) Approach”). That is, the HAES framework directly challenges both the pathologizing of fatness (the science of the WCHP) and the enfreakment of fatness (the cultural obsession with weight loss and thinness), respectively. Not only does HAES seek to dismantle the medical discrimination and science of the WCHP, but it also advocates for an approach that understands fatness and fat bodies as a form of human diversity and not part of a good/bad or normal/abnormal dichotomy. Furthermore, HAES also promotes intersectional care that is in line with current fat studies scholarship and activism. The third HAES principle states that the paradigm strives to “Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequalities” (“The Health at Every Size® (HAES®) Approach”).

HAES may not be the mainstream framework of fatness in medicine, but the framework is growing and educating healthcare professionals in all positions, including doctors, nurses, public health officials, physical therapists, mental health professionals, and others. HAES also provides contact information for HAES-certified providers and creates a space for fat people to interact with healthcare with less stigma. Though HAES alone cannot dismantle centuries of fat

enfreakment and pathology, it is challenging ideas about fatness from a sphere that compliments work done by scholars and activists.

The Future of Fatness. Strides being made by activists, scholars, and healthcare professionals are weakening the grip of fat pathology and enfreakment and challenging normative notions of the “obesity epidemic.” While fatphobia still persists and pervades our very understanding of fatness and fat people, any work towards deconstructing those understandings works to lessen discrimination and exploitation of fat people. Especially in the context of medicine, any work made to undo the enfreakment and pathologizing of fatness—on an individual or systemic level—can dramatically change the equity, compassion, and degree of healthcare a fat person receives. The issues that pervade medicine and its construction of fatness as inherently sick, bad, and unacceptable extend past medicine, but they are not impermeable or indestructible. Analyzing the construction of the “obesity epidemic” as a combination of fat enfreakment and pathology allows for an interdisciplinary approach to change. Scholars, activists, and healthcare professionals must work together to achieve a future free of the pathologizing and enfreakment of fat bodies, but, crucially, I believe that together, that future is attainable.

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