FATNESS: NORTH AMERICAN WOMEN'S MORAL PERIL

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ABSTRACT

Over the past 50 years, Judeo-Christian ideology, the North American biomedical system, capitalism, and feminist movements have all played a role in naturalizing and legitimizing the slim body ideal for North American women. In North American society, women's social worth has largely come to depend on their management of the slim body ideal, while their body size has become a representation of a sense of personal responsibility, values, and discipline. Following Judith Butler (1997), I argue that through their acceptance of, and attempts to embody these ideals, women perform their gender and play a part in recreating and validating these socio-cultural norms.

ACKNOWLEDGEMENTS

Introduction

I have struggled with my weight all my life. Since the onset of puberty at the age of ten, I have been taught to despise my womanly curves and have been reprimanded for my presumed lack of willpower and self-control. Hence, I spent the majority of my adolescence restricting myself to a diet of fat free products, raw fruits and vegetables, and dry corn flake cereal. I also walked two hours per day and worked out daily with exercise videos at home. However, at a height of 155 centimetres (5'1"), the lowest weight I have ever achieved was 58 kilograms (128 lbs.), which, according to the Body Mass Index (BMI) (Figure 1), still placed me just below the overweight category. Although my body was quite fit and toned, I still felt huge and ugly, which led me to constantly hide my body under layers of oversized clothing.

	NORMAL WEIGHT						OVERWEIGHT					OBESE									
BMI	19	20	21	22	2	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
140 cm	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65	67	69	71	73	75	77
145 cm	40	42	44	46	48	50	53	55	57	59	61	63	65	67	69	71	74	76	78	80	82
150 cm	43	45	47	50	52	54	56	59	61	63	65	68	70	72	74	77	79	81	83	86	88
155 cm	46	48	50	53	55	58	60	62	65	67	70	72	74	77	79	82	84	86	89	91	94
160 cm	49	51	54	56	59	61	64	67	69	72	74	77	79	82	84	87	90	92	95	97	100
165 cm	52	54	57	60	63	65	68	71	74	76	79	82	84	87	90	93	95	98	101	103	106
170 cm	55	58	61	64	66	69	72	75	78	81	84	87	90	92	95	98	101	104	107	110	113
175 cm	58	61	64	67	70	73	77	80	83	86	89	92	95	98	101	104	107	110	113	116	119
180 cm	62	65	68	71	75	78	81	84	87	91	94	97	100	104	107	110	113	117	120	123	126
185 cm	65	68	72	75	79	82	86	89	92	96	99	103	106	110	113	116	120	123	127	130	133
190 cm	69	72	76	79	83	87	90	94	97	102	105	108	112	116	119	123	126	130	134	137	141
195 cm	72	76	80	84	87	91	95	99	103	106	110	114	118	122	135	129	133	137	141	144	148
200 cm	76	80	84	88	92	96	100	104	108	112	116	200	204	208	212	216	220	224	228	232	236
205 cm	80	84	88	92	97	101	105	109	113	118	122	126	130	134	139	143	147	151	155	159	164

Weight (kg)

Figure 1. Body Mass Index (metric). BMI = weight (kg) ÷ [height (m) x height (m)]. People with BMI scores below 19 are considered "underweight" and people with scores higher than 39 are considered "morbidly obese" (http://www.bmi-calculator.ne).

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When my busy and stressful university life prevented me from sticking to a strict diet and exercise regimen, I began to put on weight. Consequently, I faced increased chastisement from relatives, family friends, and doctors. My female relatives even encouraged me to purchase laxatives and other dietary supplements to help me lose weight. The products would work for a few months, but I would eventually regain the weight, if not more. I finally realized that nothing I did was good enough. My body simply could not fit into the ideal biomedical weight categories and would never fully satisfy my family. Therefore, I gave up dieting and exercise. After marriage, I began juggling housework, part-time employment, volunteering, and full-time university classes, leaving me no time for "self-care." As a result, I began to put on more weight quite rapidly. Today, I cannot bear to visit a doctor for any medical inquiry because I am always lectured about weight-loss and told that the root of all of my problems is my weight. I am told that I am slowly killing myself by my own volition. I am refused the opportunity to explain my reasons for the visit and my right to request a full round of diagnostic testing. Hence, my family and the North American biomedical system have never accepted my body type as healthy and have consistently lowered my self-esteem and confidence by instilling in me a fear of disease and ugliness.

My story, however, is not unique. It speaks to the experiences of many women in North America. As a society, we have stumbled upon an era where a woman's voluptuous curves are no longer seen as beautiful, feminine, and sexy, but revolting: a sign of her immoral indulgences in food. We have entered a time where an overly slim and almost boyish figure is seen as the ideal of feminine beauty and allure. We have gone from idolizing and admiring the voluptuous figure of Marilyn Monroe to the anorexic figure of Kate Moss. What influenced this change in North American society? Overall, women's bodies have not changed or evolved significantly.

In this paper, I will show that, over the past 50 years, Judeo-Christian ideology, the North American biomedical system, capitalism, and feminist movements have all played a role in naturalizing and legitimizing the slim body ideal for women. These powerful systems have socialized women to adhere to this ideal in order to reveal their "true femininity", which today is represented by a slim, toned, and petite body. I argue that, in North America, women's social worth has come to depend on their management of this slim body ideal, with their body size now symbolizing their values and sense of personal responsibility and discipline. While North American society is culturally, religiously, racially, sexually, and socio-economically diverse, the slim body ideal has become a dominant discourse with widespread social influences. In following Judith Butler (1997), I further argue that it is through their acceptance of and attempt to embody these ideals that North American women perform their gender and help recreate and validate this socio-cultural norm. Nevertheless, some North American women choose to resist this body and gender ideal by embracing fatty or muscular body types, making them susceptible to significant social consequences.

Theory of Gender Performativity

Judith Lorber (1993:568, 578) argues that "believing is seeing," meaning that what we think about something affects how we perceive it. Hence, if we believe that there are only two sexes (male and female) and two genders (men and women), we come to perceive precisely this in society (Lorber 1993:578). Moreover, Judith Butler (1997:536) argues:

> Construction not only takes place in time, but is itself a temporal process which operates through the reiteration of norms; sex is both produced and destabilized in the course of this reiteration. As a sedimented effect of a reiterative or ritual practice, sex acquires its naturalized effect, and yet, it is also

by virtue of this reiteration that gaps and fissures
are opened up.

Butler's (1997:532) phrase "reiteration of norms" can be understood as signifying the acceptance and performance or re-enactment of the norms set forth by a society and/or culture, in this case regarding the characteristics and roles of different genders and sexualities. It is through the process of continual acceptance and performance of these norms that one's gender and sexuality is constructed and reconstructed throughout time (Butler 1997:532). Her point is that all people construct their own genders and sexualities by choosing to repeatedly accept, adopt, and act in accordance with the norms that their society and/or culture sets forth for their specific gender and sexuality, thus reiterating them. However, rarely do people wholly accept and live in accordance with all of the norms in their society and/or culture, resulting in the creation of "gaps and fissures" (Butler 1997:536) in the actual embodiment of and identification with gender and sexual norms. Most people, therefore, fall somewhere between the norms for men and women or heterosexuals and homosexuals.

The brilliance of Butler's theory of gender performativity is that it has moved us beyond conceptualizing man and woman or heterosexual and homosexual as static binary opposites towards recognizing that gendered and sexual identities exist along a vast continuum, from the archetypal "man" to the archetypal "woman" or from the stereotypical "heterosexual" to the stereotypical "homosexual". Moreover, it highlights the repetitive and arduous "process of becoming" (de Lauretis 2002) involved in constructing one's gendered or sexual identity, and maintaining or reproducing it over time. In fact, as Teresa de Lauretis (2002:54) argues, identity and identification are not synonymous. Identity "is a matter of social regulation, the allocation or the assimilation of each individual to a social group, a class, a gender, a race, a nation," while identification is about being, knowing and desiring, a question of whom or what someone is (de Lauretis 2002:54). This makes identification an ongoing and dialogical process: a matter of adapting, reacting to,

adopting, or resisting the available discourses on different forms of identity, in this case gendered or sexual identity.

Providing an alternative point of view, Henrietta Moore (1999:157) shows that while contemporary theories have made gender and sexuality seem fluid and ambiguous, allowing for the possibility of resistance of the normative construction of these categories, we should remain critical of the theoretical effectiveness of explaining gender and sexuality based on ambiguity and resistance alone (Moore 1999:156). Moreover, she reminds us that Butler's theory of gender performativity was not meant to and should not be interpreted as overemphasizing individual agency or the voluntariness of gender and sexual performativity and identification (Moore 1999:158). In fact, she states that while the theory of performativity seems to allow for the possibility "to destabilize the regulatory discourses on sex and gender through the repetition and the mimicking of gender categorization… [it under-theorizes] the use and management of the body as a mechanism for the construction and management of identity" (Moore 1999:160).

Moore (1988:3) alludes to the fact that the theory of performativity does not exist outside of or reject the dominant discourses in a culture or society. In order to be accepted into society, people must perform their identities – whether gendered, sexual, racial, etc. – within the acceptable boundaries outlined by their culture or society's dominant discourses; such social performances of identity often involve the management of one's body (Moore 1999). In order to maintain the status quo, societies tend to label and categorize socially resistive forms of bodily modification (e.g., through body art, certain cosmetic surgeries, bodybuilding, or even anorexia and obesity) negatively. Hence, while mainstream gender and sexual constructions can be resisted, such forms of resistance are often met with significant social ramifications.

In North America, women who embrace the slim body ideal reiterate and legitimize their society's gender norms, maintain the status quo, and thereby attain the social status of a morally

responsible and socially disciplined citizen. On the other hand, those who resist or cannot adequately embody this socio-cultural ideal (e.g., due to extreme slimness, fatness, or muscularity) are socially stigmatized in North American society.

Brief History of North American Body Ideals

In the 19th century, the women who were idealized as the most beautiful and sexy were tall, large-busted, and full-figured (Seid 1994:5). Small waists and large arms, calves, buttocks, and hips were highly valued (Seid 1994:5). "Plumpness was deemed a sign of emotional well-being... good temperament... a clean conscience... temperate and disciplined habits, and... good health" (Seid 1994:5). However, at the start of the 20th century, members of the middle and upper classes began to idealize a "slim" figure because of its ability to move more easily and quickly, allowing for a more modern and fast-paced lifestyle (Seid 1994:6; Stearns 1997:43-47; Thompson 1994). A change in fashion towards tighter and more revealing clothing restricted the use of thick structural undergarments, such as girdles or corsets, and the petit-bourgeoisie began to feel that it was no longer necessary to represent one's wealth through a corpulent body (Seid 1994:6; Stearns 1997:43-47; Thompson 1994).

After World War II, insurance companies created demographic charts relating premature mortality to fatness, urging the health industry to persuade North Americans to lose weight (Seid 1994:6; Stearns 1997). Certainly, North Americans had begun to put on more weight than in the past, enlarging by an average of two pounds per decade from 1920 to 1990 (Stearns 1997:133-135). This weight gain coincided with more sedentary lifestyles: a decrease in agricultural and manufacturing jobs; an increase in office-based service sector jobs; an increase in the mechanization of all types of work; the advent of automated transportation; and, the invention and advertisement of more fatty snacks.

The 1960s saw the fame of supermodel Twiggy, a 5' 7", 98-pound British teenager who had achieved the ultimate level of slimness (Seid 1994:6-7). Almost immediately, women across North America and Western Europe began to imitate everything about her, from her hairstyle, makeup, and clothing to her slender figure (Brumberg 1997:119-124). Many women obsessively and restrictively dieted, feeling more and more dissatisfied with their bodies (Brumberg 1997:119-124). The 1970s and 1980s then saw the rise of the fitness industry, pushing the ideal from slim to lean and toned bodies (Brumberg 1997:123; Dworkin and Wachs 2009:152-155). The health industry finally caught up with these changing body ideals and declared that slimness was equivalent to health (Seid 1994:7). Therefore, by being linked to the consumption of food, slimness and, by extension, health became the responsibility of the individual (Seid 1994:7). The health industry also began using the Body Mass Index (BMI) – created by Belgian polymath Adolphe Quetelet in the mid-19th century – to determine people's "healthy" weight categories based on their height (Figure 1) while disregarding bone-structure, muscle-mass, body-type, genetic differences, and much more (Seid 1994:7).

The health industry ignored some very important scientific facts in creating "healthy" weight standards, emphasizing the fact that biomedicine is highly influenced by changes in culture as much as, if not more than, science. For example, most of the fat tissue in our bodies cannot be lost permanently; individual genetic differences restrict the speed and amount of weight-loss; lack of nutrition from restrictive dieting leads to irritability, fatigue, depression, and illness; prolonged dieting leads to the malfunctioning of the body's natural metabolic rate, which, consequently, leads to weight gain; and fat tissue is necessary for the long-term storage of energy, insulation of the organs and, in women, for the start and regulation of ovulation and menstruation, the sustainment of pregnancy, and lactation (Anderson et al.

1992:199; Burgard and Lyons 1994:213; Seid 1994:7-8). As follows, the recent North American trend towards a slim body ideal has very little to do with health. Many more complex issues are at play in the construction of this socio-cultural ideal, as will be discussed below.

Naturalization of the Slim Body Ideal

JUDEO-CHRISTIAN IDEOLOGY

The Judeo-Christian story of Genesis states that God created Adam in His own image and directly breathed life into him, making Adam an image of divinity on Earth. Eve, however, was indirectly created by God from one of Adam's ribs (Wolf 1991:93). As a result, her attainment of perfection and divinity could only occur through Adam, a man and the root of her creation (Wolf 1991:93). Wooley (1994:29) argues that this conceptualization legitimated the patriarchal power of the Judeo-Christian religious institution by reversing the natural order of the world, making men the creators or "mothers" of women.

In this way, the story of Genesis may be teaching women that they are imperfect, inferior to, and dependent on men for their existence (Wolf 1991:94). In fact, Wolf (1991:93-94) argues that this story instills in women a sense of deficiency, malleability, lack of power and personal value. In order to attain divine perfection, women are encouraged to undergo weight-loss procedures (e.g., extreme dieting, excessive exercise, and liposuction) to modify their body's femininity into the ideal of masculinity (Wolf 1991:93-94). Therefore, Judeo-Christian ideology naturalizes the slim body ideal by linking it to the generally slim and toned body of men, which it deems as representative of human perfection. In this case, the women who attempt to embody the ideal of slimness can be viewed as performing the Judeo-Christian moral and religious ideal of masculine divinity.

Moreover, the story of Genesis extends its views on women's immorality and inferiority through the notion of Eve's Original Sin. Being the one who is tempted by the serpent to defy the command of God by eating the forbidden fruit, Eve and all women thereafter are seen as weak, immoral, evil, the source of misery and death, and, ultimately, inferior to men (Wooley 1994:29). Interestingly enough, the very act of eating a forbidden "fruit" implies that women's fatness is the result of their own sinful indulgence in food – also known as the sin of gluttony (Wolf 1991:96). In fact, the health, beauty, and fitness industries have adopted the notion of fatness as sinfulness in order to offer women a never-ending array of weight-loss procedures to help them transcend their naturally imperfect bodies and morality (Wolf 1991:96). These industries identify women's lack of self-control (like Eve's) as the cause of their imperfections of fatness and ugliness (Wolf 1991:96). It is through this link that body size becomes symbolic of women's social and moral value.

The Original Sin also led to the banishment of Adam and Eve from the Garden of Eden, after which procreation became Eve's punishment, only achievable through sexual intercourse, which still carries strong taboos across many cultures and religions (Wooley 1994:29). Nevertheless, following the sexual revolution brought forth by the North American hippy and feminist movements of the 1960s and 1970s, abortion and contraception were legalized and sex, particularly premarital sex, lost its stigma in North American society (Wolf 1991:97). The female guilt and shame regarding sexual pleasure, which had been inherited from the sins of Eve, was then rerouted towards the pleasure of and oral appetite for food (Wolf 1991:97). Thus, just as sexually unchaste women were seen as "fallen" in the past, women were now seen as "falling off" their diets; just as they "cheated" on their husbands in the past, they now "cheat" on their diets (Wolf 1991:98). Women who eat "forbidden" foods (e.g., carbohydrate-rich or fatty foods) are now considered bad, disobedient, or immoral, similar to Eve after her consumption of the forbidden fruit (Wolf 1991:98).

Hence, in North American society, Judeo-Christian teachings of the story of Genesis have established the management of the slim body ideal as women's moral responsibility, thereby associating notions of spiritual damnation and immorality to female fatness. In order to prove their moral and social value, women must modify their bodies to de-emphasize their feminine sexual features (e.g., large breasts, hips, and buttocks), which signify women's lack of discipline and sinful indulgence in food. Judeo-Christian ideology, therefore, teaches women that they are "good" only when they can embody or perform slimness. By extension, slimness becomes synonymous with the female gender ideal.

MEDICINE

Fatness has been medicalized as a disease in many different ways. Biomedicine has, over the past few decades, conducted numerous studies linking obesity to a myriad of other life threatening medical conditions, such as diabetes and cardiovascular disease. However, epidemiologists have found that the risks of obesity have been overstated by the biomedical system (Burgard and Lyons 1994:214). Being overweight, or being categorized as falling above the biomedical system's classification of average and "healthy" weight based on the BMI (Figure 1), is not necessarily equivalent to poor health (Burgard and Lyons 1994). Many large people are quite fit and healthy, especially when compared to the ultra-slim members of society who fit the status quo (Burgard and Lyons 1994). The biomedical system's medicalization of large and fat bodies as diseased, however, is significant because it has naturalized and legitimized the North American societal ideal for slim bodies.

In the mid-18th century, Charles Bernard argued that diabetes, a disease traditionally linked to fatness, must be treated through the reduction of both fatty and glucose-producing foods, such as starches and sugars (Huff 2001:40). This biomedical development has been incorporated into many contemporary weight-loss regimens (e.g., the Atkins diet) that insist on the dietary restriction

of both fats and carbohydrates for successful weight-loss. Later, in 1863, William Banting published a diet regimen aimed at helping people lose weight rather than improve their overall health (Hugg 2001:39-40). This regimen was widely accepted and circulated in England and across Europe and North America; because it was based on Banting's personal weight-loss success using the prescribed methods, he was deemed highly credible (Huff 2001:39-41). Banting's inventive approach using personal experiences has inspired many contemporary developers of weight-loss methods, including supplements, recipes, and exercise regimens.

More importantly, the 18th century British widely believed that fat was an external agent that entered the body through food and remained there, in the same way that parasites and bacteria infected the body (Huff 2001:45). This ideology has been crucial to the medicalization of fatness. Fat, therefore, is seen as an external agent capable of infecting people's bodies, leading to the development of the "disease" of obesity. Hence, just as infections can be purged or cured using medication or surgery, it is assumed that fatness can also be purged or cured using weight-loss supplements (e.g., laxatives) and surgical procedures (e.g., liposuction, tummy-tucks, and gastric bypass surgery).

In addition, recent scientific research has led to "discoveries" regarding the biological "causes" of obesity. For instance, the 1994 discovery of the "obesity gene" in mice led many to believe that obesity would soon be eradicated using genetically engineered medicines (Kent 2001:132-133). Many still fail to realize, though, that the gene was yet to be located in the human genome and may not even exist in humans (Kent 2001:133).

More specifically, recent correlational research (Chumlea et al. 1992) has linked female fatness to the early onset of puberty. A study with approximately 450 North American university-aged women, in 1970 and 1987, found that those who started menarche (menstruation) after the age of 14 were taller and leaner with low or "healthy" BMIs, supposedly because their bodies had more time

and energy to dedicate to their growth in height (Chumlea et al. 1992). In comparison, women who started menarche before the age of 12 were shorter, heavier, and more voluptuous with relatively high or "unhealthy" BMIs (Chumlea et al. 1992). This research indirectly identifies women who reach menarche at a younger age as biologically inferior to women who reach menarche and womanhood at an older age, simply because they are larger and shorter, which, based on the BMI (Figure 1), categorizes them as more likely to be overweight and unhealthy. By extension, this study may also be implicitly suggesting that women with more prominent female secondary sexual characteristics are biologically inferior to men, whose figures are mimicked by the taller, leaner, later menstruating women, thereby reifying the Judeo-Christian ideologies discussed above.

Throughout history, developments in the biomedical system have led to the classification of fatness as a disease. As a result, several treatments or cures have been proposed, the use of which are deemed the choice and responsibility of each individual. Moreover, some of the developments in biomedicine have linked fatness to the voluptuous anatomy of women. Therefore, women who use weight-loss treatments to attain the socio-cultural bodily ideal of slimness actually reify the norms and perform the gender identity prescribed for them by North American society, thus enhancing their social and moral value.

Social Change Legitimizing the Slim Body Ideal

CAPITALISM

Capitalism has had a long history in North American society. However, after World War II, its importance and influence increased even further, especially with the invention and advertisement of new commodities for every aspect of life, including health and beauty. Within this system, the slim body ideal can be understood

as "capitalist ideology embodied [because] it reminds us that we must know when to say when" (Koo and Reischer 2004:301).

Capitalism and the market economy function on the basis of regular cycles of control and release (e.g., work to play or weekday to weekend) (Bordo 1993:199-201). In this system, goods must be produced through the control of the working population and later consumed through the indulgence of consumers (Bordo 1993:199-201). By working and earning a wage, people are able to purchase food, which consequently requires more work to convert raw materials into meals. People are then able to indulge in the food attained through their hard work. Nevertheless, people must exercise self-control in their consumption of food in order to produce the idealized slim body, which can be viewed as a sort of commodity. Indulgence in the slim body, however, is not physiological but social: the acceptance and praise of others for the hard work put into attaining a slim body and achieving the socio-cultural norm.

With the rise of the fitness industry in the 1970s and 1980s, North Americans were given new ways of controlling their bodies (Dworkin and Wachs 2009:152). The advent of this new industry had little to do with health and more to do with appearance (Dworkin and Wachs 2009:155). In fact, the fitness industry is linked to increased commodification in North American society: those who engage in fitness are constantly surrounded by the latest trends in fitness products and regimens because the fitness industry, in general, targets individuals whose identity and/or desires shift with changing trends (Dworkin and Wachs 2009:155). People consume the regimens and products of the fitness industry as a means of controlling their bodies against fatness. This consumption, however, is not seen as an indulgence, but as a necessity. An inversion, therefore, has occurred in people's priorities: whereas in the past, especially for the majority of our species' existence, food was seen as the ultimate necessity for survival, it has now become an indulgence in North American society. Instead, expensive fitness and weight-loss products have replaced food to become necessities. This change has certainly favoured capitalism, especially since food is a cheap

commodity in North America whose consumption does not fuel capitalism as much as other more expensive commodities, such as fitness and weight-loss products.

Nevertheless, there is an extremely fine line of balance between control and indulgence, which most people cannot achieve easily (Bordo 1993:199-201). In recent decades, there has been an exponential rise in anorexia, caused by excessive control, and obesity, due to excessive indulgence (Bordo 1993:199-201). Bulimia, on the other hand, is a special case because it falls in between both anorexia and obesity. Bulimics binge by indulging in food and later re-control themselves by expelling what they have consumed through forced vomiting or the use of laxatives (Bordo 1993:199-201). Unfortunately, the North American health and fitness industries indirectly support bulimics' use of laxatives by recommending them as healthy weight management supplements that cleanse the body of toxins, in this case food in general (Bordo 1993:199-201). While North American society views anorexics as having over-achieved the slim body ideal and the obese as lacking the willpower to adhere to it, bulimics maintain a liminal position in which they are stigmatized for failing to control themselves while binging but generally praised for attempting to attain the ideal through purging.

Therefore, capitalist ideology has created a dilemma for North American women, as they must simultaneously control themselves and indulge. This ideology naturalizes the slim body ideal as it socializes women to control their eating and discipline their bodies through exercise, while also indulging in trendy fitness products and regimens. North American women who achieve this fine balance also attain the slim body ideal and the high social and moral status attributed to it. The difficulty of maintaining this fine balance, however, has led to eating disorders such as anorexia, bulimia, and obesity, which are met with extreme social stigmatization, especially in the case of the latter.

FEMINIST MOVEMENTS

The first-wave feminist movement of the late 19th and early 20th century, also known as women's suffrage, led to the legalization of women's rights to vote and own land. This movement may have also sparked changes in women's fashion, as women's clothing became tighter and more revealing throughout the 20th century. It is possible that women chose to represent their changing socio-political status by making their bodies more noticeable in the public sphere with these new styles of clothing. However, what may have seemed revolutionary during this era later became the source of increased societal control over women's bodies. By wearing tighter and more revealing clothing, women could no longer benefit from the body contouring effects of structural undergarments (Brumberg 1997:123). Instead, in order to fit into the changing body ideals of the fashion industry, especially following Twiggy's stardom in the 1960s, women were forced to restrict their diets and, beginning in the 1970s, conform to the regimens of the fitness industry (Brumberg 1997; Dworkin and Wachs 2009; Seid 1994; Stearns 1997).

The second-wave feminist movement of the 1960s and 1970s coincided with the rise of the pornographic industry, which intensely objectified women's bodies as sexual objects (Wooley 1994:42). In response, many North American professional women felt an increasing need to decrease the "alluring" or sexual aspects of their bodies (e.g., by wearing boxy and non-form-fitting suits with big shoulder pads or engaging in intensive dieting) as a way of resisting such objectification, thereby attaining a more masculine figure (Lester 1995; Wooley 1994:42). Ironically, this feminist act of resistance reified, reproduced, legitimized, and performed in accordance with North American society's feminine bodily ideal of slimness and the Judeo-Christian ideal of masculine perfection.

Moreover, the sexual and feminist revolution of this era led to an increase in premarital sex and pregnancy, divorce, and single motherhood (Anderson et al. 1992; Wolf 1991). As a result, women were heavily burdened with the responsibility of managing their

families' financial and nurturing needs independently (Anderson et al. 1992:220). In order to control their sexual reproduction and fertility, many women engaged in intensive weight-loss regimens to decrease their body fat and, thereby, the likelihood of ovulation, mensuration, and the sustainability of a pregnancy (Anderson et al. 1992:220). This strategic form of body management allowed women to wait for more advantageous social and environmental situations (e.g., stable employment, financial security, a stable relationship, or a generally improved and secure standard of living) to ensure their own and their children's biological and socioeconomic survival (Anderson et al. 1992:220). As more women entered into the male-dominant sectors of the labour market, many began to mimic the leanness of the ideal male figure in order to justify and ensure their socioeconomic and political advancement in the workplace (Anderson et al. 1992:220). Some took this conceptualization even further by building more muscular figures, which have traditionally been associated with masculinity (Koo and Reischer 2004:313; Linder 2007:465). Muscular women send the message that the associated qualities of strength and discipline, traditionally attributed to men, are equally demonstrative of women's abilities and values (Koo and Reischer 2004:314).

In controlling the size of their bodies, whether through intensive weight-loss or the building of a muscular figure, North American women both reify and resist the socio-cultural bodily ideal of slimness, respectively. What is interesting, however, is that many women exercise agency in their performance of the slimness ideal, using it in ways that benefit their survival and advancement in North American society.

Big Bodies as Resistance

North American women are presented with two choices: embody and perform in accordance with the bodily ideal of slimness or resist it. Those who embody slimness successfully perform their gender, receive positive social attention, and are praised for their

morality; thus, their weight-loss efforts are positively reinforced in North American society. Unfortunately, resistance comes at a high price: social and moral reprimand and chastisement. Resistance leads to the development of a large body, either through fatness or muscularity. Studies have shown that North American women with African or Hispanic ethnic ties are much more resistive of the dominant slim body ideal, more self-accepting of their bodies, and possess more flexible ideas about feminine beauty than Caucasian North American women (Becker et al. 2003; Gremillion 2005:16, 17, 20; Nichter et al. 1995). In addition, African and Hispanic North American women's approach to body modification tends to involve the accentuation of their most unique and appealing bodily features, rather than a heavy focus on weight-loss procedures (Nichter et al. 1995). Instead of directly supporting fatness or muscularity as alternative body aesthetics, these women support overall body care and nurturance (Becker et al. 2003:70). Therefore, the bodily practices of African and Hispanic North American women reveal that, while the slim body ideal is a dominant aesthetic in North American society, it is not an all-encompassing or universal ideology (Becker et al. 2003:70).

Nevertheless, in general, both fat and muscular women are disrespected and seen as unfeminine, androgynous, and sexually unappealing in North American society. Whereas muscular women are chastised, based on heteronormative standards, for attempting to embody and perform the gender of masculinity, fat women are reprimanded for their overindulgences and lack of self-control and discipline. In both cases, their poor treatment by society is based on a patriarchal fear: the increasing social, political, financial, and intellectual power of women in society begins to question and abolish traditional gender roles and power relations (Hartley 2001:64-65). The patriarchal system's only defence against total loss of power is the control of women's physical power (Hartley 2001:65). This is why big bodies, both fat and muscular, pose such a dangerous threat: they defy patriarchal societies' denial of nurturance, space, power, and visibility to women (Hartley 2001:65).

Conclusion

In this paper, I have shown how, over the past 50 years, North American society has constructed the slim, petite, and lean figure as the ideal of feminine beauty. Women have been socialized to adhere to this ideal through the following: Judeo-Christian ideology based on the story of Genesis; the developments of the biomedical system, including the advent of the BMI, weight-loss supplements, exercise regimens, and surgical procedures; the capitalist ideology of balance between control and indulgence, complicated by the increasing commoditization in North American society; and, the first- and second-wave feminist movements, which granted women entrance into the public sphere and led to changes in women's socio-political status, fashion, gender roles, and engagement in the labour force.

While North American society is highly diverse – culturally, religiously, racially, socio-economically, and sexually – the feminine ideal of slimness remains a dominant discourse with widespread social influences. It is extensively propagated via mass media portrayals, including television series such as "The Biggest Loser" and "America/Canada's Next Top Model," cosmetic and clothing advertisements on television, the internet, billboards, and magazines, or medical data and recommendations offered through online blogs, magazine articles, television talk-shows, and news programs.

By adhering to the feminine ideal of slimness, North American women perform their socio-culturally constructed gender identity and reify and legitimize this socio-cultural ideal (Butler 1997), thereby receiving positive reinforcement for their weight-loss or weight-management efforts from society. On the other hand, some North American women, especially those with Hispanic or African ethnic ties, resist the slim body ideal by developing large muscles or embracing their naturally large bodies. Unfortunately, these women are socially reprimanded either for stepping outside of the bounds of the feminine gender identity or failing to control and discipline their bodies to avoid excessive indulgence in food.

Nevertheless, it is important to recognize that the very existence of the ideal of slimness depends on the existence of large bodies, both fat and muscular. Without the existence of a spectrum of bodily shapes and sizes in society, the existence of an ideal would be meaningless. Yet, if North American society is comprised of a spectrum of different bodily shapes and sizes, why, then, would we need to construct a bodily ideal? Do we simply enjoy torturing ourselves and others? Are we only driven in life if we have an unattainable goal dangling above our heads? Or are we so delusional that we simply cannot accept reality? The fact remains that ideals function just as any other laws would in society; they serve as methods of control by the powers at large, ensuring the continual existence of hierarchies and inequalities within society.

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