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Abstract

This article explores the disciplinary and productive effects of late 20th-century/early 21st-century discourse around the obesity epidemic. For my purposes, both the Fat Activist and Weight Loss Surgery patient may be seen as outcomes of this discursive proliferation. Based on a content analysis of two online accounts of weight loss by prominent fat activists, I examine the ways in which such public declarations can be seen as contemporary examples of Foucault's notion of the confession. Through debates in the 'fatosphere', such activists and their peers simultaneously take up and reject both biomedical and fat activists tenets in ways that are highly ambivalent. In the process, fat activism unsettles and resituates its borders and boundaries and the issue of weight loss becomes a discursive technique of knowledge/power for the understanding of and relating to the fat activist self.

Keywords

confession, discourse analysis, fat activism, identity, weight loss surgery

During the end of the 20th and beginning of the 21st centuries, the United States witnessed a vast proliferation of discourse surrounding what is referred to in the medical, public health and popular literature as 'the obesity epidemic'. Following Foucault, it is possible to see the effects of this discourse as disciplinary and productive, in terms of imposing increased regulation of not only the fat body but of all bodies and by demonstrating the 'good' or 'healthy' body and proper citizenship. Over the past three decades, discourse around the obesity epidemic has helped to bring into being two groups which are seemingly at odds with one another: fat activists and weight loss surgery (WLS)

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patients. These two groups can be understood through the lens of biopower, as well as through Rabinow's (1996) concept of 'biosociality' and Foucault's (1991) notion of 'governmentality'.

However, more than simply seeking to understand weight loss surgery patients and fat activists as discrete groups, I am interested in the experiences of those fat activists who choose to lose weight, including through surgical means. How do such individuals unsettle the boundaries of fat activism and the fat activist self? In this work, I examine the public narratives of two self-identified fat activists about their decisions to lose weight. Using Foucault's discussion of the role of the 'confession' in a biopolitical regime, I explore the ways in which these individuals seem 'compelled to speak' about their choice to lose weight. I examine how they give accounts of themselves in light of decisions that seem to be discontinuous with basic tenets of fat activism. I further discuss public reactions by other fat activists to these narratives in the 'fatosphere' from which the narratives are taken. I argue that fat activists who choose to lose weight, whether through dieting or weight loss surgery, unsettle the boundaries of fat activism and the fat activist self. Further, I suggest that online community responses to such narratives can be seen as a realignment technique deployed to redraw boundaries of fat activism.

Obesity as risk and 'epidemic'

It seems reasonable to assert that US society is nearly saturated with reports from medical, public health and popular media sectors claiming that we are in the midst of an international obesity 'epidemic' or even 'pandemic' and that fatness is a leading cause of preventable morbidity and mortality. Between 1990 and 2005, the *New York Times* published over 750 articles on obesity, most of which occurred after 1998 (Boero, 2007). A review of Lexus-Nexus US News Sources for articles with 'obesity' in the headline also showed a similarly rapid acceleration, with 62 such articles published in 1980 and over 6500 published in 2004 (Saguy and Almeling, 2005). Saguy and Riley's (2005) content analysis of 221 articles on obesity demonstrated that 53 percent made reference to metaphors of urgency and alarm, such as 'time bomb', when referring to fatness. War metaphors were used 34 percent of cases to address the rising numbers of obese individuals or when describing the need to combat obesity.

Government officials also increasingly speak of fatness in panicked tones. In December of 2001, then Surgeon General David Satcher announced the USA's 'War on Obesity' to the press. In order to best wage war on fat, Satcher and former Health and Human Services Secretary Tommy G. Thompson suggested that as their patriotic duty, all Americans should lose 10 pounds (Herndon, 2005). Several years later in March of 2005, former Surgeon General Richard Carmona stated: 'Unless we do something about it, the magnitude of the dilemma will dwarf 9–11 or any other terrorist attempt' (Guardian.co.uk, 3 March 2006). More recently, when speaking about obesity in the autumn of 2007, UK Health Secretary Alan Johnson stated: 'For the first time, we are clear about the magnitude of the problem: we are facing a potential crisis on the scale of climate change,¹ and it is in everybody's interest to turn things round' (Timesonline.co.uk, 15 October 2007). In such statements, Carmona and Johnson do more than

speak of obesity in terms of epidemics or pandemics; they deploy emotionally loaded, anxiety-provoking imagery to convey the magnitude of risk to both individuals and the nation state they believe is embodied in fatness. While such comparisons may be rare, they support and are supported by other references of urgency and alarm in the media and medical and public health literature.

While representations of fatness as a disease category are commonplace in accounts of what is considered to be the epidemic nature of obesity, in fact the notion that fatness is causally related to ill health and the assertion that weight loss is an effective solution to obesity are contested. In their work on the effectiveness of obesity screening, Wilson and McAlpine (2006) illustrate that while there is broad based attention to and concern about rising rates of obesity within the medical and public health literature, there is also much debate around the nature of obesity and its causes. In their review of the relevant literature, the authors found disagreement on: definitions and measures of obesity; the effects of obesity on morbidity and mortality; the effects and effectiveness of treatment; whether or not weight loss improves health outcomes; whether or not weight loss can be maintained over time, and the health consequences of failing to maintain weight loss. Their work illustrates that while medical and public health professionals may concur that obesity rates are rising, there is a lack of agreement beyond this.

Some researchers have explicitly argued that dieting does not work as a strategy to lose weight or improve health. In their meta-analysis of 14 long-term weight loss studies, Mann et al. (2007) posited that not only does dieting fail as a weight loss strategy, the majority of people who diet regain the lost weight plus more. Further, repeated weight cycling may lead to increase the risk for diabetes, high cholesterol, high blood pressure and heart attack. The authors concluded, 'In sum, there is little support for the notion that diets lead to lasting weight loss or health benefits' (Mann et al., 2007: 220). Powell et al. (2007) came to a slightly different conclusion in their meta-analysis of randomized lifestyle, drug and surgical trials for weight loss. They suggested that such interventions can lead to a modest (7lb) sustained weight loss and that this weight loss is associated with significant health benefits. While this conclusion seems to contradict that of Mann et al. (2007), there are important overlaps. Both sets of researchers argue that dietary strategies alone to lose weight are ineffective. Further, Powell et al. (2007: 243) suggest: 'The idea that a life style intervention for obesity should occur for a discrete period of time, terminate, and then have lasting effects over the duration of one's lifetime is outmoded.' In other words, in order to maintain even a modest weight loss, *lifelong medical and public health intervention* is required or such interventions fail. Sarlio-Lähteenkorva's (2000) research on successful weight loss maintenance confirms this finding.

Campos et al. (2006: 55) suggest that 'current rhetoric about an obesity-driven health crisis is being driven more by cultural and political factors than by any threat increasing body weight might pose to public health' and constitutes a moral panic. Though their conclusions are certainly not uncontested (cf. Kim and Popkin, 2006), Campos et al. (2006) argue that little empirical evidence supports commonly held claims about the 'obesity epidemic' such as the worldwide rise in obesity; the rise in mortality associated with a rise in overweight and obesity; the link between obesity and morbidity and mortality; and the efficacy of significant, long-term weight loss as a tactic to improve health outcomes. Instead, they argue, a proliferation in discourse around the epidemic

nature of rises in obesity rates can be understood, in part, through the connection between leading obesity researchers and the pharmaceutical and weight-loss industries. They further assert that, beyond targeting fat people as individuals whose lack of self-discipline contributes to already rising health care costs, obesity epidemic rhetoric is articulated through discourses of race, class, gender and immigration, which suggests that concerns about rising rates of obesity also reflect other social anxieties (Campos et al., 2006; see also Herndon, 2005).²

Medical and public health professionals have struggled to uncover not only the causes for obesity but the reasons why efforts at curbing it have proven unsuccessful. Despite widespread and increased efforts in addressing the obesity epidemic, rates of obesity are believed to be increasing, not decreasing, doubling between 1980 and 2000 (Office of the Surgeon General, 2001). The 2001 Surgeon General's report *Call to Action to Prevent and Decrease Overweight and Obesity* admits:

While we have made dramatic progress on overweight and obesity over the last few decades in achieving so many of our health goals, the statistics on overweight and obesity have steadily headed in the wrong direction. If this situation is not reversed, it could wipe out the gains we have made.

Thus, while the report retains a hopeful tone, referencing 'dramatic progress' and 'gains', ultimately obesity in this account is portrayed as an epidemic out of control that requires redoubled efforts to contain.

The rise of weight loss surgeries

In the context of this contested terrain, weight loss surgeons are making a bold claim: weight loss surgery is the only proven method that results in durable weight loss. Although the first procedures were initially developed in the 1960s (American Society for Bariatric Surgery, no date), weight loss surgery is a relatively new phenomenon. In 1996 there were fewer than 10,000 WLS procedures performed in the United States (Hutter, 2006). The number of weight loss surgeries performed quadrupled between 1998 and 2002, growing from 13,386 to 71,733 (Agency for Healthcare Research and Quality, 2005). In 2005, 171,000 Americans underwent such surgeries and numbers continue to rise (Harvard Women's Health Watch, 2006).

Unsurprisingly perhaps, Smoot et al. (2006) note that women undergo weight loss surgery at nearly five times the rate of men. While the Food and Drug Administration has not yet approved WLS for use in adolescents, an estimated 2744 youth had the procedure between 1996 and 2003 (Cornwell, 2007). After recent changes in Center for Medicare and Medicaid Services coverage, increasing numbers of individuals over the age of 65 are eligible for and are having the procedure. The number of Americans between the ages of 65 and 69 undergoing this surgery is expected to rise to 475,000 by 2010 (Agency for Healthcare Research and Quality, 2006).

While weight loss surgery has increased rapidly, the field has a mixed history and was, until recently, considered to be on the fringe of what is considered acceptable in surgery (Hutter, 2006). More than a dozen procedures have been utilized in the past

with highly mixed results, including failure (weight regain), severe health complications and death. While surgical techniques seem to be improving, even 'successful' surgeries require constant vigilance in order to avoid regaining weight and taking large doses of nutritional supplements to avoid malnutrition (Sheipe, 2006).

Given the rapidly increasing numbers of individuals undergoing this procedure, the rising interest surrounding it and the large number of potential surgical candidates, weight loss surgery is generating a lot of attention. Increased interest in WLS is clearly a boon for bariatric surgeons. Hospital costs associated with treating weight loss surgery patients rose from \$157 million a year in 1998 to \$948 million per year in 2002, and from \$11,705 to \$13,215 per surgery in the same time period (Agency for Healthcare Research and Quality, 2006). Given this, it is perhaps unsurprising that the first direct-to-consumer marketing blitz for a major surgical procedure in the USA was launched by Allergan – the maker of the Lap-Band, a device used in weight loss surgeries to restrict the stomach size to a small upper portion with an opening at the bottom to the rest of the stomach and digestive tract. While Allergan officials have declined to comment on the cost of advertising for Lap-Band, estimates place the total dollar amount as high as \$20 million (Thomaselli, 2006).

Digital biocitizenship in the fatosphere

At the same time that the number of individuals undergoing this surgical procedure is rapidly increasing, fat activism is gaining momentum. Since 1969 when National Association to Advance Fat Acceptance (NAAFA)³ was founded, a number of fat activist groups and events have been organized, largely in the United States, Canada and England, including the International Size Acceptance Association, the Council on Size and Weight Discrimination, the Association for Size Diversity and Health, NOLOSE and Fat Girl Speaks. As well, a number of fat activist texts have been published.⁴ However, the Internet⁵ has become a central organizing place for fat activism with the range of blogs devoted to the subject being referred to colloquially as the 'fatosphere'. While topics of discussion range from site to site, in general blogs in the fatosphere, such as 'Shapely Prose' and 'Big Fat Blog' are forums for blog owners and commenters to discuss and deconstruct standard discourse around obesity, relate national and international news items concerning obesity, share resources and information and discuss movement tactics and strategies.

The Internet can be seen as increasingly facilitating the production of 'biosociality' (Rabinow, 1996). As Rabinow and others have argued, the increasing proliferation of biomedical truths about the body has had the productive effect of inspiring the formation of identity-based organizations and communities. These organizations and communities form around shared biomedical experiences and offer members social and emotional support, as well as a vehicle for individuals to 'transform personal experiences of illness into a social problem and a political issue' (Novas, 2006: 292). The Internet has become a key source of health and medical information for the American public, with estimates of number of individuals seeking out such information online ranging between 93 and 113 million adults (Barker, 2008; Fox and Ward, 2006; Schaffer et al., 2008). With women comprising the majority, millions of such individuals seek out information and support

and in doing so transform an otherwise private experience of illness into the foundation for social interaction (Schaffer et al., 2008).⁶ In the process, 'e-health' group members 'generate and disseminate lay knowledge about the character of their disease and its proper treatment', which may reflect or challenge that of their health care providers (Barker, 2008: 32). Rather than the body becoming irrelevant in cyberspace, through e-health biosociality, the physical, lived-in body becomes '*the* focus or cause of travels in virtual worlds for many individuals' (Parr, 2002: 76, emphasis in original).

Novas and Rose (2000) have argued that such participation in e-health forums constitutes a form of 'digital bio-citizenship', as individuals not only associate around biomedical categories but actively participate in the creation of knowledge about their health conditions. In digital bio-citizenship, e-health users often become involved in advocacy and activist work, challenging normative conceptions of their respective conditions and lobbying for further information, services, rights and research (Novas, 2006; Schaffer et al., 2008). Digital bio-citizenship occurs within the larger social and political climate of neoliberalism in which individuals are increasingly encouraged to take responsibility for assessing and monitoring their own health status and making recourse to preventative health techniques and practices to avoid risk (Parr, 2002; Pitts-Taylor, 2006; Rose, 2007a). I argue that fat activism can be seen as a form of biosociality, much of which is taking place in digital spaces. While my discussion focuses on two American blogs, it is important to note that the spatial boundaries of community and biosociality may be blurred and reconfigured within the *fatosphere*, as with other online forums centered on health and the body, given that individuals can participate from around the globe (Parr, 2002).⁷

Within the *fatosphere*, the social and embodied experience of fatness becomes the axis around which individuals challenge normative conceptions about the body and the equation of size and ill health while seeking to redefine the meaning of fat embodiment. As with other forms of digital bio-citizenship, there is no clear division between online and offline biosociality, since 'in real life' interactions both inform and are informed by those that take place online (Heath et al., 1999). While there may be no clear division between online and offline *biosociality*, it is unclear that fat activism can currently be seen as a *social movement* and this remains an area for further investigation. However, fat activism can be seen to meet the three defining characteristics of an 'embodied health movement', as defined by Brown et al. (2004), namely: (1) making the biological body central to organizing; (2) including challenges to the current state of medical and scientific information and practice; and (3) involving a collaboration between professionals and lay persons in developing new research and treatment. On this last point it is important to note that fat activists do not generally see fatness as a condition in need of treatment, yet they do collaborate with some health professionals in challenging existing research on obesity and in advocating a Health At Any Size approach.

Foucault's concept of 'governmentality', or the 'conduct of conduct', provides a useful lens through which to explore how fat activists simultaneously critique and take up biomedical labels in ways that have productive capacities for notions of self and community. While Foucault's early work focused on discipline and regulation, it was an interest in the processes by which individuals actively take up practices to shape themselves into normative subjects that guided his later work on governmentality.

Individuals engage in those disciplinary practices that are held out as means by which to attain a socially desired version of selfhood. While there is agentic choice involved in such practices, these practices still exist within larger relations of power that help to shape the self-subjectification process to reflect normative ideals. Thus in modern society, rather than through techniques of overt coercion, people are disciplined and regulated through their active engagement with recommended practices and techniques designed to normalize behavior (Petersen, 2003). The subject's mode of operation is in effect 'malleable through the application of proper techniques that are expertly validated and supervised' (Frank and Jones, 2003: 183).

Rose (2007a) reminds us that medicine has long been involved in the production of certain epistemologies and the governance and shaping of populations and selves. However, within a neoliberal climate of reduced government spending, medical self-evaluation and improvement as strategies to preemptively avoid risk increasingly become an obligation (Rose, 2007b). Further, disciplinary techniques proliferate throughout macro, mezzo and micro levels of society and are no longer concentrated within the State. Individuals are not duped into making certain choices, but rather governmentality can be seen as a mutual construction and 'intertwining of products, expectations, ethics and forms of life' (Rose, 2007a: 702). Thus neoliberal strategy compels individuals to enact agency in line with official normalization goals. Under neoliberalism, overt forms of discipline do not disappear, however, and those who 'fail to comply' may become subject to increased practice of surveillance, intervention and isolation (Petersen, 2003).

Petersen (2003) notes that a limitation of governmentality studies has been the failure to illustrate the ways in which the actions of individuals within a biopolitical regime are not predetermined by social norms. Rather, even as individuals take up and incorporate self-surveillance and improvement techniques in the care of the self, they often do so according to ambivalent frameworks of interpretation and meaning. Fat activism provides a means by which to examine this process.

Foucault's (1990) discussion of the confession provides another useful lens by which to analyze weight loss accounts. Foucault notes that since the Middle Ages, the confession has become one of the most powerful modes of truth production in western societies. The confession permeates a range of relationships, from the familial to the institutional, and desire to confess is deeply ingrained within the individual. Yet rather than perceiving this desire as constraining, the experience of bringing inner truths to the surface is seen as liberating, particularly in the case of those truths which the individual has hidden from herself but which are elicited with the help of a confessor. I argue that online discussion forums organized around biomedical identity categories serve as contemporary confessors for those who regularly participate in such arenas.

Blogging weight loss surgery: confessions of fat activists

Many fat activists subscribe to the Health At Every Size movement (HAES), which is an association of health professionals and lay people dedicated to the belief that exercise and proper nutrition have better long-term health effects than does weight loss (Bacon et al., 2005). In this sense, fat activists simultaneously take up standard biomedical and public health calls for individuals to exercise and eat healthfully but reject equations

between size and ill health. Further, because HAES follows a harm reduction approach, fat activists seek to engage in health-related self-monitoring and self-care practices but do so without incorporating the biomedical focus on urgency and undertones of morality expressed within obesity epidemic discourse. Thus for fat activists to engage in and discuss attempts to improve health through nutrition and exercise is not incommensurate with fat activism's ideals. Rather, what is incommensurate is the expression of a particular standard of health for all or the suggestion that individuals who do not engage in health practices are somehow morally lax. While the line between healthy lifestyle choices and dieting might be a fine one, it is usually the rejection of weight loss per se as a means to improve health that separates the two.⁸

So what of self-described fat activists who do decide to lose weight either in hopes to improve health or to more strongly conform to mainstream norms of beauty or both? In a preliminary thematic analysis of the ways in which fat activists publicly account for decisions to lose weight, I examined the weight loss narratives of two prominent fat activists. The two narratives were taken from blogs, one of which was explicitly created by a prominent fat activist and author to document her decision to lose weight and the other by a fat activist who had long participated in online FA forums.

Hanne Blank's blog for the 'Large of Brain'

In late August of 2007, fat activist and author Hanne Blank created the (now defunct) blog entitled 'The Fickle Finger of Fat: A Reduced-Fat Blog for the Large of Brain'. Although Blank's position becomes apparent in her entries, the very title of her blog expresses critique of the fat activist anti-diet stance and suggests that such tenets are in need of intellectual troubling. Between late August and November of 2007 Blank posted 19 entries, after which point her sole November entry states that she finds she has less to say about her weight loss attempts. In her opening post, which describes Blank's motivation for both creating the blog and attempting to lose weight, she positions herself as a fat activist situated within a social context of anti-fat rhetoric and as someone who is not immune to concerns and questions about her own fatness. She further suggests that discussions of complexity and agency are needed within fat activism and states that her blog exists to discuss her weight loss practices in this context.

Within her opening entry, Blank is careful to underline that while she is seeking weight loss as a means to improve her health and to feel better in her own skin, she is not undertaking dietary and exercise practices in an attempt to become thin:

You'll note that I've called it 'a reduced-fat blog' in the subtitle above. That's absolutely accurate. Part of this blog's purpose is to let me have a dedicated space to talk about my efforts to reduce my fatness. Let me say for the record that I have no intent of trying to become 'thin,' whatever that is or would be for my particular body. But for a whole bunch of reasons ... all of which essentially boil down to 'because I want the experience of living in this body to be a more subjectively rewarding one,' I'm interested in becoming a reduced-fat version of me. (29 August 2007)

In this and other early blog entries, it is clear that Blank is publicly addressing other fat activists who might critique her for her attempts at becoming a 'reduced-fat version' of herself.

In her writing Blank simultaneously underlines her commitment to fat activism, affirms that the criticism made of her 'going public with an overt weight loss agenda' has its legitimacy, and advocates a position of bodily autonomy in which each individual should be free to make choices around her own bodily state of health and comfort. In an entry designed to clarify her stance on these very topics she states,

And when I say I want to lose weight because I'm not comfortable in my own skin at my current weight, as well as not happy with how it is directly and measurably affecting my health, that's exactly what I mean. You out there, in your own bodies? You make your own judgment calls about how you feel, and about what you want and need. This is mine. (30 August 2007)

Blank notes that while the HAES approach might work for some, for her body, it is not adequate. Though she is unsure of what the results will be, she defends her conscious choice to lose weight in an attempt to feel better both physically and psychologically.

In discussing the HAES approach in a later entry, Blank calls attention to what she sees as a hypocritical stance in fat activism wherein those who adopt a HAES approach and 'accidentally' lose weight are not demonized within the movement but those who do so consciously are:

If it makes me a rotten person and bankrupt role model that I'm being honest about [a desire to lose weight], so be it, because I know for a fact that I am not the only person in the fat acceptance movement who has ever thought it. (9 September 2007)

Blank continues by stating that while she refuses to out anyone, other fat activists who are active in the movement have pursued weight loss goals. Calling weight loss the 'pink elephant in the living room' of fat activism, Blank suggests that the issue is more complex than the 'black or white' terms in which it is addressed by fat activists. Further, she sees blanket anti-weight loss stance of fat activism silencing and suggests that pushing the envelope on 'hot button' issues is necessary to challenge orthodoxies of political movements such as fat activism.

Between August and November 2007 when she was writing, Blank frequently returns to themes of agency and autonomy in her blog entries. Throughout her writing Blank asserts that her weight loss attempts are motivated by an ethic of self-care. Although earlier entries were not set up to receive comments, 14 comments between Blank and seven blog visitors follow one of her posts about her weight loss decision. All commenters unanimously support Blank, not for her weight loss decision per se, but rather for what they consider to be her honest discussion of this decision. They further laud her ability to make an agentic choice about her own body in the face of criticism from other fat activists. Several of the commenters mention health concerns of their own which motivated similar weight loss choices.

Commenter 'kmd' suggests that fat activism is and should continue to be grounded in an ethic of 'body autonomy'. In an interesting move, kmd then suggests 'when a fat person makes a decision to lose weight that is consistent with the values of body autonomy, they can be doing so from a place fully grounded in fat acceptance' (8 September 2008). Blank herself makes a similar statement in her second post:

I think that you have the choice to acknowledge (or not) your body's tendencies and nature. That said, to whatever extent you may have choice in terms of the degree to which you are (or are not) fat, I think that the choice is also yours as to whether or not you wish to exercise that choice and in what direction. But I do not think there is any one correct choice, except insofar as I find it difficult to defend choices that are self-destructive. (30 August 2007)

In these statements Blank and kmd seem to assert that, perhaps unlike mainstream individuals, the fat activist grounded in an ethic of body autonomy loses weight from a place of empowerment rather than (solely) from a place of internalized fat-phobia.

Heidi's post on Shapely Prose

Three weeks after Blank debuted 'The Fickle Finger of Fat', the fat activist blog 'Shapely Prose', which takes an explicitly anti-diet stance, featured a post by guest blogger and fat activist Heidi, who chronicled her decision to have weight loss surgery. Shapely Prose founder Kate Harding introduces Heidi's post by stating, 'Heidi is one of the reasons I said again and again that my political stance on dieting is a whole different thing from my personal opinion of individuals who want to lose weight. There are exceptions to every rule' (18 September 2007). Heidi's post begins with an avowedly anti-WLS stance, wherein she argues that it is 'dangerous, invasive, and overly performed'. Following a paragraph detailing why she opposes this procedure, she then states: 'And I'm having mine next month.'

Like Blank, Heidi addresses the criticism she has received for making the decision to have the procedure, noting 'Sometimes we find ourselves in a situation where what we need isn't what we want. Where what we need isn't even something we necessarily believe in' (18 September 2007). Heidi then tells readers that she is tired of hiding the reality of her body and in order to explain her decision: 'I'm going to do the hardest thing I've ever done. I'm going to tell you what it's like to live in my body' (18 September 2007). Heidi goes on to tell the story of her body, one she lays out slowly and carefully, moving back and forth between sharing very explicit details of the daily experience of her bodily impairments and a self-reflexive commentary on how hard and painful it is to admit such details.

As Heidi gets to the point in her story in which she comes to her decision to have weight loss surgery, she begins to refer to her body in the third person:

And sometimes I cry out of sorrow. I place my hands on my belly and I whisper to my body how sorry I am. Sorry that she's going to have to be cut up; sorry that I couldn't fix things on my own; sorry that I let things go so far before I asked for help; sorry that I feel imprisoned by her; sorry that I don't always love her or treat her the way I should. I cry and I apologize for

everything that's been done to her and for all the things to come. I cry and I thank her for being so strong and putting up with so much asking her to hold on just a little while longer and promising her things will get better. I cry and I ask her to forgive me for what I have to do to her because it's the only option I have left. Because I know it's the best decision for me, no matter how hard it was to make. (18 September 2007)

As Heidi concludes her story about her decision, she asserts that she firmly believes that others at the same weight can be happy and healthy and that she does not claim her experience as normative. Further, she argues that she will never be someone who advocates surgical weight loss, noting that, if anything, her experiences researching and pursuing WLS have made her *more* critical of the procedure and industry. Ultimately she claims her decision as one that is fraught but nevertheless comes from a place of autonomy: 'I *will* be that asshole who claimed to be fat-positive but had weight loss surgery anyway. And I think I'm learning to be ok with that' (18 September 2007, emphasis in original).

Heidi's post received 175 responses between 17 September and 31 December, 2007 after which point Shapely Prose shut down further commenting. Replying several times in the role of moderator, Harding noted that she would delete any comments that were attacking in nature or heavily disapproving of Heidi. However, several comments which did question Heidi's decision and which offered information on the procedure designed to give her pause were allowed to remain on the site. These comments were primarily made by one responder and fat activist Kell Brigan who later took up a very public and much more critical stance on Heidi's decision on her own (now defunct) blog. Reportedly, Brigan posted on her own blog to Heidi: 'Go away. You are not in charge. You do not speak with or for us. You do not belong here. You are not in the Fat Acceptance movement.'⁹ During the fall of 2007, responding to what they felt to be the divisive and inflammatory nature of Kell's posts, several other fat activist blogs took up what became debate about Heidi's decision and the choice of having weight loss surgery as a fat activist in general.

In an October post entitled 'A House Divided' in her blog 'The F-Word: Food, Fat, Feminism', blog owner Rachel stated:

I find it highly ironic that someone who professes the inherent right to bodily autonomy and the self-agency to make informed, educated decisions about one's state of health would so very nastily demean, denigrate and minimize the decisions of one who chooses to do exactly that. (16 October 2007)

Rachel continued that infighting among fat activists about what are ultimately highly personal decisions weakens the movement at large and makes it hard for others to take fat activism seriously. Harding created her own post about the debate on the same date, addressing Brigan directly in stating:

And I'll tell you what, even though I agree with you in principle about WLS, the branch of fat acceptance I want to be a part of doesn't include bullying, hateful blog posts that wish harm on real, fat human beings with real feelings, who happen to make decisions I don't agree with. (26 October 2007)

While Heidi's post resulted in dizzying conflict and debate within the fatosphere, she also received a tremendous amount of support. Although the comments to her Shapely Prose piece were skewed toward supportive remarks, as Harding was deleting any that became attacking, interesting themes do emerge from an analysis of those that remain. As with the commenters to Blank's post, responses to Heidi's post repeatedly applauded her bravery for sharing the raw truth of her experience of fatness and underlined her right to bodily autonomy. Responders frequently reassured Heidi that her decision was clearly made from a place of both need and being informed: 'Your affirmation of life by having the surgery despite the things you believe is a beautiful show of strength. I admire you so much' (Kimberly, 18 September 2007). Further, commenters associated Heidi's decision with an inner strength which, though currently in disharmony with the state of emergency of her physical embodiment, would become rejoined through her decision to have a 'life-saving' surgery:

The dysfunctional state of your body is not evidence of some supposed depraved state of your soul. In other words, you have nothing to be ashamed of ... You are physically suffering. There is apparently only one way left to you to attempt to get some relief. The only immoral thing in this situation would be to deny yourself that. (Linda, 18 September 2007)

The many responders who were critical of weight loss surgery in their comments framed their critique in institutional rather than personal terms. Shinobi notes: 'The reason that, IMHO [in my humble opinion], WLS has become so demonized is the frivolous nature with which people have recommended it' (18 September 2007). While critiquing weight loss surgery and dieting, responders applauded and supported what they consider to be Heidi's bravery and honesty in sharing her story. Fillyjonk, one of Shapely Prose's writers and moderators, argued,

We are praising Heidi for being Heidi, and for speaking unashamedly about being Heidi, and for getting blood-and-guts personal about some really raw and difficult emotions. It is, again, the difference between the decision, which I do not support ideologically, and the person making the decision. (25 September 2007)

As with Blank's commenters, many of those who responded to Heidi's post began to frame their support of her decision by differentiating between legitimate, informed and empowered weight loss decisions and those which are made from a place of internalized fat-phobia. Jessica stated, 'This is one reason why we need the Fat Acceptance movement – so that we can learn to tell when drastic measures are and aren't appropriate' (18 September 2007). Commenters repeatedly underlined Heidi's 'need' for this surgery, defining it as a form of self-care, and contrasted this to others who undergo the surgical procedure for more frivolous and superficial reasons: 'You have made a perfectly good, perfectly valid, and very strong decision. Please don't be ashamed of it. This is what WLS should be for. Not for chumps like me who just want more shopping options and privilege' (Bellyrolls, 19 September 2007). Similarly, 'La di Da' argued, 'Seems like Heidi's asked herself the hard questions as posted by other commenters and is one of those rare birds that's genuinely in need of this treatment' (19 September 2007).

Digital confession, technologies of the self and biosociality

In his work *The History of Sexuality: An Introduction*, Foucault (1990: 59) posits that 'the confession' has become a powerful technique of truth production in the West and that we have become 'a singularly confessing society':

For a long time, the individual was vouched for by the reference of others and the demonstration of his ties to the commonweal (family, allegiance, protection); then he was authenticated by the discourse of truth he was able or obliged to pronounce concerning himself. (Foucault, 1990: 58)

For Foucault, the confession does not bring to light the true essence of an individual but rather is an act of truth production 'thoroughly imbued with relations of power' (1990: 60). The narratives of Blank and Heidi, two fat activists who published the stories of their decisions to undergo purposeful weight loss in public forums on the Internet, can be seen in light of Foucault's notion of the confession.

Both Blank and Heidi establish their decisions to lose weight through the confession of heretofore largely private experiences of embodied suffering. By making these experiences public, these individuals, through their own words and through the responses of others, establish the act of confession as an act of bravery that reveals the messiness of the body and of the true self. The confession also becomes a tactic to preemptively address anticipated negative community response. Further, by confessing private experiences of suffering while simultaneously critiquing weight loss industries at large, they reaffirm and reestablish their ties to fat activism despite the seeming incommensurability of their choices with fat activist ideals. Finally, by making recourse to discussions of agency and autonomy, Blank, Heidi and their responders produce the fat activist as someone who, while still being critical of weight loss industries, can make the choice to pursue weight loss so long as this choice is grounded in both a larger ethic of fat positivity and in a true state of bodily impairment.

Foucault's interest was not about discovering the true essence of who we are but rather exploring how we claim to know who we are. Subjectification, for Foucault, occurs within relations of power/knowledge and there can be no subject outside of such relations. Given this, the notion of 'false consciousness' is untenable in that there is no 'original' state of consciousness outside of relations of power that the subject can return to (Frank and Jones, 2003). In this sense, it becomes possible to see the public narratives of fat activists who both claim fat activism and also choose to lose weight, as well as community responses to such narratives, as highly contentious technologies of the self designed to shift and realign the borders and boundaries of the fat activist self and fat activism at large.

It is important to situate these narratives and the responses of fellow fat activists who affirm Blank's and Heidi's decisions as being 'life-saving' and acts of 'self-care' within neoliberal biopolitical discourse regarding the imperative of self-surveillance and self-enhancement. Current biomedical discourses surrounding obesity insist upon fat reduction, through surgery or other means, as urgent matters of risk avoidance and personal health management. However, Blank, Heidi and their commenters simultaneously take up and reject both biomedical discourses around size and health and normative fat activist

tenets, interpreting them through frameworks that are highly ambivalent. In the process, fat activism unsettles and resituates its borders and boundaries.

Through such discourse, the fat activist subject becomes 'known and self-knowing through socially preferred, enforced, and often contested modes of knowledge' (Frank and Jones, 2003: 180). As fat activists wrestle with not only the questions of health and weight but the reality of weight loss decisions made by prominent members of the movement, a movement that had largely been defined in terms of an anti-diet stance, the boundaries of fat activism become unsettled. However, through community discussions that situate the decisions of Blank and Heidi as being grounded in need, agency and critique of the of weight loss industry at large, the boundaries of fat activism are also realigned. For fat activists like Brigan, the borders of fat activism and the fat activist self are resolidified around an explicitly, unwavering anti-diet stance. Yet for those fat activists who support the decisions of community members to lose weight, the borders of fat activism and the fat activists self are redrawn around informed, agentic choices. This agentic choice is defined in opposition to both mainstream individuals whose decisions to lose weight are presumed to be made from a place of internalized fat-phobia and to other fat activists who attack the bodily autonomy of fellow community members.

It seems that in our current biopolitical climate, we are all 'incited to speak' of fatness in one capacity or another. Under a neoliberal regime, we are compelled to take up practices to avoid or reduce the risk associated with obesity. Some of us take up these practices and techniques more fully than others but there is no 'outside' of such practices. The vast proliferation of discourse around obesity, in which the hazards and moral laxity of the fatness are expressed in terms of global crisis, has led to an intensification of regulation and discipline of the body. However, these practices are largely taken up as technologies of the self, experienced by individuals to varying degrees as self-imposed.

At the same time, this increased discourse has had several interesting productive effects: it has helped to bring into being the weight loss surgery patient, with rapidly increasing numbers of individuals undergoing a highly physically and psychologically transformative surgical operation in an attempt to lose weight.¹⁰ It has helped to create the fat activist, or the person who, in ways that are collectively negotiated but individually practiced, participates in what can be seen as the both/and terms of governmentality: she takes up some aspects of biomedical labels while rejecting or reinterpreting others. And finally, it has assisted in producing the weight loss seeking fat activist who, in public confessional narratives about suffering and agency, announces her choice – an act that becomes simultaneously at odds and in line with fat activism. For all of these groups, and as well, for every individual who takes up some sort of practice to avoid or reduce fatness, the discourse around the obesity epidemic has helped to tie notions of selfhood to fatness. Within this climate, the contentious issue of weight loss becomes a discursive technique of knowledge/power within fat activism for the understanding of and relating to the fat activist self.

Notes

- 1 In a more recent (May 2008) study published in the *Lancet*, fat individuals are associated directly with global warming by increasing transportation fuel costs and by consuming more

- food (see Edwards and Roberts, 2008). Following this publication, the British tabloids featured headlines such as 'Fatties Cause Global Warming' <http://www.thesun.co.uk/sol/homepage/news/article2387203.ece>. (Thanks to Karen Throsby for this information.)
- 2 Herndon (2005) notes that because rates of obesity, though rising across all population groups, most affect women, low income individuals and people of color, a war on obesity can easily be seen as a war on the obese: a group disproportionately made up of marginalized individuals. Herndon's argument troubles popular connections between the fat body and North American over-consumption of global resources. Given this, it is crucial for future scholarship to explore anti-fat sentiment within a larger context of global scarcity and examine the potential connections between fat activism and food justice movements.
 - 3 The group was then known as 'National Association to Aid Fat Americans'.
 - 4 Cf. Campos (2004); Cooper (1998); Wann (1999).
 - 5 Weight loss surgery patients too have utilized the Internet to connect with one another for support before and after surgery. While some listserves and online communities are patient-run, such as the LiveJournal community 'WLS', which has nearly 2000 members who either participate or 'watch' the community, others are designed by weight loss professionals themselves such as the social networking portion of the obesityhelp.com website which functions similarly to MySpace. See Throsby (2009) for discussion on how WLS patient groups can provide community to those who have been discriminated against based on size.
 - 6 In their research on the production of genetic knowledge and citizenship through the Internet, Schaffer et al. (2008) found that those who were of low-income backgrounds and who had less education were less likely to have ever used the Internet, regardless of ethnicity. Thus it is important to note that the production of e-sociality may be a highly classed phenomenon and may not reflect the ways in which lower income individuals experience illness or interact with others regarding their embodied states of distress.
 - 7 There is a dearth of data on the participants of the fatosphere and this is an area in need of future research. With that said, the very active LiveJournal community 'Fatshionista' does take an occasional demographic poll. The most recent poll, initiated on 9 April 2009, had a response rate of slightly more than 10 percent (683 participants out of 6757 members). While these results are not necessarily representative of the larger fatosphere or even of Fatshionista as a whole, in the absence of solid data they may offer a preliminary, rough sketch of fatosphere participants. The Fatshionista poll indicated that membership is largely North American, white, female, heterosexual, of working or middle class background, able-bodied, urban and between the ages of 19 and 39. Poll results, available only to members who take the poll, can be found at <http://community.livejournal.com/fatshionista/4249685.html>
 - 8 Interestingly, and perhaps in response to research which suggests that dieting is ineffective as a long-term strategy for weight loss, Weight Watchers has recently co-opted the HAES philosophy and now refers to itself as a healthy eating plan that should be followed for life. In addition, Weight Watchers' most recent marketing campaign launched in the late Fall of 2007 espoused explicitly anti-diet rhetoric such as 'Stop Dieting, Start Living'. See <http://www.weightwatchers.com/>
 - 9 This quotation was taken from 'The F-Word: Food, Fat, Feminism' blog and thus not taken directly from Kell's blog which is now unavailable.
 - 10 Patient narratives on WLS websites are replete with references of transformation and metamorphosis, often in ways that are described as either allowing one's true self to emerge or

producing a newer, improved self. Throsby (2008) notes that WLS patients often refer to their surgical date as their 're-birth date'.

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