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**A FEMINIST APPRAISAL OF THE
EXPERIENCE OF EMBODIED LARGENESS:
A CHALLENGE FOR NURSING**

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ABSTRACT

To be a fat woman is to experience a prolonged, personal battle with the body. The battle is enacted in a social context which is the site of remarkable consensus about the personal culpability of fat people for their bodily largeness; for women in particular the sanctions are especially powerful. In this research nine large women have engaged in a prolonged dialogue about the experience of being 'obese'. In the course of a feminist research endeavour, with a researcher who is similarly positioned, they have both contributed to and gained from a project which illuminates the experience of largeness alongside a critical examination of the discourses which shape body size.

This dissertation critiques a dominant medical discourse which ignores conflicting research and supports a narrow view of health by simplistically linking increased body weight with poor health outcomes. Such is the hegemonic power of medicine that an examination of both nursing and popular literature in the area of study, reveals widespread acceptance of the notion that to be thin is to be healthy and virtuous, and to be fat is to be unhealthy and morally deficient. For nursing, the unquestioning obedience to medical teaching, raises serious questions about nursing's autonomy and separateness from medicine.

Nurses have perpetuated an unhelpful and reductionist approach to their care of large women, in direct contradiction to nursing's supposed allegiance to a holistic approach to health care. Current strictures on women's body size and continued support for reduction dieting leave large women with the choice between two binary opposites; to diet or not to diet. Either choice has consequences which are traumatic and not health promoting. The experience of largeness emerges as a socially constructed disability in which many women are denied the opportunity to be fully healthy.

PREFACE: The Journey

This thesis encapsulates a journey in which the personal, the professional and the political are closely linked. I have chosen this particular area of study because it arises from the intersection of three sets of experience: my life as a large woman, my work as a nurse, and my engagement with feminism. Each experience contributes vitally to the work, and the project would have lacked balance and meaning had any of the viewpoints been omitted.

Personal

I have a life-long engagement with the process of reduction dieting and have lived the consequences of the repeated failure of that dieting to permanently alter my body size and shape. As a rigorously determined dieter it took me years to realise that the end result of each prolonged diet was an increase in weight. Certainly I knew that having a large body was not well regarded, and as a woman it posed particular problems in reaching acceptable standards of beauty. I also believed that I was seriously damaging my health by remaining large, and that in later life I would reap the consequences in terms of health outcomes. Every facet of my life was coloured by what I saw as my temporary deviance, which only greater and more vigorous dieting attempts on my part could ultimately rectify.

The deep-seated prejudice in Western society against the overweight or out-of-control body provides a particular context in which large people live. Fontaine (1991) suggests that the stigmatisation is more intense for women and that there are clear messages in many settings that nothing is worse than being obese. Wadden and Stunkard (1985) note that women, adolescent girls and people who are extremely obese appear to suffer the most deleterious consequences of social contempt for the obese. They further report research which demonstrates that physicians feel antipathy to the obese, which is based on the belief that the overweight are self indulgent, weak willed, ugly, awkward and even immoral. Fontaine (1991) suggests that no price (perhaps even death) is too high for achieving thinness. As a large woman my daily existence is lived out in recognition and acknowledgement of such prejudice.

Professional

My theoretical preparation as a nurse suggests that nursing is a practice discipline based on a unique body of knowledge, which is different from medicine as explained below. This difference involves nursing's role in working alongside whole individuals as they negotiate the various pathways to health or are supported to recover from illness or injury. Nurses have asserted that our caring labour is contextual, individual and highly personal.

Lawler (1991, p 216) notes that since the 1970s 'nursing writers have philosophised, theorised, and proselytised "holistic practice".' Nursing has thus long touted the concept of holism which is said to oppose the reductionism of the medical model and, furthermore, to offer a potential pathway for cementing and clarifying the separation from medicine. Holism suggests that nursing considers the whole person in their family, socio-political and cultural context in terms of planning and providing appropriate care. Holism allows that people are unique individuals, who will each experience health and illness differently and require different degrees and types of care and support. Moreover, holism avows that health is a great deal more than the absence of disease.

Conversely, the philosophy of medicine arises from the Cartesian and dualist perspective which posits a separation of mind and body and supports the occurrence of illness in isolation from contextual contribution. The body can be repaired in much the same way as a machine and treatment is purportedly based on controlled clinical trials. Medicine has gained power and dominance from its presumed adherence to the scientific method, while holism remains as a relatively marginalised concept.

As a nurse with a large body I have frequently cringed inwardly listening to my nursing and medical colleagues describe fat patients in terms of loathing, visible disgust and contempt. I have noted that whereas people suffer from *severe* asthma or diabetes, large people suffer from *gross* obesity. Even if the terminology were accidental (and it is not likely that language would ever be accidental) the tone and facial expression accompanying the description are often unmistakable. I have come to feel that should I need treatment and care in a hospital I would feel extremely unsafe. I often wonder if my status as a person who has allegedly been unable to care for herself effectively will compromise the care I might receive.

Feminist

I will discuss feminism as a theoretical perspective and set of practices in more detail at the beginning of chapter four which deals with the methodological aspects of this thesis. Here I briefly outline its particular relevance to this project.

As a feminist I recognise that the appearance of women's bodies defines their acceptability in a variety of settings. The social construction of femininity requires that women are required to be both fragile and decorative, and that considerable work must be undertaken to preserve the appearance of youth and slenderness which form an integral part of female beauty (Bartky, 1990). I am also aware of the feminist analyses of woman's allocation to the private sphere (Park, 1991), demonstrating that women are cast in the role of food preparers and providers. The provision of food is inextricably combined with the care and nurture of family members and often of the wider community as well (Mennell, Murcott & van Otterloo, 1992). There are contradictions for women who must feed others as an expression of their nurturing feminine role, yet deprive themselves of nourishment in order to appear appropriately female.

My introduction to the arena of nursing scholarship coincided with a growing awareness of feminist thinking. My interest in women's health offered an area of intersection for both interests as I began to focus on the expressed concerns about body size made by many women.

Where the journey began

With these issues in mind I elected to give a paper at the International Women's Health Congress at Massey University in 1990. My intention was to explore the area of health professionals' reactions to women of large body size, and the general efficacy of reduction dieting as a medically and nursing sanctioned procedure. I gave a paper entitled 'Women, body size and dieting: What are the myths, what are the realities?' The response from conference delegates was somewhat overwhelming and the paper was one of two selected to be read on National Radio. It seemed that the ideas in the paper spoke to many women of all shapes and sizes and brought to the surface, feelings of concern and sometimes outrage.

In conducting the literature search for that conference paper I was strongly affected by the focus of nursing literature which covered working with people (invariably women) whose body size fell outside medically-defined norms. The insurance table norm prepared many

years ago had been accepted as desirable with no allowance for a range of weight, and no allowance for age or culture or family history. I saw that nurses had, almost universally, accepted their medically delegated duty of teaching people how to make their bodies comply with this medically-sanctioned norm regardless of any individual or holistic consideration. I will examine this in greater detail in chapter three.

Management of body size is an area of nursing practice in which nurses clearly complied with medical teaching, and practised in a way that was oblivious to any remotely holistic considerations. Literature in the area of women's studies, illuminated women's experience in this area in a way which felt more congruent with my own personal experience and appeared to provide a powerful and relevant critique of so called medical wisdom. But crucially the feminist literature tended to argue for my right to exist in however large a body I happened to have. This is a simplistic perspective. Living as a visible challenge to feminine propriety is not comfortable, in much the same way that physical habitation in a very large body is also not always so comfortable.

I began to see women and body size as an important area of health experience where nursing was providing care which was neither useful nor grounded in nursing interpretations of health and illness. I became curious about the potential for nursing to negotiate the gap between the binary opposites of thin, beautiful and healthy and fat, ugly and diseased.

Discussions about women and body size are clearly both complex and far-reaching and all of these are pertinent to nursing. This research will consider just one aspect of a wider problem in focusing specifically on women's experience of being overweight in a context in which it is the subject of vigorous treatment and considerable negative sanction. I would have liked to have captured and analysed some of the violence I have seen and heard expressed toward large women in medical and nursing contexts. My sense was that as a large woman I would have been unlikely to hear the honest revelations which might have been shared with an appropriately thin researcher.

I began this study aware of a growing public comment that reduction dieting offered only short-term weight loss and did not work in the long term except for a very small percentage of dieters. I knew that this critique was not endorsed by either the diet industry or the public statements of many medical or allied health professionals. Personally I knew that my own vigorous reduction dieting over a twenty-year period had failed, but I still suspected that perhaps I had not been sufficiently vigilant.

I also began this study believing that being overweight was very undesirable for a number of reasons, but especially in terms of health outcomes. However I remained unclear as to how that could best be addressed from a nursing perspective. I had a growing conviction that nurses could offer a great deal in this area, but I had no idea what focus or direction that help should take.

I began this research aiming to weave personal, political and above all professional threads in a manner which would best generate useful nursing knowledge. The impetus of this research is to provide a basis for improved nursing practice in the area of women and body size.

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