

Body Trouble

Overview

Objectification
Consequences of objectification
Body size and food
Body modifications
Media and advertising

Perpetual involvement in body improvement and transformation

Objectification Theory

Object vs. Person Perception.

Self-objectification theory (Fredrickson & Roberts, 1997) posits that women internalize a third-person's perspective of their bodies, leading to decreased cognitive performance, increased feelings of shame, and restrained eating.

Objectification Theory

Fredrickson 1997
women viewed as objects
body monitoring as a result of objectification
serves as a distraction
can become source of pathology eg. anorexia

Self-Objectification

Women view their bodies and themselves as objects
Body Surveillance
Body Shame
Impact of objectification on participation in health behaviors
Segar et al. study on motivators for exercise

Pathological Expressions of Objectification

Eating Disorders

Anorexia Nervosa

0.5-1% of women
Starvation through calorie restriction, vomiting and/or exercise
Most deadly 5-20%

Bulimia Nervosa

Binge eating with purging via vomiting/laxatives
1-2% adolescent/adult women
Risk of electrolyte imbalance

Binge Eating Disorder

Eating large quantities of food in short periods of time

Feels out of control, ashamed of behavior
1-5% of general population
60% women

Disordered Eating

Patterns of disordered eating without meeting the clinical diagnosis
Normalizing disordered eating
Other methods of “reducing calories”

Bodies of value

Thin and Fat

“It’s hard to avoid the conclusion that fat became ugly when the poor became fat”
sociologist Steven Shapin

Fat Acceptance

Obesity

Epidemiologic association between high BMI and cardiovascular disease, diabetes, cancers, osteoarthritis

BUT...

Strong evidence that it is poor diet and lack of physical activity that increases disease risk

What is BMI?

Calculation of Body Mass Index using height and weight as an estimation of body fat

BMI Categories (US 1998):

Underweight = <18.5

Normal weight = $18.5\text{--}24.9$

Overweight = $25\text{--}29.9$

Obesity = BMI of 30 or greater

Morbid Obesity = BMI >40

Although BMI can be used for most men and women, it does have some limits:

overestimate body fat in athletes

It underestimate body fat in older persons

Based on aggregate data and correlations independent of other factors

Context of Risk Factors

Risk Factors

High blood pressure (hypertension)

High LDL cholesterol ("bad" cholesterol)

Low HDL cholesterol ("good" cholesterol)

High triglycerides

High blood glucose (sugar)

Family history of premature heart disease
Physical inactivity
Cigarette smoking

Social construction of obesity

Socially constructed processes serve to support the status quo and thus patriarchy
Building highways instead of local neighborhoods with access to jobs/stores
Food industry is not about health or wellbeing of any part- earth, animals, workers, consumers
Schools: Recess? Physical education?
Research funding

But its more than just geography:

- If there is a lot of fast food in your area...
- If you work nights/non-standard hours...
- If the store near you doesn't feel safe...
- If the grocery store is near a liquor store...
- If the store near you charges more than a chain supermarket for healthy food...
- If there is more junk food on the store shelves...

Proximity to Fast Food versus Supermarket

A 2011 review used fifteen years of data from the Coronary Artery Risk Development in Young Adults (CARDIA) study to examine the fast-food consumption of more than 5,000 young American adults aged 18–30 years in different geographic environments. The study found that fast food consumption was directly related to the proximity of fast food restaurants among low-income participants

Shelf Space Devoted to Nutritious Foods Correlates with BMI

- 1. higher percent shelf space devoted to fresh vegetables, fresh fruit, canned vegetables, and canned fruit were all associated with a lower national BMI;
- 2. higher percent shelf space devoted to cereals/pastas/grains/bread, junk food and dairy showed a trend to higher national BMI.

Food insecurity and obesity

Whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain (Anderson 1990)

Eating habits

High calorie low cost foods
Binge eating when available
Eating to dull other emotions

Nutrition research- funding and politics

What are evidence-based recommendations?
Sugar industry
Low fat recommendations

Calories and portion size

The big irony...

Slender “ideal”
Entire mainstream food economy based on producing cheap high calorie low nutrition food
... and getting us to eat more of it every year!
Supersize me!
Most whole foods cost much more

Fat Acceptance - Fat Peoples Rights

Body Modifications

Cosmetics

Surgery and other procedures

Rhinoplasty “Nose job”
Blepharoplasty “Asian eyes”

Dieting

Evolutionary protection to regain lost weight
Biggest Loser study

Bariatric Surgery

The only solution that works?
80% of the patients are women
10 times more from 1998-2009
Now widely recommended
Sustained loss of 50-58% excess body weight
Who is a candidate?

What can we do?

Get better magazines
Support one another
Focus on health

Give away clothes that don't fit
Stop eating 'diet' foods
Get rid of scales
Pay attention to how you feel