

Ayo, N. (20 May, 2010). Understanding health promotion in a neoliberal climate and the making of a health conscious citizen. *Critical Public Health*, 22(1), p. 99-105. <https://doi.org/10.1080/09581596.2010.520692>

In this article, principles of neoliberal rationality are identified, those being: minimal government intervention, market fundamentalism, risk management, individual responsibility, and the unavoidable inequality of outcomes as a result of personal autonomy (the freedom of choice). The author states that minimal government intervention in the lives of citizens permits problems of the state, such as high unemployment rates, poorly managed healthcare systems, underfunded educational institutions, rampant poverty, etc., to be framed as individual problems arising from faulty personal decision-making and flawed moral character. This generates an enterprise whereby individuals feel compelled to invest their financial and temporal capital into acquiring health-promoting goods and using wellness-enhancing services. Pursuing, attaining (or at least approximating), and maintaining an ideal health status is encouraged as a moral imperative, with compliant subjects being assigned the virtues of asceticism, discipline, responsibility, and self-control. The desire to be (self)-perceived as a ‘good’ citizen endorses behaviors traditionally valorized as health-promoting because, within a neoliberal society that construes well-being as a product of personal decision-making, the health status of the individual is consigned to the realms of personal responsibility. Therefore, an individual’s health status is interpreted as a reflection of their autonomous choice to partake in a certain kind of wellness culture, one that asserts the pursuit of health as a core value by moralizing individuals’ behaviors according to whether they cohere or conflict with what the culture endorses. By opting in to participating in wellness culture and ostensibly approximating an ‘optimal’ state of health (indicated by the subject’s proximity to objects imbued with symbolic meanings that are suggestive of wellness or the pursuit of wellness), the individual is believed to be performing the duties of a ‘health-conscious citizen’, demonstrating their allegiance to the state. This social pressure to perform the duties of a health-conscious citizen illustrates a Foucauldian form of biopolitical control in that individuals are made to feel responsible for not adhering to state-sanctioned norms, permitting the continued strengthening of the state through the reinforcement of oppressive, moralistic narratives about how an individual ‘ought’ to exist to be regarded as acceptable in mainstream society and to evade social discrimination.

Gibson, G. (9 April, 2021). Health(ism) at every size: The duties of the ‘good fatty’. *Fat Studies*, 11(1), p. 22-35. <https://doi.org/10.1080/21604851.2021.1906526>

This article explores the “good fatty” archetype that has emerged from the Health at Every Size (HAES) Movement, a social movement that began in the 1960s to counteract the stigmatizing ideologies and rhetoric employed by proponents of the emerging ‘obesity epidemic’. Gibson outlines five themes evinced by western society’s attempts at assimilating fat women into its mainstream culture, those being: femininity, heterosexuality, proximity to whiteness, the adoption of a ‘self-love’ ethos, and the ability to attain (or, at the very least, relentlessly pursue) a standard of health. Each of these themes encompasses a range of ‘moral’ responsibilities that the individual is

expected to uphold to be granted access to and acceptance within mainstream culture. These responsibilities include possessing quantitative markers or measurements that suggest a ‘good’ or ‘normal’ health status (e.g., blood pressure, heart rate, respiration rate, blood glucose, etc.), demonstration of healthy eating behaviors (re: fewer calories and lower fat with the implicit goal of losing weight), and engaging in exercise to disprove stereotypes of the indolent ‘bad fatty’. Her central critique of HAES lies in its compulsory prescription of behaviors for fat people to perform to justify their bodies’ fatness, which counterintuitively alienates people with fat bodies by qualifying the legitimacy of their existence with a requirement to comply with ‘health-promoting’ practices associated with thinness or weight loss. In other words, using Kathleen LeBesco’s concept of the “will to innocence” (2004), fat people are expected to prove their acceptability to society through partaking in diet and wellness culture(s), thus acquitting them from critiques by major actors in the modern healthcare system and agents of the obesity epidemic, who frequently cite health concerns as their motive for delegitimizing the existence of fat bodies. This theoretical acquittal, however, implies that fatness is an attribute that is morally wrong and to be avoided, which contradicts the HAES agenda.

Griffin, M., Bailey, K.A., Lopez, K.J. (10 October, 2022). #BodyPositive? A critical exploration of the body positive movement within physical cultures taking an intersectionality approach. *Frontiers in Sports and Active Living*, 4. doi: 10.3389/fspor.2022.908580

In this article, the limits of the body-positive movement are explored and documented, while possible avenues for change are proposed at the paper’s end. The authors start by defining the term body positivity and outlining the original intent of the body-positivity movement, a movement that originated and has been spearheaded by marginalized groups, namely fat, Black, and queer communities. The authors wanted to survey content on social media (Instagram) using the hashtags #BodyPositivity and #BodyPositive to examine whether the optics and messaging of the content reflected the original intention of the body positivity movement. Their data reveal that the majority of posts under these hashtags feature the bodies of white, conventionally fit women and men. Posts also tended to counterintuitively include ‘fitness’ or ‘health’ transformation narratives as well as advertisements for weight-loss or ‘wellness’ products. Posts uploaded by people belonging to Black, Indigenous, People of Color (BIPOC), fat, disabled, old, or LGBTQIA+ communities were disproportionately represented and included a noticeable lack of visual representation of individual users’ bodies. The centering of bodies that align with the conventional aesthetic of health and fitness (i.e., Eurocentric features, white, thin or proximate to slenderness for women/muscular and lean for men, young, able-bodied) elucidate the body-related politics existent on the platform—politics that privilege the bodies of the dominant culture, effectively ‘re-territorializing’ the body positive movement by introducing a commodification model that decontextualizes the movement’s original purpose and co-opts its language to ‘sell’ a message of body positivity newly characterized by Eurocentric logic on what can be considered an acceptable, ‘positive’ body. This source is useful to me because it poses the questions: can the body positivity movement and its philosophies exist outside of a capitalistic model of consumption? Can it resist commodification such that it is not

diluted by the dominant culture's conception of the acceptable, ideal 'fat' body—in other words, can it resist defining an 'ideal' for an already 'deviant' body?

Luck, E. (2016). Commodity Feminism and Its Body: The Appropriation and Capitalization of Body Positivity through Advertising. *Liberated Arts: A Journal for Undergraduate Research*, 2(1). doi: <https://ojs.lib.uwo.ca/index.php/lajur/article/view/7254>

This source is useful to me because it introduces the concept of 'commodity feminism', illuminating one of the crucial critiques of 'body positivity' and the contemporary, heavily co-opted body positivity movement (Griffin et al., 2022), which is that it sabotages any feminist intention it purports to have by objectifying the women it includes by virtue of the commodification process. For instance, one of the examples of commodity feminism presented in the article features a plus-sized woman in a two-piece bathing suit as she walks by a (seemingly cis-gender, heterosexual) man who swoons at the sight of her, suggesting that, despite the woman not conforming to the conventional svelte aesthetic of desirability, she is nonetheless attractive to the male gaze. In this advertisement, the woman's desirability is contingent on the man's attention; her appeal, and thus her commercial value, depends on verification by the focus of the male gaze upon the object of her body. Regardless of whether the advertisers' agenda was to advance the body positivity movement through the modeling of a body that slightly deviates from standards of femininity upheld by the dominant culture, there implicitly exists an essentialism in the advertisement that acts to define the 'ideal woman' through the outlining of a desirable female body.

Eli, K., Warin, M. (30 July, 2018). Anthropological Perspectives on Eating Disorders: Deciphering Cultural Logics. *Transcultural Psychiatry*, 55(4). <https://doi.org/10.1177/1363461518jon784385>

In this article, Warin describes how the study of eating disorders (EDs) has recently centered biomedical explanations in academic conversations about eating-disorder pathology, such as the thought patterns, cognitive rigidity, and corresponding disordered eating behaviors associated with EDs. Even so, the etiology and pathology of EDs have a significant sociocultural component that has been analyzed through several critical lenses. Warin specifically examines anorexia nervosa in this article and highlights how these critical lenses have been applied to understand how the condition has been conceptualized and shaped through socio-cultural forces throughout the 1990s to today.

Prior to the 1990s, anorexia nervosa was viewed as an example of a culture-bound syndrome that was almost exclusively confined to western societies due to culturally constructed expectations of what the body should and could look like, according to westernized preconceptions of beauty and desirability. This theory became less prominent as symptoms consistent with anorexia nervosa appeared in non-western societies (e.g., China), with affected individuals citing reasons other than fear of weight and fat gain as the motivator underlying their suffering (hence the emergence of the concept of 'non-fat phobic anorexia'). Feminist and poststructuralist analyses have called attention to how the disproportionate number of females with EDs may be indicative of women's responses to how the female body is portrayed as 'porous', impermanent, and

objectified; the drive to achieve and maintain emaciation may then be seen as a way to avoid inhabiting the object of male desire and subjugation. Yet another means of understanding anorexia nervosa is through acknowledging how it is perpetuated economically in a capitalist economy that profits from commercializing the ‘healthy lifestyle’ and promoting the consumption of products sold to transform one’s body and ‘bodily being-in-the-world’ to achieve a sort of ‘self-actualization’.

Ultimately, this article describes the significance of studying eating disorders from an anthropological perspective that frames EDs as being *relationally* sustained, rather than sustained through mere individual belief and practice. Warin claims that there exists different cultural logics that can be ethnographically studied, documented, and deciphered to make sense of why EDs emerge as well as why they are so difficult to treat. A case is made for how anthropological ways of knowing can be used to offer a culturally informed explanation for how these conditions originate and progress without remission. This source is useful because it frames eating disorders as not merely the product of individual pathology, but instead illuminates how eating disorders originate, progress, and persevere within the context of social and political institutions—institutions that influence individual identity, notions of belonging, and [self-perceived] relationality to others.

Hartman-Munick, S.M., Gordon, A.R., Guss, C. (August 2020). Adolescent body image: influencing factors and the clinician’s role. *Current Opinion in Pediatrics*, 32(4), p. 455-460. doi: 10.1097/MOP.0000000000000910

In this article by Hartman-Munick et al., body image within the context of adolescent development is discussed and implications for the clinician’s role in guiding conversations about body image are raised. During adolescence, the body undergoes significant developmental changes. The onset and rate of these changes varies from individual to individual, with some bodies undergoing more rapid and apparent development than others, even as the brain is undergoing parallel neurocognitive changes that influence adolescents’ susceptibility to peer influences and how they respond to social criticism. As such, one’s body image becomes increasingly relevant throughout the process of adolescent identity formation. Factors known to affect adolescent body image are identified and elaborated upon; these factors are listed as the media, athletic involvement, and personal relationships.

Social media has become an all-encompassing aspect of daily life for the majority of adolescents. Even individuals who choose not to maintain an active social media profile online are nonetheless highly likely to be exposed to content that features heavily modified bodies through their peers, friends, or family members. Moreover, other forms of media entertainment, such as online streaming platforms, are also sites where bodies are frequently displayed and framed as aspirational to users. This constant exposure to lionized bodies engenders a culture of social comparison that can distort adolescents’ perceptions of their bodies. Participation in athletics, particularly sports that place an emphasis on body type as a criterion for ideal performance, can be detrimental for adolescents because it may encourage a fixation on bodily shape and appearance and experimentation with potentially harmful performance-enhancing substances. Personal relationships with people in the adolescent’s life can contribute to negative body image if

it entails so-called ‘diet talk’, a term that comprises all judgment-ridden terms, beliefs, values, etc., that vilify fatness and encourage bodily modification through the manipulation of one’s diet.

The remainder of the article presents intervention opportunities that can mitigate the formation of negative body image among adolescents. First, the article’s authors identify the relationship between the clinician and patient to be a relevant influence on pediatric body image. Clinicians are recommended to gauge the patient’s perception of their own body and check in to see how their developing body image is affecting the patient’s view of self and the self’s relation to others. Additionally, it is recommended that clinicians avoid weight-centric language or terms such as ‘obese’ since this language can impair communication by invoking stigmatizing stereotypes. Most health professional organizations lack formal curriculum or training on the topics of weight bias and size-inclusive care, which stems from the belief that body size is a legitimate indicator of health or one’s engagement in health-promoting behaviors. The authors also cite methods of community intervention as being protective against negative body image and its associated behaviors. A specific example of such a program is The Body Project; it operates by training facilitators to lead learning sessions and workshops with topics related to healthy body-image formation. In terms of structural change, the authors recommend that policy initiatives for reducing size discrimination and minimizing the harm enacted by digital media be explored.

This source is useful to me because it highlights the need for a curriculum in health professional schools that trains clinicians on how to administer size-inclusive, non-stigmatizing care to patients that advocates for a person-first ethos of clinical practice that would make the clinician sensitive to the socio-political forces that may otherwise cause them to overlook the person for the sake of treating the body. This paper also identifies a gap in health education offered to preadolescents and adolescents in the form of body-image formation’s absence from the curriculum in schools. Lastly, as a note, it is important to consider how body-image concerns not only exist with reference to the adolescent female (or, specifically, the white and heterosexual adolescent female), but how body image forms and develops for male, BIPOC, and/or LGBTQIA+ adolescents as well.

Lavis, A. (30 July, 2018). Not Eating or Tasting Other Ways to Live: A Qualitative Analysis of ‘Living Through’ and Desiring to Maintain Anorexia. *Transcultural Psychiatry*, 55(4). <https://doi.org/10.1177/1363461518785796>

In this article, Lavis shares findings from ethnographies and qualitative interviews with anorexic patients to show how anorexia nervosa assumes new meanings and significance to patients living with the condition. Lavis shows how people who self-starve may do so because it serves as a form of catharsis—a way to displace anxieties inculcated from past emotional trauma. This is particularly true for those who are unable to escape an environment or relationship that the individual associates with their emotional and psychological pain.

There exists an ‘entanglement’ between the *desire* to maintain self-starvation to inhabit the safe space that the eating disorder provides and the *suffering* incurred through the somatic embodiment of internalized trauma. Abstaining from consumption and, for some,

existing in an emaciated state is described through patient narrative as being a protective form of numbing that enables one to cope with distress.

Clinicians are therefore tasked with balancing their obligation to treat the patient to promote progress towards a presumed healed state or to recognize the protective function that the illness serves and honoring the patient's self-autonomy by allowing them to continue engaging in eating-disorder behaviors if they so choose, supporting the patient by helping them 'live well' with the illness. This approach to treatment posits that clinicians should direct their efforts towards guiding the patient through the process of developing their sense of self and purpose in life, rather than treating the patient's eating disorder primarily through symptom reduction; directing clinical attention to the patient's behaviors and treating with the goal of behavior modification runs the risk of missing the person for the body, resulting in an overlooking of the beliefs and internal experiences that drive what is, based on the presentation of symptoms, deemed irrational.

Based on Lavis' interactions with anorexic individuals, articulations of their experiences living with the eating disorder were not characterized by irrationality. Instead, self-starvation served as what the patients hoped would be a temporary coping mechanism used to endure present circumstances; for instance, one patient responded that anorexia is something that they would like to 'keep *for now*', implying that they do not want to continue partaking in these behaviors indefinitely. The circumstances that often elicit this kind of behavior are those that evoke a sense of powerlessness, loss of control, and inferiority; self-starvation, then, is a way to reassert control at the same it permits the individual to occupy a 'liminal space', whereby they are living *through* the illness, existing in material bodies while simultaneously removing themselves from that space through the rejection of sustenance; in other words, they exist in the material world, but are striving to reach a detachment from this world through abstaining from the nourishment of the body.

Lavis offers a portrayal of anorexia nervosa that is expansive, taking into consideration how the act of (not) eating, while possibly being prompted by several causative influences, may have less to do with the pursuit of a specific body type or embodying a certain aesthetic, and more to do with the sensory experience of consuming food and what that experience symbolizes to the patient.

Loth, K.A., Lebow, J., Abrigo, M.J., Ngaw, S.M., Neumark-Sztainer, D., Berge, J.M. (2021). First, Do No Harm: Understanding Primary Care Providers' Perception of Risks Associated With Discussing Weight With Pediatric Patients. *Childhood Obesity and Nutrition*, 8.
doi: <https://doi.org/10.1177/2333794X211040979>

This article begins by describing how many clinicians who work with pediatric patients are uncertain about how to have weight-related conversations as they suspect that such conversations may have the effect of alienating the patient and/or parent(s)/guardian(s) of the patient because of the stigma associated with weight gain and fatness.

Standard practice, as mandated by the American Medical Association's (AMA) Expert Committee recommendations, is to track and discuss pediatric patients' weight at each primary care visit; this recommendation presumes that identifying children and adolescents who are categorized as medically overweight or obese will permit an

intervention that prevents disease in the long-term. However, the reasoning that supports this recommendation is not based on sound evidence that this approach would be successful; interventional strategies such as this one have only been used by clinicians when monitoring patients' participation in other behaviors—notably behaviors that are less visible, stigmatized, and shame-inducing—such as breastfeeding or smoking.

The authors in this study sought to conduct qualitative interviews with 20 primary care physicians who treated pediatric populations in order to understand how these clinicians view and approach weight-based conversations with patients. Upon completing an analysis of the interviews, they identified relevant themes among the responses clinicians gave and grouped these responses under three question categories, those being: 1) the clinicians' perception of risks involved in discussing weight with pediatric patients, 2) the clinicians' degree of adherence to as well as their opinion on the best practice recommendations for weight-tracking published by the AMA Expert Committee, and 3) clinicians' approaches mitigates risks posed by offering weight-focused care to pediatric patients.

Within the first question category, the authors identified 4 subthemes: lowering patients' self-esteem, exacerbating weight stigma and consequently worsening health outcomes, damaging the patient-clinician relationship, and endorsing disordered eating as well as unintentionally instigating body-image concerns among patients. Within the second question category, the authors identified 3 subthemes: commitment to best practice recommendations issued by the AMA's Expert Committee, feeling limited in available alternative approaches to discussing pediatric weight, and belief that clinicians could reduce risks in conversations about weight with pediatric patients based on the approach they choose. Within the third question category, the authors identified 3 subthemes: being sensitive to language used in conversations about weight, adopting a patient-centered approach to care through seeking to understand the patient's goals for their health and the relationship they have with their bodies, and focusing on health-promoting behaviors rather than numerical measurements.

This source is useful to me because it identifies a gap in knowledge within the field of healthcare that is relevant to my project by demonstrating the uncertainty physicians feel towards approaching conversations about body size with patients (in this article, the focus is exclusively on clinicians' experiences with pediatric patients, though weight-focused conversations are a source of contention with adults as well). Thus, there exists a need for clarification on how (or if) clinicians should talk about weight and body size with pediatric patients in a way that is destigmatizing, patient-affirming, and health-promoting.

Markula, P., Burns, M., Riley, S. (2008). Introducing Critical Bodies: Representations, Identities and Practices of Weight and Body Management. In: Riley, S., Burns, M., Frith, H., Wiggins, S., Markula, P. (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management*. Palgrave Macmillan, London. https://doi.org/10.1057/9780230591141_1

The authors describe how fat bodies and thin bodies have become suffused with cultural meaning that has implications extending beyond fatness and thinness aesthetically desirable or undesirable. Through the fashioning of complex cultural scripts, thinness has been appropriated as a symbol of desirability in terms of health status, sexual

appeal, independence, socioeconomic success, personal achievement, and control it affords to the individual. Contrastingly, fatness is perceived as a marker of undesirability in terms of poor health, lack of sexual appeal, stagnancy, poor work ethic, indolence, and powerlessness it signals. This is in spite of the fact that real people who inhabit thin or fat bodies defy the symbolic meanings evinced by their appearance.

The weight, size, composition, and general appearance of the body serves as a canvas for meaning-making and identity formation, where behaviors (e.g., dieting, exercising, bingeing, purging, etc.) and bodily attributes (muscle tone, skin composition, fat distribution, etc.) that have been assigned meaning by the mainstream culture and subcultures the individual is exposed to are then used to express and reinforce one's self-identity. These are symbols with transient meanings that can be modified, yet the power that personal identification with these symbols has on an individual is significant.

In its entirety, the book examines how the body and its management have been influenced by anti-fat biases that are entrenched in contemporary western society. Moreover, it is not merely the fat body that is marginalized by the hypervisible body ideal presented in the media and endorsed by institutions; a body that deviates from this ideal risks being perceived as disordered/disabled/diseased or otherwise judged on the basis of occupying a state of health that is less than optimal.

I specifically focused my attention on this first chapter. In this chapter, I found their discussion of body image to be useful for the purposes of this project because they problematize the concept of body image by describing how clinical psychology and psychiatry have medicalized poor body image to the extent that they symptomized it as 'body image distortion (BID)', while also designating 'BID' as a criterion for diagnosing clinical eating disorders. In doing so, agents of the US healthcare system have made the problem of poor body image one that can be understood as a product of the patient's 'pathological' psyche, as opposed to critiquing or addressing the environment which gave rise to this 'distortion'.

Negata, J.M., Garber, A.K., Tabler, J.L., Murray, S.B., Bibbins-Domingo, K. (11 June, 2018). Prevalence and Correlates of Disordered Eating Behaviors Among Young Adults with Overweight or Obesity. *Journal of General Internal Medicine*, 33, pg 1337-1343. <https://doi.org/10.1007/s11606-018-4465-z>

In this article, Negata et al. test the hypothesis that the incidences of diagnosable eating disorders and disordered eating behaviors (DEBs) are higher in patients with weight statuses classified as 'overweight' or 'obese' than patients who are classified as being 'underweight' or at a 'normal weight'. Their findings revealed that disordered eating does occur in patients designated as either 'overweight' or 'obese', with females, Asian/Pacific Islanders, participants who identify as LGBTQ+, and participants who completed education up to the level of secondary school being the most affected. These findings are useful for the purposes of my project because they can be viewed as a potential line of evidence for the claim that pathologizing bodies through assigning labels according to body size may result in shame that drives health-demoting behaviors, such as the formation of disordered eating patterns.

Puhl, R.M., Lessard, L.M., Foster, G.D., Cardel, M.I. (21 November, 2022). Patient and Family Perspectives on Terms for Obesity. *Official Journal of the American Academy of Pediatrics*, 150(6). doi: 10.1542/peds.2022-058204

This article sought to identify how pediatric patients (ages 10 to 17 years old) perceive the language used in conversations about the child's/adolescent's weight with their parents. Participants were recruited to establish a diverse population sample that represented variation in sex, race and ethnicity, sexual orientation, as well as weight and height status. The youth participants were presented with a list of 27 words/phrases and first asked which words on the list their parents used to describe their weight. They were then asked how each term on the 27-word list made them feel; participants were able to indicate whether it made them sad, embarrassed, or ashamed; whether they were unbothered by the term; or whether they were ambivalent about the term. The authors found that terms such as "normal weight" and "healthy weight" were the most frequently used, while the terms "extremely obese", "high BMI", "obese", and "BMI" were used less frequently by parents. With regards to the pediatric participants' emotional responses to the language used by their parents, the words "overweight", "fat", and "extremely obese" elicited the greatest negative affect. Embarrassment was associated with the word "overweight", shame was associated with the phrase "gaining too much weight" and the descriptors "fat" as well as "overweight", and sadness was associated with the terms "large", "extremely obese", "fat", and "overweight". This source is useful to me because it suggests that weight-centric conversations with children and adolescents may contribute to worsened health outcomes due to the emotional and psychological implications of the language used.

Strings, S. (2019). *Fearing the Black Body: The Racial Origins of Fat Phobia*. NYU Press.

Sabrina Strings's *Fearing the Black Body* was the book that originally inspired this project and informed the project proposal. There are several ideas presented in this text that are relevant to this research, but what I found most valuable was its tracing of multiple histories (e.g., the history of black women's portrayal in European art, the history of ever-fluctuating beauty standards for white American women and how they shifted to continue excluding women of color, the history of dieting in the US and diet culture's intentional targeting of women through advertising in women's fashion and 'lifestyle' publications) to demonstrate how the anti-fat sentiment so fervent in the United States today is inseparable from the anti-black racial bias that has also persisted since the nation's founding. The American healthcare system's insistence on finding a way to slow the 'obesity epidemic' through monitoring people's bodies and subsequently categorizing them as 'healthy' versus 'diseased' on the basis of BMI demonstrates how anti-fatness and racism are entangled forms of discrimination that have endured into the twenty-first century, with Black, Indigenous, and People of Color (BIPOC) being disproportionately affected by the reliance on BMI and body fat percentages as indicators of the 'normal' and thus acceptable body as anatomical differences among different racial populations make it such that BIPOC are relegated the label 'overweight' or 'obese', without closer consideration of their actual health status. Ultimately, what I appreciate most about Strings' book is how it demonstrates that sizeism and weight discrimination are

intersectional issues that evolved from a complex intertwining of cultural narratives throughout history.

Clark, E. (15 December, 2022). *Body Neutrality: Finding Acceptance and Liberation in a Body-Focused Culture*. Routledge.

In her book *Body Neutrality*, Eleanor Clark writes about ‘body neutrality’ as a philosophy that decenters the physical appearance of the body and body image from the pursuit of self-acceptance and the healing of one’s relationship with their body. With the emergence of the body-positivity movement in the 1960s and 70s, body positivity, a term used to describe the cultivation and expression of positive emotions towards one’s body—especially in resistance to cultural messaging that opposes such expression of positivity due to prerequisites for what comprises a body worth celebrating—has spread to the extent that it has been both decontextualized and diluted of its original meaning through essentially being appropriated by popular psychology and the mass media.

Clark argues that the contemporary framing of body positivity is characterized by an overemphasis on the body, which is a function of society’s fixation on aesthetic appearance. To begin to repair a distorted body image and free oneself from obsessive thoughts directed towards one’s body, the solution prescribed by body positivity will be inadequate because it relies on the individual viewing and constitutively assigning value judgments to their body, which reinforces the belief system that the appearance and evaluation of the body are what warrants its acceptance. Accepting the body based on value judgments informed by a culture that hegemonically enforces the realization of normative body standards is inherently self-limiting because it entails a compulsory justification to oneself and others that the body is acceptable in spite of contradictory and ongoing cultural messaging.

To successfully liberate oneself from a distorted body image instead, according to Clark, involves surrendering judgment and self-evaluation of the body and choosing to view as well as appreciate the body for what is capable of allowing the individual to do and experience in the world. Body neutrality upends the narrative that in order to be acceptable, a body must meet a predetermined aesthetic or functional expectation, and supports the process of body liberation by redefining what the body signifies to the individual.

Taylor, S.R. (2018). *The Body Is Not an Apology: The Power of Radical Self-Love*. Berrett-Koehler Publishers.

Taylor introduces readers to the concept of ‘radical self-love’, which she defines as the ability to be at peace with oneself and occupy a position of gratitude for one’s body. In the material world, the body is regularly a site of violence. Intolerance for certain types of bodies as a result of prejudice has historically and contemporarily manifested itself as an enactment of harm to the body. For example, Black Americans, particularly Black males, are more likely to be aggressively handled and even killed by law enforcement in the United States. People with fat bodies can experience weight discrimination when they are denied access on the basis of their size, such as the unavailability of appropriately sized seating. Famine, physical abuse, and sexual assault

are also examples of such bodily violence that has been committed against people on the basis of race, gender, sexual orientation, ability, age, and size. In seeing how certain bodies are mistreated, one can internalize the intolerance of their identities and denigrate oneself as a consequence of adopting the dominant culture's distorted value system.

To enact an internal transformation and replace old values with the ethos of 'radical self-love', Taylor instructs readers to observe the ways in which body-policing and body-shaming have become habits of mind, affecting how one views the acceptability, desirability, and capability of one's own body as well as the body's of others. This period of self-awareness is followed by an intentional critiquing and systematic dismantling of internalized values that reinforce the belief in an existence of a 'normal', 'acceptable', and 'desirable' body.

This source is helpful to me because it lays the foundation from which the concept of 'body liberation' can be constructed and inhabited. Body liberation is, in essence, an ideology that rejects the value system that hierarchically ranks bodies according to an arbitrary standard of acceptability. This value-laden hierarchy has been established and is maintained by the dominant culture in a society, resulting in the mistreatment, depreciating, and erasure of bodies that fail to comply, with or without intention, to the normative schema of an acceptable body. Within the context of clinical care, the process of individually and collectively dismantling values and beliefs of the dominant culture that inform what constitutes a diseased versus healthy body is necessary if clinicians are to offer person-centered care that honors all patients.

Tiggemann, M. (2012). Sociocultural perspectives on body image. In T.F. Cash (Ed.), *Encyclopedia of body image and human appearance* (pp. 758-765). Elsevier Academic Press.

This article aims to lay out a theory for understanding how the concept of body image has been constructed through social and cultural influences. The basic tenets of the sociocultural model of body image are enumerated as: (1) the existence of an aspirational beauty ideal within a society that is (2) propagated and reinforced through sociocultural channels. These ideals can (3) be, to varying degrees, internalized by individuals, resulting in (4) either body satisfaction or dissatisfaction, based on the individual's self-assessment of the realization of those ideals. Psychiatric 'conditions' or mental 'disorders' evolve as a response to the individual's self-perceived attainment of these ideals.

Tiggemann observes how, despite aesthetic sensibilities in the West favoring an increasingly unrealistically thin female body and muscular male body, the bodies of real people are, at a population level, the furthest from the socioculturally constructed ideal than they ever have been in history. As mass media has become a more robust force in disseminating content featuring this sociocultural ideal, it should not be surprising that body image, as a general concept and individual concern, has increased in relevance over the past several decades (1970s-2010s).

As it relates to how these ideals are spread throughout and upheld in a society, Tiggemann identifies parents, peers, and the media as the primary conduits of beliefs and values that advocate for the pursuit of this idealized body, with mass media being the major culprit. A concept that Tiggemann introduces that I had not come across before is that of an 'appearance subculture' that adolescent girls find themselves a part of, whereby

certain bodies that are valorized in magazines, video content, social media posts, advertisements, etc., that teen girls consume seem to prescribe a specific type of aspirational body; these overlapping forces compound to pronounce this prescriptive beauty ideal, eliciting the effect of a worsened body-image.

This source is useful to me because of its introduction and explanation of the sociocultural perspective on body image. Further, the author writes about how aesthetic ideals can be understood as being created through a combination of complex cultural scripts that ultimately conflate thinness, with beauty, social status, political power, and 'good' health.

Verhaeghe, P. (2019). Lacan's answer to alienation: separation. *Crisis and Critique*, 6(1), p. 364-388). <http://hdl.handle.net/1854/LU-8691122>

In this essay, Verhaeghe offers a close reading and analysis of Jacques Lacan's perspective on the processes of alienation and separation in psychoanalytic theory, which notably parallels Freud's definition of 'identification'. Freud defined identification as the process through which a human being's identity is formed as they are exposed to images and words (symbols and their perceived/constructed meanings); with this exposure, the child assigns meaning and emotional value to certain symbols, which they then adopt as attributes of their personality and/or physical presentation later in life.

Within the context of Freudian identification, alienation, then, can be understood as a failed identification. Lacan's 'alienation', as interpreted by Verhaeghe, complicates the Freudian way of conceptualizing alienation, however, because it shows how the dependency of an individual's identification through the Other's assignment of signifiers during development is an ongoing, lifelong process; the individual, then, is expected to choose which signifiers to embody, but the fact that they have to choose among the signifiers presented to them is, in of itself, an alienation because it confines the optionality of what to be or become to the identifications offered by the Other. The individual, in actuality, does not have the free will to choose their identity if the choices are limited to the signifiers projected by the Other. This understanding of alienation is relevant to my research because it is also the central question underpinning body liberation (as a concept, philosophy, and movement), from my point of view, which is: can a person ever be truly liberated when idealized schemas are projected onto us by the social institutions with which we engage and have been socialized into?

Verhaeghe proposes that the solution to alienation is separation from the Other and oneself, which he describes as being mediated through a unique form of identification. Separation can be understood as a subversive identification with the Real of the symptom (the subject's internal drives; its essence) which implies an identification 'on the level of being.' Through this process of separation, the subject comes to realize that they intrinsically possess the ability to form an identity without the Other, revealing that the Other does not exist, nor does the subject exist themselves (within the context of the analytic situation/experience). Acknowledging this state of non-existence frees space for the person's identity to form 'creatio ex nihilo'. Lacan termed this identity a *sinthome* (derived from *sint* meaning 'symptom', *saint home* meaning 'holy man'). At the end of the article, Verhaeghe makes the final assertion that Lacan's theory of separation incites the material body in the process of identity formation and makes clear

that there exists uncertainty regarding how a person can choose to undergo separation to liberate themselves from the Other.