

Being ‘thick’ indicates you are eating, you are healthy and you have an attractive body shape: Perspectives on fatness and food choice amongst Black and White men and women in Canada

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ABSTRACT

Despite recent critiques of contemporary obesity discourses that link ‘modern Western lifestyles’ to an ‘obesity epidemic’, the population’s weight remains a central concern of current dietary guidelines. Food choices that are considered beneficial to maintaining a certain weight are understood to play a key role in one’s health. This concern reflects medico-moral assumptions about the properties of food and what people should eat. However, the impact of obesity discourses on different individuals and social groups is rarely considered, although there is some evidence that people do generate, reflect and resist the norms and standards set for them, including those that relate to food/weight. In this paper, we will examine the perspectives on fatness and food choice amongst Black and White women and men living in Vancouver and Halifax, Canada. With this examination, we will challenge conventional assumptions about the singular ‘modern Western lifestyle’ that leads to obesity concerns by teasing out some of the social, cultural and political contexts within which people conceptualise issues regarding weight and make their food choices. By examining the experiences of both women and men we will also provide important insights into the gendered ways in which people engage with obesity discourses and the injunction to ‘eat healthily’ as a form of weight management.

KEYWORDS: sociology; obesity; gender; discourse; Canada

INTRODUCTION

Recent discourses around healthy lifestyles highlight the importance of ‘healthy eating’

through links made between nutrition, obesity and life-threatening conditions such as cardiovascular disease, diabetes and cancer. But food is

more than a process of nourishment; via food, people perform their gender, social class and identity (Bourdieu 1984; Coveney 2000, 2005). Contemporary healthy eating and obesity discourses fail to recognise the cultural specificities of how food and fat operate differently on the body according to gender, ethnicity and class. In this paper, we posit that the relationships among the body, weight and health are more complex and multidimensional than presented by overly simplistic accounts that define obesity as 'calories in versus calories out'.

The obesity 'epidemic'

The World Health Organisation (WHO 2006) defines overweight and obesity as abnormal or excessive fat accumulation. According to the WHO and other public health organisations, we are in the midst of a global obesity 'epidemic' caused by consumption of fatty and high sugar foods and a sedentary lifestyle. Growing fears about the devastating and expensive consequences of the epidemic have produced a variety of public health and health promotion initiatives that encourage the population to take responsibility in preventing their own potential health issues. Food and physical activity feature prominently in public health discourses on obesity and are seen as the keys to reducing the obesity 'epidemic'.

Despite emphasis on the devastating health consequences of obesity in public health discourse, the relationship between body weight, diet, exercise and health is not well understood and is characterised by 'inconclusive findings and ongoing controversies' (Gard and Wright 2005:66; see also Campos 2004). A number of scholars assert that contemporary public health assessments of body weight cannot be divorced from underlying moral assumptions about fatness (Austin 1999; Campos 2004; Gard and Wright 2005; Murray 2008; Rich and Evans 2005; Saguy and Riley 2005). Biomedicine and public health have consequently been criticised for giving 'scientific credibility to our society's obsession with

dieting and loathing of fat' (Austin 1999:46). Healthy eating discourses have also been similarly criticised for failing to consider the social contexts of food practices and contributing to the normalisation of dieting – particularly in women (Germov and Williams 1996).

Gender, ethnicity and the fear of fat

A large body of literature indicates that the loathing of fatness is gendered, so that women have been caught up far more acutely than men in issues related to body image and weight (Bordo 1993; Chernin 1981, 1986; Orbach 1978; Wolf 1990). This literature suggests that cultural pressures placed on women to be thin have led to widespread levels of body dissatisfaction in North American women and a high incidence of eating disorders such as anorexia nervosa and bulimia.

Other literature has challenged the idea that the 'fear of fat' and body image concerns are restricted exclusively to women (Bell and McNaughton 2007; Monaghan 2008; Pope *et al* 2000). As several scholars (e.g. Bell and McNaughton 2007; Monaghan 2008) have noted, the medical pathologisation of fatness has affected both women *and* men. However, as male weight control efforts are likely to focus on building muscle mass and gaining weight, this may serve to disguise the similar technologies of the self these practices entail to women's preferred forms of weight control (Bell and McNaughton 2007; McCaughey 1999; Pope *et al* 2000). Consequently, men's concerns have been understudied; we know little about how men live and experience their bodies, how they discuss weight-related issues and how they present themselves in relation to obesity epidemic discourse (Bell and McNaughton 2007; Monaghan 2008).

Complicating the picture further is a growing body of research documenting ethnic differences in body image and eating disturbances – particularly when White and Black women are compared (see Lovejoy 2001 for an overview of the literature). This research

suggests that Black women tend to be more satisfied with their body weight, size and overall appearance than White women and consequently exhibit less disordered eating.

Several explanations for this discrepancy have been proposed. Some researchers contend that as a result of their stigmatisation in larger society, Black women may develop strong, positive self valuations and alternative standards for evaluating appearance (see Lovejoy 2001; Nichter 2000) and a more androgynous gender identity (Harris 1996) than White women. This 'Afrocentric aesthetic' allows Black women to resist mainstream images of beauty and create more positive self-definitions (Lovejoy 2001), although some researchers have suggested that it has also led to an 'unhealthy' tolerance of obesity in the Black community (Flynn and Fitzgibbon 1998). Another plausible explanation may be that Black men prefer a larger body type for women and tend to associate more favourable characteristics with large women than do their White male counterparts (see discussion in Grab and Hyde 2006).

However, several commentators and scholars have challenged the assumption that substantive differences exist between Black and White women in relation to their degree of body acceptance (Grab and Hyde 2006; Root 1990; Thompson 1992). For example, a recent meta-analysis of 98 studies (Grab and Hyde 2006) showed that differences in levels of body dissatisfaction amongst Black and White women, the so-called 'ethnicity effect', may have been overstated. In fact, gender, relative to ethnicity, was shown to have more important consequences for experiences of body dissatisfaction (Grab and Hyde 2006). Reel *et al* (2008) study also revealed that both African-American and White women of all ages engage in private self-monitoring of their bodies and attempt to change the shape of their bodies. Their study suggests that women across age and ethnic categories may be vulnerable to body dissatisfaction.

In this paper, we will examine the perspectives of Black and White women and men living in Halifax and Vancouver, Canada on weight and diet. Most previous research has been limited to data collected with economically advantaged, educated women, and therefore overlooks the perspectives and practices of men, those of lower socioeconomic status and those of non-dominant ethnic backgrounds (Bell and McNaughton 2007; Gough 2007; Kwan 2009). By utilising data from women and men from Black and White communities, we will provide insight into the gendered, classed and racialised ways in which people engage with obesity discourses and the injunction to 'eat healthily' as a form of weight management. Through this examination, we will tease out some of the social, cultural and political contexts within which people conceptualise issues regarding weight and make their food choices.

METHODS

This paper draws on data collected with families who participated in a qualitative study of family food decision-making conducted in Halifax and Vancouver (see Beagan *et al* 2010; Ristovski-Slijepcevic *et al* in press), situated on the opposite coasts of Canada. Canadians of European (primarily British) heritage but born and raised in Canada for at least two generations comprise the dominant culture in both cities. Despite their similar cultural backgrounds, however, Whites in Halifax and Vancouver have noticeably different lifestyles (see, for example, Beagan *et al* 2010 regarding differences in food lifestyles between these regions). Vancouver's temperate climate and geographic location situated close to both mountains and the sea have created a reputation for an outdoorsy lifestyle – as 'the only city in the world where you can ski, sail and golf on the same day' (e.g. Destination Canada 2010). As with other North American cities epitomising the 'west coast lifestyle', healthism (Crawford 2006) is prevalent in Vancouver, where a high moral valence is attached to the pursuit of health and

ethical consumption (Beagan *et al* 2010), which is seen to be firmly within the control of the individual consumer/citizen.

Some of the differences between the regions stem from the different historical and social contexts within which people are situated. Halifax was first settled by Europeans in the 1600s. It is the largest city in the Atlantic provinces, with a population of 380,000 (Statistics Canada 2006). Many Atlantic Canadians have roots in their home area that extend back several generations. The Black population, comprising several small communities within Halifax Regional Municipality, is the largest visible minority in Halifax. With an estimated 13,000 people, the Black community constitutes just over 50% of the city's total visible minority population (Statistics Canada 2006). With a 400-year presence in the area, they offer a unique perspective on culture and history of immigration and integration in Canada. Black communities are relatively isolated in Halifax, rooted in part in a history of oppression and racial discrimination.

Vancouver, on the other hand, is the third largest city in Canada with a population of over 2.2 million (Statistics Canada 2006). It is a relatively young city, with permanent European settlement starting in the late 1880s. Although the dominant ethnic group distribution is similar to Halifax, Vancouver has a large percentage of visible minorities, who constitute almost 50% of the city's population (Statistics Canada 2006). However, although there are sizeable ethnic Chinese and South Asian communities in the city, in contrast to Halifax, the Black population is very small, constituting only 3% of the total visible minority population (Statistics Canada 2006). Therefore, while the White participants were recruited from both cities in order to tease out how social/geographic/political contexts shape the ways people conceptualise food and weight issues, because there is not a defined indigenous Black community in Vancouver, the Black participants were all drawn from Halifax.

Ethical approval was obtained from local university Research Ethics Boards. Participants

were recruited through community-based organisations, notices posted in public locations and snowball sampling. Recruitment of European-heritage participants in both sites specified 'born in North America', and for Black participants specified 'Indigenous' – a term used locally to distinguish African-heritage peoples who have been in the province for generations from more recent immigrants. Purposive sampling recruited families from varied circumstances, including family structure, education and occupation.

Data collection, described in detail elsewhere (see Beagan *et al* 2008, 2010, Ristovski-Slijepcevic *et al* 2008, in press), took place as part of a family-oriented food study in which family members (adults and adolescents) participated in interviews, a grocery shopping trip and a participant observation of a family meal. As discussions about weight and food choice rarely occurred during grocery trips and family meals, analyses for this paper draw primarily from the interview data. Interview transcripts were coded using Atlas/Ti qualitative software, using a code list developed collaboratively by the research team during coding of initial transcripts. Our sample was disproportionately female, in part because recruitment was on a family basis where at least one woman aged 25–55 years needed to participate. In some households there was no male partner, in others male partners did not volunteer to be interviewed.

Interview data for this paper included only the adult participants (18 years and older), as the weight concerns of teens can prove to be very different than those of adults. Interview transcripts with 26 Black participants (19 female, 7 male), 20 White Haligonians (13 female, 7 male) and 25 White Vancouverites (17 female, 8 males) are included in the analysis. Transcript sections associated with relevant codes (e.g., 'body image/weight', 'health', 'gender' and community groupings), were used to develop the themes in this paper. A critical discourse analysis approach, which situates discourses within a historical and social context, was used for analysis (Wood and Kroger 2000).

The groups were relatively comparable in terms of age, employment, education and household income levels, although Black participants tended to have lower education and household income levels. The two White groups were very similar in demographics; however, as stated above, different health cultures exist in the two cities. Some of these differences are brought to light in the results section.

RESULTS

Common talk across gender, race and region

One of the core activities in the pursuit of the perfect body is the control of food consumption (Chapman 1999). Discourses about *how* to control the body through food intake have changed over the last several decades. With the shifting discourses a slender body has become associated not only with preferred physical appearance, but also with health (Chapman 1999). The meshing of discourses on both weight and health was noted, even if implicitly, by many participants:

Nowadays everywhere you look they're talking about these diets. You know, 'you can't eat this', and it's on TV, it's on the radio, it's on bulletin boards and so everywhere you look it's all about this health. They want this whole society just to be slim, which is in a way a little wrong (Black woman, 43).

With the ubiquity of weight and health discourses, most participants, to varying degrees, showed a desire to alter their weight. Some participants emphasised the 'middle age spread' and the need to keep weight off as they got older. As one 42-year-old Black man noted:

Right now at this stage of my life I – you know, I'm like 42 and I'm in pretty good shape but I know – I know like a couple guys that died of heart attacks and stuff. So I want to eat kind of healthy and stay away from like trans fats and stuff like that that cause heart disease. So I'm starting to think about that now.

A White man from Halifax, aged 45, reiterated similar ideas:

As soon as you get into your forties your body would like you to stop now. You're not growing any taller and it just puts on weight, where you always, you know you work harder [than] when you were younger, you don't work it off the same.

Women, too, evidenced a similar concern about weight gain in middle age. A 46-year-old Black woman noted:

I'd like to change my eating habits so that I can lose some weight. I do exercise, I do a lot of walking but you know at this age you start to pack the pounds on, they stay on.

White women in Vancouver and Halifax also expressed similar concerns. One woman said:

I do need to lose weight because I am higher than I am supposed to be for my body size, I have a lot of muscle mass, but you know as you get older your body dimensions kind of change a bit so I got when I put my denims on I got muffin top, I don't like that, you know. It is kind of a vain thing, health thing and a vain thing (White woman, Halifax, 40).

Another said:

I know I probably should lose quite a bit of weight. I probably should, you know, but it's hard. It's really difficult the older you get... and I think it's simply an age related thing because I was always very slim and now it's just – you hit forty and your body seems to change (White woman, Vancouver, 43).

Implicit within both women's and men's accounts was the idea that putting on weight as one gets older is common but also problematic from both a health and an aesthetic perspective. These accounts point to a widespread acceptance of mainstream obesity discourse where weight gained at any point in the lifecycle is deemed unhealthy and dangerous.

Men's talk

There was little evidence of ethnic differences in how men enrolled in the study talked about their weight. Regardless of ethnic background, men tended to focus on their stomach, often either consciously or unconsciously patting their bellies when discussing their weight concerns:

I need to lose some weight, cause it's all here (pats his stomach). I weigh 210 pounds, I'd like to be 180 cause I'm a 36 inch waist, I should be a 34, 33, that's the healthy size, the healthy waist for men is 34, 36 is a common denominator in heart disease (White man, Halifax, 46).

The similarities we observed between Black and White men in terms of their preoccupation with stomachfat were explicitly summed up by one Black man, aged 46 who noted:

Well, both societies [Black and White] you just try to stay in some kind of shape that you, that your stomach isn't too big hanging over.

Although men often explicitly or implicitly justified their preoccupation with stomach fat in terms of the health effects of carrying excess weight in this region, their aesthetic distaste for such fat was also evident in comments about not wanting a 'beer gut' 'hanging over' one's pants. That stomach fat was something to be ashamed of was particularly evident in one man's insistence that his fat friends 'must' at some level have body image concerns, even if they did not express them (White man, Vancouver, 22).

Another common theme among the men was the relative value they placed on exercise and diet in weight management:

I read a lot of the magazines at work because there is a lot of guys at work that are into health, like they go to the gym everyday, all kinds of magazines and certain carbs and all this stuff that is really good for you (Black man, 46).

Although the study dealt specifically with understandings of food and eating amongst men,

many of the men in the study tended to focus on exercise more than diet as the way of 'correcting' an overweight body and maintaining a slimmer physique:

I'm about 10 pounds overweight. And when I see that creeping up to the 15 pounds overweight I knock it back down again... actually a good friend of mine was about 80 pounds over and had a heart attack and died last year. And I had told him, we'd all told him many times to slow down. 'You're working too much and you're overweight. You should exercise more'. He wouldn't listen to what anybody said (White man, Vancouver, 58).

Men's tendency to focus on exercise more than diet as a means of weight control and the route to a healthier body has been noted in previous research (e.g., Beagan and Saunders 2005; Bell 2009; Bell and McNaughton 2007; Saltonstall 1993). Saltonstall (1993) has showed that women generally stress the importance of food while men focus more on the importance of exercise, with food tagged on as an item of lesser importance in maintaining health.

However, some Black men were more likely than either of the White male groups to voice resistance to mainstream expectations of the male body. The ethnic body provided a source of resistance to mainstream messages about the dangers of fat. As one man noted:

Whether other people want to realise it or not, certain things aren't meant for Black folk. Certain things aren't meant for Caucasians, right, it's – they're not, and that has to do with the structure of their body, you know it's very important... So there's a difference, and I think with African Canadians we tend to do the same thing. We forget how we are supposed to eat, and we sort of start Westernising it as some people put it, and that's when we start having health problems. We start getting away from who we are and what it is that we would normally eat, I mean some people

are much healthier bigger than they are when they're small (Black man, 39).

Interestingly, it was in relation to food and not exercise that the ethnic body was invoked as a critique of both obesity and mainstream healthy eating discourses. It has become increasingly apparent that food is a vessel through which different populations project their diverse views of health and well-being. Evidence is accumulating with regard to the multiplicity of food and health discourses that people draw upon and the larger historical, social and political contexts that influence them (Coveney 2005; Ristovski-Slijepcevic *et al* 2008). Despite the prevalence of mainstream discourses, people at times hold on to ways of eating that – while from a particular lens considered nutritionally of little value – are deemed valuable to the promotion of culture, tradition and belonging, and providing grounds for reflective critiques of scientific discourses about the body.

Women's talk

Similar to White men, many women, regardless of their ethnicity, endorsed risk discourses on obesity and the need for preventing unhealthy outcomes through weight control:

I know I have a bit of a weight problem... related to diabetes, stress... I do worry a bit about it. It's not in my family but I know people can develop it simply from having a bad lifestyle or whatever (laughs) so I try and be really active and I try and, you know, I'm taking that to kind of monitor that. Although the doctor says I'm okay with my blood sugar and everything (White woman, Vancouver, 43).

Importantly, however, Black women in the study who emphasised the risks of obesity seemed more likely to have had medical experiences involving their own or family members' weight and often referred to risk discourses they presumably would have learned about directly from health professionals:

I've been losing weight on and off all my life so when you're at the obese line and anything over 200 pounds is classified as obese, you know, it starts to become a worry factor for you. Especially if your family has a lot of history of heart attacks and cancer and high blood pressure and stuff so it does become a concern for you (Black woman, 33).

In general, however, Black women were far more likely than White women, and all men, to express resistance towards obesity discourse and the equation between thinness and healthiness. They commonly emphasised the value of having a bit of 'meat on one's bones':

I got to see a little bit of something. I can't walk down the street with a shape and you can't tell the front from the back, you know what I mean. You got to have a little bit of leg or 'sumpin sumpin'... Not too many Black women are small, we all have big boobs, and big behinds (Black woman, 18).

They also often differentiated between a healthy and unhealthy weight, often in stark contrast to medically defined healthy weight:

I'm 5'7 1/2" and I'm supposed to be like 150 pounds [according to BMI charts]. I don't want to be no 150 pounds... It's too small... you need something to lean on when you get sick (Black woman, 38).

The perspectives here pose a contrast to dominant Western cultural values, where the predominant bodily orientation toward health promotes cultivation of the body through discipline and restraint. Rubin *et al* (2003) also found that their Black participants both contested ideologies defining thinness and Whiteness as inherently beautiful and espoused a body ethic of self-acceptance and nurturance that rejects mainstream cultural pressures to reshape bodies to aesthetic ideals circulated in the media. Indeed, their study participants defined their own aesthetics, apart from, and sometimes in contrast to, prevailing norms (Rubin *et al* 2003).

The Black women in our study believed that the image of the ideal weight portrayed in Western culture is too thin, unhealthy and unrealistic:

For body image I think like everyone may have a different figure it is just as long as they're healthy and active... in the magazines and stuff they're small, they tend to be really slim and most people aren't that slim unless they're starving themselves (Black woman, 21).

Instead, they aimed to be 'not obese but "nice and thick"' (Black woman, 18). Between the thin ideal weight and being obese was room for natural diversity in what could be a healthy body:

Respondent: I'd like to be a little bit slimmer than what I am, but not skinny, skinny.

Interviewer: And when you say 'not skinny, skinny', why is it that you wouldn't want to be 'skinny, skinny'?

Respondent: It doesn't look healthy. In articles its like 'oh my god, I want to like, like my belly is so fat, look at my arms', like they [White women] want to be right small. They want to be like toothpicks (Black woman, 38).

The responses of women interviewed clearly resonate with the findings of previous research conducted with Black women in the USA. For example, Nichter (2000) found that Black girls in her ethnographic study often defined their beauty ideals in opposition to White girls, making comments like 'White girls have to look like Barbie dolls and Cindy Crawford to be beautiful' (Nichter 2000:165). The girls in her study noted that their own beauty ideals centred more on personality than physical appearance. Ideal girls had it 'going on'. They made what they had 'work' for them, 'whether it be long nails, pretty eyes, big lips, nice thighs, a big butt – whatever' (Nichter 2000:166).

However, while there was evidence of greater tolerance of body diversity and widespread scepticism about the equation between thinness and health amongst the Black women interviewed, there was still an emphasis on 'shape' that

suggests a distinct, if less rigidly defined, body ideal that many women clearly strived towards. One Black woman expressed the view that this emphasis on shape in the Black community was a fairly recent phenomenon, noting that:

[L]ots of time with the younger ones, with the teenagers they don't want to eat too much, because they are watching their weight, so that's another thing that, the people is looking at now, everyone wants to be shaped. When I was little, nobody worried about the shape, we just ate what was healthy. But now with the fancy [hair]dos and all the [emphasis on] curves you've got to watch what you eat (Black woman, 59).

Such comments suggest that there are limits to the apparent 'fat acceptance' in Black North American communities (see Regina Williams in LeBesco 2004:61).

In contrast to the Black women we interviewed, White women in the study were far more likely to simultaneously invoke risk and aesthetic discourses in discussing their weight concerns. One woman described that she went on a diet because 'I wasn't feeling very good. I was constantly tired, and just wasn't happy with the way I looked' (White woman, Halifax, 40). Other women also invoked discussions about health which were intermingled with concerns about the aesthetic implications of weight gain, such as 'clothes don't fit properly' (White woman, Vancouver, 47) or when 'ten pounds too much then you can really tell in my face' (White woman, Vancouver, 20).

Chapman (1999) has previously written about shifting constructions of eating for weight control amongst White, urban, middle class Canadian women and the ways that 'healthy eating' discourses have superseded older ideas about 'dieting'. Women in her study tended to sharply differentiate 'healthy eating' from 'dieting', with the latter being deemed restrictive and unhealthy. However, Chapman notes that while participants tended to refer to these newer

approaches to weight control as 'being healthy' rather than 'trying to lose weight', women's reasons for embarking on a 'healthy lifestyle' tended to revolve around aesthetic concerns such as wanting to fit into their clothes or to keep from getting fat. Kwan (2009) notes that health is often seen to be a more legitimate reason to lose weight than conformity with beauty norms, which is associated with vanity. However, as seen from the above quotes, health and beauty concerns were often discussed in tandem and conflated, with participants assuming that beauty ideals represented the health ideal, and gauging healthiness using aesthetic measures (see also Kwan 2009).

Nevertheless, differences between White women in Vancouver and Halifax were also evident. First, although women in Vancouver were much more likely to accept obesity discourses and voiced a clear aesthetic preference for thinness, a number also expressed criticisms of the cultural beauty ideals they were exposed to:

Interviewer: Well, did you ever have any body image issues yourself?

Respondent: Mm-hm. Yeah, in high school when everyone was trying to fit into an ideal. That was when it was a major issue for me or way more of an issue than it is now. Like now it's not really an issue.

Interviewer: And what do you think promoted the change?

Respondent: Understanding where that ideal came from.

Interviewer: And where did it come from?

Respondent: (pause) I don't know where it first came from... This is not the origin because for this to be the origin, well something had to come before it but just the whole like marketing scam of it all and being like capitalism being like, 'Okay, we're going to create this image so that we can sell all of these products because we make clothes. Like if we make people really want this then they're going to really need to buy all these products to create this image for themselves'. I'm sure that was built on a pre-existing

image. Although the level that it is at now, I think it was generated by the capitalist economy (White woman, Vancouver, 19).

As several scholars have noted (Ambjörnsson 2005; Bell and McNaughton 2007; Nichter 2000), since the 1980s, eating disorders and body image issues in females have been highlighted 'relentlessly' in the media. Such cultural questionings 'exposed' by feminist scholars are now well known and raised in casual conversations on the topic. White middle class women in Vancouver showed a broad familiarity with these critiques and were able to draw on them in challenging dominant constructions of beauty that are 'unattainable, unrealistic, and airbrushed fiction' (Kwan 2009:1226).

It is interesting to note that while using somewhat different reasonings and geared towards slightly different focal points, both Black women and White women from Vancouver critiqued the thin beauty ideal. For Black women, resisting the thin beauty ideal through food can lead to a body that is likely to get approval from the community: that is, a body shape that allows one to belong. Instead, for White women from Vancouver, resisting the thin body ideal through food can lead to a body that makes one different from the majority (under 'the capitalist economy').

Yet, despite the reflexive, postmodern orientation evident in Vancouverites' accounts of beauty ideals, these same beauty ideals, combined with obesity discourses, simultaneously motivated their own weight concerns. As one of the women in Kwan (2009:1227) study noted: 'I think even if you're a critical thinker, it doesn't make you immune to it'. Obesity discourses and beauty ideals were powerfully evident in female Vancouverites' accounts of their weight and health concerns where a 'can always do better' attitude dominated. As one woman stated:

We [family] can all lose ten pounds and we'd be healthier if we weighed ten pounds less so that's something I'm always considering and planning on (White woman, Vancouver, 47).

DISCUSSION

In summary, our study showed that although there was general acceptance of dominant obesity discourses in that gaining weight was considered problematic, there was much diversity in how such discourses were taken up, leading to complex combinations of body image and weight understandings based on gender, ethnic and regional background. Although there was considerable commonality among men across ethnicity in how they took up obesity discourses, much more complexity was evident in how women responded to dominant obesity discourses. Black women provided the most resistance to dominant Western cultural values around health, obesity and beauty. Some White women from Vancouver also expressed resistance, but while such resistance signified belonging to the Black community for Black women, it allowed White women in Vancouver to differentiate themselves from what they believed represented the norm. Resistance in the accounts of White women in Halifax was much less evident than in the talk of White women in Vancouver, exemplifying some very explicit lifestyle differences between the two groups. The prevalence of healthism (Crawford 1980) in Vancouver was particularly evident in White women's discursive framing of their weight concerns in terms of health rather than beauty ideals.

As this paper shows, men's and women's talk about food and weight are intimately entwined with their gender identity, and, for women, their ethnic identity as well: through talk about food and weight, men and women 'perform' their identity. Nichter (2000) and Ambjörnsson (2005) have noted that 'fat talk' (expressing concerns about one's body) is an important way through which middle class White women express their gender and class identity. Through criticising their own bodies, women bond with each other and express

social solidarity. However, such talk also serves to reinforce the idea that a concern with fatness is central to the performance of 'White' femininity (Ambjörnsson 2005). For Black women, then, body talk becomes a critical means of expressing a Black ethnic identity that is often quite consciously articulated in opposition to perceived 'White' feminine norms.

For Black women, body size and weight questions are more likely to be wrapped around concepts of racism, rejecting White ideals and representing/belonging to the community as opposed to being wrapped around more narrow concepts of physical health (and status). The narrow conceptualisation of health in Western societies, lacking in the larger historical and social contexts of people's everyday experiences where forms of knowledge in addition to official guidelines are recognised, has been critiqued previously (Ristovski-Slijepcevic *et al* 2008). These critiques suggest that it may be important to engage various interpretations of body image, weight and health in dialogue to creatively contribute to constructing health-promoting ideas of health, body and well-being.

Men's talk, on the other hand, is striking in the absence of the invocation of an ethnic Black male body. This is perhaps unsurprising, given that the performance of a distinctive Black masculinity differs from hegemonic White masculinity not so much in terms of the size of the body, but how the body behaves (Majors 2001). Instead, men expressed a similar heterosexual *masculine* identity through their body and weight talk, rather than a specific ethnic or class identity. Thus, most men expressed a preference for 'masculine' forms of body control such as exercise and 'going to the gym'. Men's general concern with stomach fat also speaks to the potential feminising dimensions of fatness¹ noted by a number of scholars (e.g. Bell and McNaughton 2007; Durgadas 1998; Gilman 2004).

¹ Although the 'beer belly' has historically been 'overloaded with masculine signatory presence' (Textor 1999:228), stomach fat is also potentially highly feminising, with its imputation of male pregnancy and the perceived diminution in genital size it creates (Bell and McNaughton 2007; Mosher 2001).

Vancouver participants, the women in particular, reflected embodied subjectivities projecting neoliberal politics around health and obesity. The discourse of obesity, therefore, both produces and reflects neoliberal governmentality. Discourses of consumer choice, personal responsibility and empowerment circulate together with those of obesity so that obesity discourses produce these governmentalities (Guthman 2009). The extent to which people who are predominantly thin, White and economically privileged employ health as a discourse not only ignores the structural inequalities that give rise to different health outcomes but also points to how the performance of health works to legitimise class and ethnic privilege while constituting others as beyond repair (Guthman 2009). Such messages become internalised, and conflate disciplinary regimes (lack of freedom) with empowerment.

CONCLUSION

While there is a widespread perception that particular individuals and communities lack knowledge about the 'right' way to eat, control weight and maintain health, in this paper, we have presented a more complex picture that suggests dominant healthy eating and obesity discourses must not essentialise gendered or ethnic attitudes towards weight. Instead, they must consider the larger social, cultural and political contexts within which food choices and weight preferences are made. Studies that locate obesity within the everyday experiences of people demonstrate some of the ways in which obesity is enmeshed with different gendered, class and ethnic embodiment experiences (Braziel and LeBesco 2001; LeBesco 2004).

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