

Fat Liberation - A Luxury?

An Open Letter to Radical (and Other) Therapists

Aldebaran

"Dr. Hurvitz," to whom this letter is addressed, is really a composite of several radical therapists with whom I've talked about fat liberation over the past year.

Dear Dr. Hurvitz:

I know that you consider support for liberation movements to be a basic part of your work as a radical therapist. That is why I left our last conversation feeling hurt and angry, sensing that you consider fat liberation to be some sort of "luxury" we fat people can't really afford.

I base this feeling on a comment of yours: You said, "Fat liberation may be fine for you, but I have a client in therapy who has to lose 50 pounds or she'll die of diabetes."

You also said the real issue in fat liberation ought to be the "right to be fat," and that I should put more emphasis on "Fat is Beautiful." I've tried to figure out why those comments make me feel so queasy. Certainly we must come to love ourselves and assert our right, as fat people, to *be*. But what I come up with is that you want a nice liberal discussion about freedom and beauty, while you and I both know that the most urgent issue is *death* -- the pain and death of fat people. You see fat as suicide, I see weight loss as murder -- genocide, to be precise -- the systematic murder of a biological minority by organized medicine, acting on behalf of the law- and custom-makers of this society. We differ only in our opinion of what causes fat people's early deaths.

You see your role as therapist to help fat people follow doctors' advice to reduce, by helping us stay on reducing diets. I want to impress on you how much harm you are doing. First of all, reducing programs are 98-99% ineffective at producing permanent weight loss, and this almost total failure is well-known in the medical literature. Secondly, attempts to lose weight actually cause or aggravate every disease that is typically blamed on fat! This, too, is well-documented in the medical literature. The medical advice to "lose weight" is negligent and cynical, because doctors

actually know what kind of harm they inflict on us. Yet they continue to do it.

(I've been asked, what if a weight-loss method were found that were 99% *effective*, and painless and harmless, too -- would there be any point to a fat liberation movement? Of course the answer is yes.) It's a question of one minority being persecuted into putting out special efforts and energies -- special diets, special exercises, special medical treatments and fees, etc. -- just to be treated with ordinary respect. But I'm not writing this particular letter about political philosophy. I'm trying to make clear to you just how badly fat people are being hurt by the health system of which you're a part.

In a symposium on obesity held in Washington, D.C. in June of 1972, Dr. Alvan Feinstein of the Yale Medical College, speaking of studies of the effectiveness of weight loss programs, said, "The few studies containing long-term results usually show a very low success rate -- no more than about one or two percent." As for the glowing success reports that fill the medical literature, Feinstein criticized them as misleading: they give only short-term results (when it is long-term results that matter); and they generally eliminate the failures (the dropouts who couldn't stand the diet, or couldn't lose weight on it, so became frustrated and embarrassed and left the study) from the final tally. A major U.S. Public Health Service Report, *Obesity and Health* (1966), reluctantly called the results of weight loss programs "somewhat discouraging." Away from the strictly clinical setting, a Harris Poll in 1966 found the failure rate for weight loss to be 99%; and figures released by diet clubs such as Weight Watchers, comparing numbers of "maintenance program" members with numbers of reducing program members, indicate a similar permanent success rate: one percent or less.

The whole assumption that making fat people lose weight will make fat people's mortality rate the same as slim people's is absurd. To assume so is to ignore enormous amounts of evidence that fat people differ genetically, cellularly and metabolically, from slim people. A fat person who loses weight is no more a real slim person than a

white person who gets a suntan is a real black person.

But even if the assumption made sense, reducing diets still aren't valid as a cure for anything, because they don't work. By relying on weight loss as a cure for serious diseases, the medical profession plays statistical roulette with fat people's lives. They pass the blame onto the patient for "not trying hard enough" to be cured. Meanwhile, all the energy that goes into trying this and that variation on reducing diets is not going into a search for real cures, with the result that fat people die of a kind of vicious neglect.

But it isn't just neglect. By insisting upon weight loss as the only valid cure for fat people's ills, the health professions are not just letting fat people die. They are actively killing fat people. Consider these points:

- ◆ Low calorie diets, particularly low protein and starvation diets, weaken the heart (and other muscle tissue) by digesting protein from these organs to feed the brain.(1) Obviously if fat is such a "strain on the heart," as medicine says and society believes, then it would be important to keep fat people's hearts as strong as possible.

- ◆ Diet pills (usually amphetamines or some related speed) raise the blood pressure, thereby increasing risk of organ damage, including heart attacks.

- ◆ The kidneys process metabolic waste into excretable form. During weight loss, the load of waste for the kidneys to handle is greatly increased. This is particularly true of low-carbohydrate diets, of which a report in the Journal of the American Medical Association said, "Patients whose renal function is already compromised may have difficulty in handling the extra burden placed upon their kidneys by such a diet."(2)

Two-thirds of these unhealthy diets are vouched for by one doctor or another. Drs. Stillman and Atkins' diets, and the current new, and very professional, fad of total- or near-starvation diets, are among the most dangerous. The point is that, failing diet after diet, fat people end up trying almost every diet, no matter how bizarre. This is not because we're stupid. It's because we're desperate.

There is a whole other category of bodily damage that fat people suffer not directly from dieting, but from the persecution heaped on us for being fat, of which pressure to diet is just one part:

- ◆ High blood pressure is the natural result of the sort of stress that fat people live under: daily ridicule, self-consciousness, shame, discrimination (in jobs, schooling, clothing and

many other areas of life), rejection from social groups, and hunger; the struggle to stay hungry (surrounded by plentiful food and by slim people who eat it) and the continual sense of frustration and unworthiness because every attempt one has made to lose weight failed.

- ◆ The cycle of starving, then bingeing when the hunger becomes unbearable, then starving again to make up for the binge, etc., etc., must be like a sledgehammer to the body's blood-sugar regulation mechanisms. In just a few minutes, the body takes in thousands of calories, usually from candy or other quick-energy foods. This "compulsive eating" is not "neurotic." It is an absolutely natural reaction to intense, prolonged hunger.

There is only so much one can hear of "Hey, lookit that blubber ass!" before a person who's already been beaten down with a message of inferiority, gives up and stays indoors.

- ◆ Lack of fitness, which particularly causes or complicates circulatory problems is due to sedentary lifestyle. Not all fat people are sedentary, but those who are probably suffer a lot more than sedentary slim people, because the lack of exercise isn't a choice; it is imposed on us by those slim chauvinists who gather to gawk every time we go out to play, or swim, or dance or just plain walk. There is only so much one can hear of "Hey, lookit that blubber ass!" before a person who's already been beaten down with a message of inferiority gets intimidated, gives up and stays indoors.

- ◆ Doctors' practice of handing fat people reducing diets no matter what ailment we came to see them about, and their use of reducing as a wastebasket prescription ("lose weight and whatever is bothering you will probably go away") denies us medical care. The humiliation involved keeps fat people away from doctors until our health problems have turned to crises. Excuses like "I can't do surgery on you till you lose weight -- all that fat to cut through makes the operation too risky," reflect deficiency in the doctors' training and the state of the art.

- ◆ It's no accident that atherosclerosis, leading to heart attacks and strokes, is a major cause of early death of fat people. Atherosclerosis is caused by repeated attempts to lose weight. And with the 98-99% failure of reducing diets, and the

emotional climate of hatred and ridicule that fat people live in, we are all repeated dieters.

(Repeated losing and gaining) may be actually more harmful than maintenance of a steady weight at a high level. For example, it has been shown that serum cholesterol levels are elevated during periods of weight gain, thus increasing the risk of deposition. We have no evidence to show that once cholesterol is deposited it can be removed by weight reduction. It is possible that a patient whose weight has fluctuated up and down a number of times has been subjected to more atherogenic stress than a patient with a stable though excessive weight...If an animal has once been obese and then has been repeatedly reduced, it will have a shorter life expectancy than the obese animal which has never been reduced.(3)

Whether fat is inherently unhealthy or not is beside the point. What kind of medical sense is it to prescribe, for prevention, exactly that treatment which increases the risk? I assume doctors have the intellect to figure this out logically themselves, but they are so blinded by their repugnance for fat that they can think of only one thought: lose it.

◆ There is no way to know at this time whether fat is inherently healthy or unhealthy, because virtually all studies quoted as evidence that fat is unhealthy were done on fat people who are severely persecuted for their weight, and in most cases are chronic dieters. The few studies existing of fat people who do not diet and do not endure persecution find that they are very healthy. The best known are the Roseto studies, undertaken in the 1960s by medical teams from the University of Oklahoma. The Rosetans in question were for the most part fat, blue-collar Italian-Americans, who worked hard, ate hard, and enjoyed rates of heart disease and diabetes below the national average for slim people.(4) This contrast between them and the wretched lifelong dieters who make up the early mortality statistics speaks for itself.

How does this involve you as a therapist? You have been supporting organized medicine by "putting" fat people on diets and by providing the rationale for keeping the resulting harm mystified, looking like unappreciated "help." As I write this I'm aware that psychology plays the same role pretty consistently -- rationalizing the oppression of just about every group of oppressed people: women ("normally" passive and masochistic), gays ("confused sex-role models in childhood"), poor people ("unmotivated"), blacks ("low IQ"), etc., etc., and mystifying it all so that every unhappy woman, gay person, poor person, black person, fat person,

etc., thinks she is hung up in the grips of a shameful personal problem.

The 99% failure of reducing diets is fat people's collective experience, and therapy tells us to ignore it. You can lose weight if you try hard enough. If you failed you were not motivated enough.

The Rosetans in question were for the most part fat, blue-collar, 'Italian-Americans, who worked hard, ate hard, and enjoyed rates of heart disease and diabetes below the national average for slim people.

Having isolated us from our collective experience, therapy then invalidates us as individuals, with its claim that our fat is the result of "unnatural, bad" eating habits. As a result, you probably think we are not a "real" oppressed minority. I suspect you think we cause our problems by eating "like pigs" (i.e., subhumanly), and therefore refuse to take us seriously as long as you think that liberation for us would mean license to indulge in "degraded" habits, or that we need, not liberation, but "cure."

If this is how you feel, it is you who has an eating problem -- the inability to tolerate that other folks might have different appetites from yours -- and you who has to change.

Fat people's eating habits, and what psychologists make of them, were the subject of an article I wrote a year and a half ago, "Uptight and Hungry: The Contradiction in Psychology of Fat," published in *RT: A Journal of Radical Therapy (State and Mind)*, Vol. 4, No. 8, November, 1975). The point from that article that I want to remind you of is that, with all the dieting we do, fat people are often more half-starved than "overfed." Brainwashing us into believing we're gluttons is one way psychiatry and social pressure make fat people crazy. The average fat person does not eat any more than the average slim person. Many fat people eat less than most slim people. We in no way choose to be fat (unless you call a reluctance -- or physical inability - to endure semi-starvation on lifelong reduced-calorie regimens a "choice" to be fat). Most fat people I have known hate being fat. The notion that we only think we hate being fat, but subconsciously choose it, is pure therapy-bullshit. As long as I believed what psychologists told me, all I could conclude was that I was a very, very sick person who couldn't even trust her own desires. With such

lies, therapy keeps fat people from developing the pride to challenge the authority of our oppressors.

Excuses like "I can't do surgery on you 'til you lose weight -- all that fat to cut through makes the operation too risky," reflect deficiency in the doctors' training and the state of the art.

If the mystified starvation of fat people were not physically harmful it would still be horrible, and would have to be stopped. But it is physically harmful, and as long as you, as a therapist, go along with it, you are partly responsible for the suffering and early deaths of millions of fat people.

What you can do to support fat liberation should be obvious to you through your support of other liberation movements. For example:

- ◆ Stop dieting your fat clients.
- ◆ Raise your consciousness about fat, so that you can support fat liberation without balking.
- ◆ Give out medical and political information about fat liberation to your clients, and encourage your fat clients to add to this information from their own experience.
- ◆ Use your professional status and resources to confront anti-fat attitudes and practices of your medical and therapist colleagues at every opportunity, including conferences, publications and clinics.
- ◆ Demand that real, effective, direct medical care be developed and made available to all people, including fat people. We can be healthy and fat.
- ◆ Support fat people to organize in liberation groups to fight the oppression that drives us to dieting.

I began this letter in response to your statement that you have a fat client in therapy who has to lose 50 pounds or she'll die of diabetes. I hope you can see how this woman cannot afford to continue trying to lose weight. The damage has been done to her. Your efforts to make her slim, no matter how well-intentioned, will hurt her even more. What you can do is join with her and other fat people in demanding a realistic cure for her diabetes, and an end to her oppression. Coercion to diet is denial of real cures. Liberation is not a luxury. ◆

Footnotes

1. Typical source for this information: the article "Obesity and the Control of Fuel Metabolism," by George Cahill, in the collection *Treatment and Management of Obesity*, Bray and Bethune, eds., Harper and Row, 1974, p. 15.
2. "A Critique of Low-Carbohydrate Ketogenic Weight Reduction Regimens," *Journal of the American Medical Association*, June 4, 1973, vol. 224.
3. From *Obesity and Health*, p. 40. (U.S. Dept. of Health, Education and Welfare, Public Health Service Report #1485) 1966.
4. Stout, C., et al., "Unusually Low Incidence of Death from Myocardial Infarction...," *Journal of the American Medical Association*, 188:845-849, June 8, 1964.