



Constituting the Ideal Body: A Poststructural Analysis of “Obesity” Discourses among Gay Men

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Abstract

Ideal bodies are constituted through various social and cultural discourses. One such discourse that constitutes bodies is the “obesity” discourse. The term obesity is a contested and medicalizing term that constitutes a view of fat people as unhealthy, immoral, and undesirable. Obesity discourses, therefore, also constitute notions of the bodies and body types that are thought to be healthy, acceptable, and attractive. The effects of obesity discourses can be prominently observed in gay men’s culture where muscular, white, thin bodies are glorified. This paper employs a poststructural framework to examine how desired bodies are constituted in gay culture. This paper also explores how some gay men resist dominant obesity discourses. A critical review of the literature on fitness, body dissatisfaction, and the influence of gay culture on eating practices among gay men informs this work. Various studies have shown that gay culture can constitute experiences of body dissatisfaction, rejection, and isolation for many men, especially for those that fall outside the idealized version of male bodies or who are labelled as “obese”. Implications for critical dietitians who are working with gay men are discussed.

Introduction

The health of gay men tends to focus on their sexual and mental health even though they have unique nutritional needs (Guadamuz et al., 2012). Dietitians can be supportive allies for gay men, but as it stands now, at its core the profession is steeped in heteronormativity. Dietitians are not adequately trained to work with queer¹ communities as a recent review suggests (Joy and Numer, 2018). There are, however, calls to action to queer the profession (Atkins and Brady, 2016; Joy and Numer, 2018). This means we, as dietitians, must

recognize the diversity of our clients and to be able to support their needs. A challenge that many gay men face involves living up to social ideals of bodies, particularly with respect to fat and fatness. The idealized body within the “mainstream” gay men’s community² is informed by hegemonic notions of masculinity and, therefore,

1 Queer is both a noun and verb. As a noun, it is an umbrella term for the lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, 2-spirited, asexual communities. It should be noted that this is a reclaimed term with negative connotations for some people. As a verb, queer means to destabilize gender and heteronormative norms within society.

2 The term “community” can be defined in many ways but at the heart of it is shared experiences, ideas, or commonalities of its members (Holt, 2011). Gay men have often been described as sharing a common community made up of informal social networks, media, bars, and advocacy, political, and health institutions (LeBeau & Jellison 2009). The gay men’s community may have formed to escape the isolation imposed by the dominant heteronormative culture and the desire for sexual attraction and sociability (Wilkinson et al., 2012). It should be noted, however, that the gay men’s community is diverse with many subcultures. In this paper, the term “mainstream” gay men’s community is used to denote the dominant collective image of the gay men’s community that is representative of white, middle-classed, and able-bodied men (Fish, 2010).

is one that is muscular, toned, and free from fat (das Nair & Thomas, 2012; Feraios, 1998; Giles, 1998). The quest for the ideal body is sought by gay men through discourses of “obesity”³ and masculinity. The societal norms and practices regarding “overweight” or “obese” bodies produce stigmatization and social pressures that negatively influence emotional, mental, sexual, and physical health (Edmonds & Zieff, 2015; Puhl & Heuer, 2009, 2010; Rich & Evans, 2005). The effects of obesity discourses can be seen in rejection, low self-esteem, body dissatisfaction, and disordered eating practices (Blashill 2010, Edmonds & Zieff, 2015). Resistance to idealized bodies in gay culture does exist and may be the means to disrupt cultural pressures that influence the health of gay men. This paper will use a poststructuralist framework to explore discourses that constitute the bodies of gay men. Critical theories can help dietitians to explore the connections that influence the nutritional health of their clients. Poststructuralism rejects the idea that knowledge can only be gained through the dominant social viewpoint (Agger, 1991). One of its fundamental principles is that language, texts, and even scientific methodologies can be “deconstructed” in many different ways to understand the deeper meanings and the social contexts through which they are constituted. In essence, poststructuralism can show dietitians how language constitutes our world and our perspectives of it (Gingras, 2009).

Poststructuralism: A Theory of Language and Knowledge

Poststructuralism is as a theoretical framework that explores the ways that knowledge and language constitute people’s lives and subjectivities (Cheek, 1999). Discourses, in the Foucauldian sense, are all of the thoughts and practices created within historical contexts that overlap, shift, and change to produce experiences that influence the way people think about their place in the world (Fendler, 2010). Within poststructuralist thought, there is no essential self; a person or subject

3 The terms “obesity”, “obese” and “overweight” appear throughout this paper even though they are contested terms. Fat theorists and activists often criticize the use of these terms as they connote a medicalized view of fat and are associated with negative views of bodies and health (McPhail & Bombak, 2015; Paradis, 2016; Rich & Evans, 2005). We have used these terms in the paper to deconstruct the language and explore its influence on bodies. The terms have been placed in quotations to highlight the socially constructed nature of them. For readability, the quotations only appear on the initial use of the terms.

is constituted by multiple discourses and messages through cultural developments (Agger, 1991; Cheek, 1999; Denton, 2016). Poststructuralism rejects the idea of an absolute truth and offers a way to deconstruct the meanings of people’s lives (Gerbensky-Kerber, 2011). This paradigm seeks to explore the different realities a person may experience and to understand how they are produced within historical contexts (Agger 1991; Check, 1999; Weedon; 1987).

Poststructuralism also explores relations of power (Hesse-Biber, 2007). The focus of identifying power relations with poststructuralism makes it a useful theory for destabilizing dominant discourses by examining the language, institutions, and social forces that constitute knowledge (Agger 1991; Check, 1999; Weedon; 1987). Power relations help to constitute subject positions, such as the heterosexual (straight) and homosexual (gay) identities (Foucault, 1990). Many other identity categories, such as masculine/feminine, support heterosexuality “as the default (and preferred) sexuality” (Denton, 2016, p. 58). Poststructuralism, by exploring power relations, has the potential to identify opportunities for resistance and strategies for change. It can be used to disrupt binary notions of gay/straight, masculine/feminine, fat/thin and allow the possibility of questioning, exploring, and ultimately, changing existing social and cultural arrangements of gender and the body (Denton, 2016; Hesse-Biber, 2007; West & Zimmerman, 1987; Weedon, 1987). This theory can help dietitians to identify and explore the dominant discourses and power relations that constitute the bodies and subjectivities of their clients. One such example, as presented in this paper, is obesity discourse. The use of poststructuralism in practice may help dietitians to fulfill their mandate to improve the nutritional health of their clients by challenging the status quo regarding body shape in society.

Becoming with Deleuze and Guattari

The theories of Deleuze and Guattari share similar ideology with poststructuralism and have been previously used to study gender, body practices, and health (Coffey, 2013, 2015, 2016). Deleuze and Guattari (1987) offer a radical view of the body that may be useful within dietetic research as they conceptualize the body as constantly evolving and always in the act of becoming. The concept of becoming illustrates how we are transient beings that are always evolving and changing according to the multiplicity of forces at

work in society. Within this paradigm, the body is an assemblage with the ability to interact with other bodies, objects, discourses, or institutions to create new ways of being; the body is continually becoming something else (Deleuze & Guattari, 1987; Parr, 2010). As Coffey (2013) notes, “the body is neither a blank and passive canvas upon which social structures impose themselves, nor does it operate as a ‘free agent’, unaffected by social structures and discourses, particularly gender” (p. 3). The body is not static nor is it trapped in dualistic forms, as is commonly conceptualized within Western cultures. The body is not discretely male or female, or fat or thin, but is an ever-changing and dynamic system. Subjects, therefore, not defined by such things as gender, age, or weight, but by their ever-shifting relations with other bodies. Viewing the body as an assemblage that both affects, and is affected by other bodies, can help to deconstruct the mechanisms that influence gay men to monitor, maintain, and modify their bodies through food, exercise, and health practices (Coffey, 2013, 2015, 2016). This use of this theory within the dietetics profession can open up possibilities for people and can allow dietitians to reflect on the social influences that affect the lives of their clients.

Poststructuralism and the Journey to this Research

Poststructuralism, as a theory of knowledge and language, can be used to reveal or deconstruct the everyday, taken-for-granted words and terms used within dietetics. As Agger (1991) notes, every term “deconstructs itself – that is it tends to unravel when one probes deeper into its foundational assumptions and literary gestures” (p. 112). The deconstruction of obesity can reveal the values, beliefs, and practices within the language. It can reveal the medicalized underpinnings of the word and how it assumes fat is unhealthy and undesirable. It can reveal how obesity can constitute a person’s subjectivity and how it can regulate bodies through relations of power. Obesity, like every term, is “a contested terrain in the sense that what it appears to ‘say’ on the surface cannot be understood without reference to the concealments and contextualization of meaning going on simultaneously to mark the text’s significance” (Agger, 1991, p.112). Language is not neutral, and neither is writer or reader. Poststructuralism helps us to explore our own assumptions that are constituted through language, both as readers and as writers. As such, in this section, I explore the meaning of my use of

the words obesity and fat.

The term obesity permeates Western society and was prominent within my dietetics education. In classes, we discussed ways to diagnose obesity, prevent obesity, and treat people who were suffering from obesity. Fat, on the other, was seldom used and when it was it was with a negative context. The word fat is loaded with negative connotations within society and, for me, is also a contested term. Reflecting on this tension with the word fat takes me back to my youth during which I was considered fat. I am still not 100% sure which was the worst insult for me; being called fag or being called fat. I am not the only gay men to feel this tension with the word fat. Sam Smith, an openly gay singer and songwriter, also discusses how being a gay man struggling with fat has affected his identity, his beliefs about his body, and his health, stating “If someone called me fat, that affects me way more than someone calling me a faggot” (Donnelly, 2015, para. 2). In his statement, Smith offers an example of the dominant thinking and negative positionality of fat within modern Western society which is often perpetuated in dietetics education.

These experiences have made my foray into critical dietetics uncomfortable. For me, obesity is a clinical term that distances a person while fat is raw, emotional, and painful. At this point in my life, neither of those terms are ones that I would want to identify with. Obesity discourses that are explored in this paper have made both of these terms unappealing to me. Yet fat scholars are reclaiming the word fat just as queer has been reclaimed by many other individuals. My discomfort or tension with the word fat is, however, still tangible. Recently I found myself giving a body image presentation to a group of gay, bisexual, and trans men. When the word fat slipped from my mouth I found myself immediately seeking to clarify the word, in relation to fat scholarship, because of my fear that these men might think I was calling them fat, being rude, or acting in a derogatory manner. As such, the reader of this paper, may feel this tension. I have attempted to reclaim the word fat when appropriate and to overcome my anxiety with its use. The reader will also note the use of obesity within the paper. I have used obesity purposefully. Both to highlight the contested nature of it and to draw attention to the pervasiveness of its use within the literature. The reader is asked to consider this and to consider their own deconstruction of the terms we use within the dietetic profession.

The Science of “Obesity”

Obesity discourse in North America has constituted obesity as a “disease epidemic” that is sweeping across nations and putting the health of individuals and communities at risk (Rich & Evans, 2005). It is a discourse that is reflective of changing economic, political, social, and cultural contexts that circulate and influence the health of all people (Francis, 2000; Gerbensky-Kerber, 2011; Weedon, 1987). Scientific, medical, and media messages contribute to the view of obesity as a “crisis” that poses severe problems to public health (Boero, 2013). The science of obesity has developed diagnostic tools, such as the body mass index (BMI), to identify people at risk for these health problems (Paradis, 2016). BMI uses weight and height measurements to classify people as either “underweight”, “normal weight”, “overweight”, or “obese” (World Health Organization, 2016). A diagnosis of obesity means a person is susceptible to other disease, such as diabetes, cancers, stroke, and heart attacks and is considered more likely to die prematurely (Rich & Evans, 2005; World Health Organization, 2016). The focus of the obesity discourse is on the cause of obesity and the treatment for it. Both the cause and the treatment are placed at the individual level, focusing on “healthy” or “unhealthy” lifestyle factors that promote or inhibit weight loss (Dodds & Chamberlain, 2017; Paradis, 2016). The obese person must wear the blame for obesity and take on the responsibility for resolving it (Paradis, 2016; Rich & Evans, 2005). Health improvements are only thought to occur when weight is lost and a “normal” BMI is reached. Thinness has, therefore, become associated with the “cure” for the illness caused by excess fat (Paradis, 2016; Rich & Evans, 2005).

Critiques within disciplines such as dietetics, sociology, psychology and cultural studies point out that the relationships between weight, obesity, and health are more complex than the dominant obesity discourses recognize (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Dodds & Chamberlain, 2017; Gronning, Scambler, & Tjora, 2013; Holland, Blood, Thomas, & Lewis, 2015; Monaghan, Colls, & Evans, 2013; White, 2012). The current scientific knowledge involved in measuring the obesity epidemic and its consequences has also been contested (Monaghan et al., 2013). For example, Campos et al. (2006) propose that there is limited epidemiological evidence for many of the claims associated with this health crisis, including the claims that obesity is on the rise, that obesity is a major contributor

to mortality, that an excess of fat is pathological, and that weight loss will improve health. It has also been suggested that the measurement tools, such as BMI, may have intensified the health crisis by emphasizing size and by linking body size with disease (Guthman, 2013).

Moving to a Social Understanding

Although a scientific understanding of this topic is required, there is also a need to explore obesity from different viewpoints (Paradis, 2016; Rich & Evans, 2005). McPhail (2009) argues that obesity discourses are political, economic, historical, and gendered processes. The dominant public messages surrounding obesity provide more than medical information. The messages also constitute the cultural meanings for eating, the body, and health, as well as (Rich & Evans, 2005). Currently, discussions on how weight and obesity may influence a person's understanding of their bodies, health and identities are limited (Puhl & Heuer, 2009; Rich & Evans, 2005).

Obesity discourses also create cultures in which size discrimination, weight stigmatization, and fat stereotyping can flourish. A review by Puhl and Heuer (2009) notes that people classified as overweight and obese face discrimination, bias, and stigmatization from many different sectors of society including healthcare, employment, education, and the media. Stigmatization, as a social construct, carries a moral characterization based on the neo-liberal ideal of personal responsibility associated with weight. As a result, people who are labelled as overweight or obese face many negative attitudes and are often viewed as poor citizens who are lazy, greedy, self-indulgent, unintelligent and weak (Puhl & Heuer, 2009, 2010). Edmonds & Zieff (2015) suggest that stigmatization “spoils an individual's identity” (p.418) and this may be more harmful than the proposed medical conditions associated with obesity (Edmonds & Zieff, 2015; Puhl & Heuer, 2009, 2010; Rich & Evans, 2005).

Weight Stigma for Gay Men

Weight stigma for gay men can negatively label bodies and create experiences in which men criticize each other, feel judged, and become ostracized (McGrady, 2016). For gay men, the stigmatizing obesity discourses constitute “fat and queer bodies (and fat queer bodies) as unfit both physically and morally” (Pausé & Wykes, 2016, p. 13). In a study by Edmonds & Zieff (2015),

interviews with obese⁴ gay men reveal that cultural body ideals constitute feelings of being unattractive, lazy, and weak. Another study by Norman (2009) notes that body shape is also a means through which men are accepted or rejected by other men. Gay men labelled as overweight or obese experience invisibility, isolation, and exclusion because of cultural standards of beauty that are largely reinforced by medicalized discourses on obesity. Edmonds and Zieff (2015) note stories of rejection and isolation of men based on a social hierarchy of desirability within the mainstream gay community. They reiterate that attractiveness for gay men is associated with bodies that are toned, muscular, and lean. The authors report that gay cultural values placed upon fat bodies constituted feelings of “wrongness” in some participants. The participants perceived themselves to be outsiders within the mainstream gay community. In his personal essay, Feraios (1998) also recounts how he often felt ignored due to his body size, saying that “no one ever smiled back” (p. 417) as he walked down prominent gay districts in New York. The experiences of being an outside or being excluded are constituted by many influences in the gay men’s community.

Images, social media, and advertisements found within the gay culture can also create feelings of isolation as only certain body types are displayed as sexually attractive (Mann, 1998). Television, advertising, pornography, and websites all limit body types to those that are deemed to uphold the social ideals of attractiveness (Bordo, 1999; Edmonds & Zieff, 2015; Kvalem, Træen, & Iantaffi, 2016; Rothmann, 2013; Whitesel, 2007). For example, Schwartz & Grimm (2016) analyzed the images and language on Queerty.com, a gay male news and entertainment website, and report that body types predominately portrayed the standards of leanness and muscularity. The fat body is erased or is invisible within the mainstream gay community (Feraios 1998; Mann, 1998; Schwartz & Grimm, 2016).

Gay Sexuality and Fat

Fat also has consequences for gay men’s sexuality. VanKim et al. (2016) report that gay men often feel the need to be seen as sexually desirable by other men and that this is a driving influence in their eating behaviors, physical activity, and perceptions of their bodies (VanKim, Porta,

Eisenberg, Neumark-Sztainer, & Laska, 2016). Erotic capital, as described by Edmonds & Zieff (2015) is an assessment of sexual desirability within a group. Within the mainstream gay men’s community, young, muscular, and lean men have the most erotic capital while men who are viewed as fat have little or no erotic capital. Fat is often equated with unattractiveness or an absence of sexual expression (LeBesco, 2004; McPhail and Bombak, 2015). In Edmonds & Zieff’s (2015) study, gay men who were labelled as obese describe feeling undesirable. Participants told stories of avoiding social situations, bars, and dances, in which they experienced fat stigmatization. The experience of stigmatization is constituted through obesity discourse and many have other sexual health consequences. For example, Frederick & Essayli (2016) report that gay men may avoid sex due to negative views of their bodies. Feraios (1998) also relates how he felt unwanted sexually by other men because of his weight saying, “at one point or another, every age peer that I met would feel compelled to tell me that we were only going to friends, whether or not I expressed a romantic interest in them” (p.417). The cultural values of erotic capital and desirability limit body sizes may and can influence many gay men towards practices of thinness.

Losing fat, however, is challenging and often not sustainable over time (Bacon and Aphramor, 2011). As Bacon and Aphramor (2011) note the focus on weight loss can foster food and body concerns, eating disorders, and reduced self-esteem. Also, an inability to conform to the dominant weight ideals of the gay body may lead some gay men to question their self-worth and their sexual standing within the gay community (Edmonds & Zieff, 2015). As Feraios (1998) further suggests, the dominant gay body ideal drives men to try to conform to “unrealistic standards of physical perfection” (p.427) and to judge those who cannot conform to this ideal. The standards for physical perfection are constituted by cultural notions of masculinity.

The Gay Body and Masculinities

Masculinities and Fat

Obesity discourses that constitute bodies as thin or fat, healthy or unhealthy, and attractive or unattractive are deeply gendered (Bell & McNaughton, 2007; Norman, 2013). Norman (2009) states that, “the material surface of the body... has come to act as a proxy for the ‘true’ self, where the loose, flabby, fat male body is culturally coded as reflecting a lazy, out of control, immoral, and non-masculine internal self” (p. 73). Cultural messages

4 In the study by Edmonds & Zieff (2015), all participants self-reported their weight and height. Based on BMI calculations that are a standard medical way of measuring obesity, all men were classified as obese.

imply that a masculine body is one in which large muscles are to be prominently displayed and not hidden by fat (Bordo, 1993; Norman, 2009; Santoro, 2012). These ideals drive men towards fat reduction. As a result, body fat becomes a prominent consideration in the constitution of “a properly masculine body” (Norman, 2009, p. 69). For many men, the scale measures more than just weight, it also measures their masculinity (Norman, 2009).

Masculinity is enacted through daily rituals or performances that are constituted by gender norms (West & Zimmerman, 1987) and is thought to be necessary for identity within gender-based cultures (Spargo, 1999). Masculinity does not exist singularly. There is not one type of masculinity but many types. In Connell's theory of masculinity (1995) different forms of masculinity exist within a hierarchy, with hegemonic masculinity representing an dominant form that many men attempt to embody. It is described by physical and emotional strength and is exclusively heterosexual (Bordo, 1999; Connell, 1995; Messner, 1993; Ravenhill & de Visser, 2017; Wooten, 2006). In this theory, other forms of masculinities are subordinate and marginalizing. Many men often experience tensions if they do not live up to the ideal hegemonic form of masculinity (Ravenhill & de Visser, 2017). The way men enact masculinities, however, is diverse and complex as masculinities shift and change in relation to social class, historical context, geography, ethnicity, and sexuality (Norman, 2013; Numer 2009). As Coffey (2016) notes social attitudes about food and exercise are key to the ways that men ‘do’ gender. Changing cultural notions of masculinity influences what is considered a proper masculine body and how much fat a masculine body can have. This, in turn, can facilitate and inhibit men's exercise and eating practices.

The fat body, and hence fatness, is contrary to the ideals of hegemonic masculinity. As Bell and McNaughton (2007) note, fatness has historical significance on the bodies of men as it may dominate notions of masculinity. Bell and McNaughton (2007) further explore how fatness is thought to feminize the male body through the development of breasts, the expansion of the hips, and the reduction of penis size in proportion to body size. According to this assertion, practices of masculinity become more difficult to enact as bodies become visibly “feminized” with fat (Whitesel, 2007). The location, shape, and inconsistency of fat may be just as important to the performances of masculinity as actual body

size (Norman, 2013). The association between fat and femininity suggests that fat gay men are emasculated and stigmatized even further (Sykes, 2011), especially within the mainstream gay community that eroticizes hegemonic masculine bodies.

The cultural standards of masculine bodies for gay men can influence body image, body satisfaction, and eating practices. Mann (1998) suggests that within the gay community there exists a “hierarchy of beauty” (p. 347) in which men compare and evaluate their bodies based on values associated with hegemonic masculinity, such as youthfulness and muscularity (Bennett & Gough, 2013; Martins, Tiggemann, & Kirkbride, 2007; McGrady, 2016). Drummond (2005) notes that gay culture is highly aesthetic and that the body plays a large role in determining cultural status and sexual appeal with greater status given to men whose bodies symbolize the dominant standards of masculine beauty. These standards may be a source of pride for some gay men (Duncan, 2010) but for other men may be a source of increased body dissatisfaction for others (Kousari-Rad & McLaren, 2013; Morrison, Morrison, & Sager, 2004).

Frederick & Essayli (2016) studied different aspects of body image in men. They found that gay men were more dissatisfied with their physical appearance and muscle size, made more comparisons of their bodies to other men, spent more time thinking about their appearances, and were found to be more likely to consider using diet programs and diet pills for weight loss than people who did not identify as gay. In another study, gay men described being afraid of gaining weight and felt stressed to live up to body ideals (Kaminski, Chapman, Haynes, and Own, 2005). Calzo et al. (2015) report that men, regardless of sexual identity, were concerned about increasing muscle mass, but gay men were more likely to be concerned with also being lean. The emphasis on muscular and thin has been identified as stressful and a trigger for binge eating for gay men (VanKim et al., 2016). In another study, gay men talked about limiting high calorie foods and avoiding fat in their foods to avoid gaining weight. During their interviews, the participants discussed being influenced to do this by men's body standards within society (Kasten, 2009). As Blashill (2010) also reports an association between body fat dissatisfaction, restrained eating, and depression was found for gay men. Modified eating practices, dieting and restrained eating, however, may all be ways gay men try to align their bodies with cultural standards to avoid negative experiences, tensions, or depression.

One important critique of many of the studies that examine body dissatisfaction in gay men is that many of the studies often compare gay men to straight men. This often results in findings indicating higher levels of body dissatisfaction among gay males. Small sample sizes, recruitment strategies, statistical errors, and the use of body dissatisfaction scales designed for women are the major concerns and may confound the issue (Duncan, 2010; Kane, 2009). This is not to say that gay men do not suffer high levels of body dissatisfaction and the consequences of body dissatisfaction to their health but as Kane (2009) suggests men's body image is a diverse and complex issue. His analysis is a reminder that not all experiences of gay men will be the same nor will all gay men face body dissatisfaction, body image concerns, and the associated ill effects (Kane, 2009).

Intersections of Masculinity, Ethnicity, and Eating Practices

The common perception in North America is that the majority of gay men are white, middle-class, young, and able-bodied. This, however, is simply not true (Fish, 2010). Gay men cross all races, socio-economic classes, ages, and abilities. The gender-based norms equating masculinity to attractiveness is further intersected by ethnic stereotypes that produce particular body expectations (Brennan et al., 2013). As examples, DeSantis et al. (2012) found that gay Hispanic men engaged in eating disorders to compensate for feelings of inadequacy relating to "machismo" or the perceived lack of masculinity associated with being gay. Brennan et al. (2013) report that black, East/Southeast Asian, South Asian, Latino/Brazilian gay men engage in activities such as skipping meals, vomiting, and taking steroids to achieve the masculine bodies they felt were required of them (Brennan et al., 2013). The authors suggest that the health of gay men is influenced not only by the dominant ideals of bodies found within gay culture but also by ethnic stereotypes.

Researchers have observed the segregation of men based on the ethnic, gender, and obesity discourses within the gay community (Caluya, 2008; das Nair & Thomas, 2012; Scott Jr, 2015). Segregation within the gay community limits and compromises the health of men who do not fit within the cultural notions of desirability. In his work, Scott Jr (2015) analysed the potential influence of the 'No Fats, No Fems' phenomenon on black gay youth. This slogan has been popularized and used in gay networking and dating profiles as a way to filter out men who are deemed overweight or feminine (Scott Jr, 2015). The

phrase commonly contains a third component referring to ethnicity (usually 'No Asians') that privileges white bodies (das Nair & Thomas, 2012). Scott Jr (2015) refers to this slogan as intragroup oppression within gay men, classifying and labelling men as too fat, to effeminate, and too ethnic to be desirable. In a survey of gay Asian men, over a third of participants reported racialized verbal abuse through social and dating websites from such statements as 'No Fats, No Fems, No Asians' or similar sentiments as 'Asians need not apply' (das Nair & Thomas, 2012). Scott Jr (2015) suggests that such forms of fat phobia, effemiphobia, and racism can influence the physical, mental, and emotional health of men who are labelled in such ways.

Fat-phobia and fat shaming, as seen in the 'No Fats, No Fems' slogan, are comparable to the "open hatred expressed by homophobes" (Beattie, 2016, p. 123) and leaves gay men classified as such without a safe space to experience sexual encounters. Gay men with larger bodies may feel isolated from the very community from which they seek support and acceptance (Scott Jr, 2015). A sense of shallowness within the gay community and feelings of rejection have been noted by some gay men based on the beauty, weight, and ethnic ideals (LeBeau & Jellison, 2009; McGrady, 2016). Being fat is an unbearable weight in Western societies for women (Bordo, 1993) and children (Sykes, 2011), but so too it may be for gay men.

Subversive Discourses of Fat: A Community of Bears

Although white, muscular, and thin bodies have been eroticized in mainstream gay culture other body types exist. Resistance to the dominant body ideals for gay men occurs within some gay subcultures. One such subculture is the Bear culture. Bear is a term used to describe physically large men with hairy bodies⁵ (Monaghan, 2005; Pyle & Klein, 2011; Quidley-Rodriguez & De Santis, 2015). The Bear community developed out of a resistance to the dominant thin, young, and hairless ideals of gay men in the post-Stonewall era of the 1980's⁶

5 The Bear community has foundations in white masculinity culture. Although outside the scope of this paper, more details on the intersection of race within the Bear community can be found within Hennen (2005).

6 Another contributing factor to the establishment of the Bear community was the AIDS epidemic which ravished the gay community. Wasting syndrome became common among gay men and a thin body became a sign of possible infection. Larger bodies became an indication of health (Hennen, 2005).

(Edmonds and Zieff, 2015; Pyle & Klein, 2011). It is now a worldwide fat positive movement that is “unabashedly sexual and intimate in its engagement with larger body sizes” (Edmonds and Zieff, 2015, p.416) and actively tries to constitute sexual bodies for fat men.

Within mainstream gay media, the few images of men with body hair or fat are usually used in negative manners and are focused on supposedly imperfect aspects of their bodies (McGrady, 2016). This lack of positive body representation has been cited as yet another form of cultural stigmatization based on weight that can influence health of gay men (Edmonds and Zieff, 2015; Manley et al., 2007; McGrady, 2016). Manley et al. (2007) note how Bear-identifying participants in the study felt the gay community is harmed by the emphasis on youth, beauty and thinness. The participants believed that such a focus drives a cultural experience of superficiality and competition between men (Manley et al., 2007). Bear culture, however, promotes acceptance through the creation of body positive messages in Bear-specific media, magazines, bars, and pride events (Beattie, 2016). The thoughts and practices found within the Bear community create a subversive discourse through which resistance and change can occur (Foucault, 1990; Schirato, Danaher, & Webb, 2012). Bear culture counters dominant body ideals of both the heterosexual and the mainstream gay culture.

This subversion of the dominant gay body ideal has positive influence on the health of gay men. The Bear community is a means for some men to diminish feelings of harm, isolation, and rejection caused by weight stigmatization. In Manley’s (2007) study, men report that they believe the Bear community offers more freedom to express themselves both sexually and emotionally to other men. Participants believed that their involvement within this community is a way for them to reclaim their sexuality. Participants in Manley’s (2007) study also report that identifying within the Bear community gave them a sense of belonging they did not have within the mainstream gay community. This helped to improve their self-esteem through acceptance of their bodies (Gough & Flanders, 2009; Manley et al., 2007). In his autoethnography, Santoro (2012) also describes the stigmatization he felt within the mainstream gay community because of his larger and hairier body. He reflects on how cultural ideals of gay men’s bodies constituted feelings of isolation that made it difficult for him to love himself and others. His narration explores his journey of body acceptance through his identification

as a Bear. Santoro’s (2012) story exemplifies the way in which constant bombardment of body messages and the resultant feelings of inadequacy can build pressure within gay men and drive them to seek an escape from the stigmatizing mainstream gay community.

Lines of Flight

As previously discussed, Deleuze and Guattari (1987) view the body as always in the state of becoming. This concept can illustrate how some Bear-identifying men may reconstitute their subjectivities that have been “spoiled” by obesity discourses (Edmonds & Zieff, 2015, p. 418). Lines of flight describe the process of breaking from the constraints of subjectivities. As Rayner (2013) describes, “lines of flight are bolts of pent-up energy that break through the cracks in a system of control and shoot off on the diagonal. By the light of their passage, they reveal the open spaces beyond the limits of what exists” (para. 7). In other words, the process of resisting dominant discourses enables new ways of thinking and new possibilities for existence.

As Bears reclaim their bodies and sexuality they reveal the limits of mainstream gay culture. Creating lines of flight does not mean that gay men flee or retreat from the pressure of body ideals, but try to resist or re-create the dominant systems of power that create body constraints (Deuchars, 2011). The Bear community has emerged as a pathway for men to enter a space that is free from the restraints of rigid body ideals and, in the process, change cultural understandings of gay men’s bodies. This may ease the tensions created by obesity discourses and reconstitute identities (Gough & Flanders, 2009; Manley et al., 2007). As Santoro (2012) further relates, his journey was “more about finding a comfortable size to live with, to live in, and consequently, a healthier perspective about [his] body and culture’s imprint of the same” (p. 130). Perhaps the health of gay men is not so much about losing fat but becoming aware, and changing, the various cultural meanings that influence the values, beliefs, and practices concerning their bodies (Santoro, 2012).

Practice Implications

The dietetic profession often adheres strictly to the medical discourse of obesity and may, in fact, be doing a disservice to all people. Although this review focused on gay men we suggest that obesity discourses can negatively influence the health of society as a whole. The use of poststructuralism and the theories of the

body by Deleuze and Guattari can help challenge some of the assumptions we have concerning fat and bodies. These theories allow dietitians to explore the historical context that constitute the lives and the nutritional practices of their clients. If we use the principles of critical reflection in our practice than we open up new possibilities and ways of being to our clients. This may be more valuable to them than simply asking them to follow dietetic guidelines and lose weight.

Conclusion

The relationships between food, bodies, and health for gay men are always shifting and changing in relation to historical, social, and cultural factors. At this time, the dominant obesity and beauty discourses promote a lean, trim, and muscled male body and label gay men outside this ideal as less masculine, undesirable, and unhealthy. Gay men are inundated with these messages through media, websites, and other social influences. Such factors produce experiences of stigmatization, feelings of isolation, low self-esteem, and disordered eating in men whose bodies do not confirm to this aesthetics. Although still largely marginalized within the Bear community, alternative ways of viewing fat bodies do exist. The positive body messages found within Bear culture can resist and, ultimately, change understandings of fat. New understandings of bodies may lead to acceptance for all gay men, regardless of body shape and size.

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