

**CANADA WEIGHS IN:  
GENDER, RACE, AND THE MAKING OF “OBESITY,”  
1945-1970**

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A DISSERTATION SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

GRADUATE PROGRAM IN WOMEN’S STUDIES  
YORK UNIVERSITY,  
TORONTO, ONTARIO

NOVEMBER 2009



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**395, rue Wellington  
Ottawa ON K1A 0N4  
Canada**

*Your file Votre référence*  
**ISBN: 978-0-494-64954-1**  
*Our file Notre référence*  
**ISBN: 978-0-494-64954-1**

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## **Abstract**

This dissertation brings together feminist history, feminist geography, feminist political economy, and feminist embodiment theory to explore discourses of Canadian obesity from the immediate post-war era to 1970. Employing the concepts of Cartesian Dualism, performativity, abjection, and fetishism gleaned from feminist embodiment theory, I focus in particular on conversations about obesity in the medical and popular presses, federal government documents, and insurance company publications. I analyze how obesity was defined and categorized in complicated and often contradictory ways that re-established the dominance of white, middle-class male subjects and reified Canada as a white, patriarchal nation. The dissertation further shows that conversations about obesity helped establish post-war colonial-capitalism through the mobilization of normative raced and classed gender roles. Relatedly, I suggest that the psychic and discursive processes of performativity, abjection, and fetishism helped to organize a “national obesity problem,” and worked in part to ease the social tensions created by shifts in the gendered division of labour, the feminization of the public sphere, the supposed breakdown of the nuclear family form, and changing immigration patterns that characterized post-war Canadian society to 1970. Through historical example, this dissertation calls

into question current health policy, medical research, and popular opinion that assume obesity to be a biological category bereft of any socio-cultural foundations.

## **Acknowledgements**

As anyone knows who has written one, a dissertation is a large and daunting undertaking, one which I could not have completed without the help of a number of people. My dissertation committee, Dr. Kathryn McPherson, Dr. Linda Peake, and Dr. Anna Agathangelou, have spent many hours reading my work, providing feedback, and guiding my thinking. Kathryn McPherson has not only been a supervisor, but also a mentor and friend. Along with scholarly advice, she has provided me a listening ear and sometimes even employment when I needed them most. I will miss our rush-hour talks about obesity whilst crawling down the Allen Expressway in the family van. Since the first time I was lucky enough to meet her, Linda Peake believed in my work, pushed me to do my best, and always kept me on track. During the writing of my dissertation, Linda took the time to help me through and out of some difficult theoretical spots, and communicated regularly via telephone and email while abroad, for which I am profoundly grateful. Anna Agathangelou's excitement about my project was highly gratifying to me, as I admire not only her work but her commitment to feminist collaboration and politics. Anna's vast understanding of and insistence that I incorporate theories of feminist political economies has given a depth to my dissertation it would not have had otherwise.

I would also like to thank the many archivists whose diligent digging and cross-checking of databases unearthed much of the material analyzed throughout the

dissertation. Nancy Maitland, the archivist responsible for MetLife of Canada documents, not only searched her database for information she thought I might find useful, but forwarded me books and reports through the mail. Daniel May at MetLife in the United States generously sent me copies of height/weight charts. Davorin Cikovic at the CBC Radio Archives was immeasurably helpful, and, after taking the time to talk to me at length on the telephone about my project, compiled and forwarded me a CD of the programs I requested. Also immensely obliging was Diane Haglund, archivist for the United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario. I would also like to thank many un-named archivists at Library and Archives Canada, the University of Manitoba Archives, and the Canadian Medical Association Archives, without whose work and advice this dissertation would not have been completed. Additionally, I am most grateful to Dr. Joan De Pena who opened her home to me and told me what she could recall about the International Biological Programme of the late-1960s and early-1970s. I also acknowledge the financial support of SSHRC and York University, who partially funded the research undertaken for this dissertation.

While words cannot express my gratitude for my friends and family who continued to support me through the many “chapter crunches” that I am sure made me a difficult person to like, I will attempt to find some words here to thank these kind and patient individuals. I took advantage of a number of friends’ hospitality and couches while traveling for research purposes; Lisa Bednar and Andrea and Carol most

generously allowed me to stay with them on various research trips, and J. J. Sheppard and Angela Donnelly put up not only with me, but also with my entire family, while we slept in their attic so that I could finish my thesis in Toronto. Toronto-based J. J. and Angela also generously copied and handed in my thesis to the Department while I lived in Vancouver. My friends and neighbours Cindy Homes, Anne Flemming, and Kate Flemming Homes have shared food, advice, insights, and most of the major holidays over the past year, which I have very much valued. My friend and colleague Claire Carter happily listened to me gripe about most anything, shared many bottles of wine, and sat through a so-so production of *The Tempest* so that I could take a “thesis break.” Stephanie Rutherford helped me laugh through some of the more difficult moments of academic life. Dinah Thorpe, Zoë Newman, and Sapphire Newman-Fogel provided hot meals during the final days of this dissertation when, popping over to their house from the library, I could not help but let them see me at my worst. Hilary Thorpe and Tyler Peet offered emotional support while I negotiated my way through academia and, as on-again, off-again room-mates, put up with many of my eccentricities. Wendy and John Thorpe were unfailingly hospitable. Wendy Thorpe also copy-edited this dissertation. My parents, Larry and Kathy McPhail, have financially and emotionally supported me throughout university. Without them, along with my brother and sister, Jonathan and Jennifer McPhail, I would not be who I am today.

Jocelyn Thorpe has loved and sustained me in ways I cannot even begin to count or itemize, though I must acknowledge the many hours she has spent editing my thesis and talking through ideas with me. I would like to dedicate this thesis to her, along with two people who left and one who came during its writing. My grandfather, John McPhail, who passed away last January, taught me that “when the going gets tough, the tough get going.” Hilda Gosnell, my grandmother who passed away two summers ago, taught me the value of reading and writing. Having determinedly completed her grade twelve before beginning to farm – and having been the only girl in her class to do so – Grandma taught me to cherish my education and, as a woman, to recognize its importance. Willa Quinn Thorpe McPhail, who was born in March of this year, is teaching me what is really important in life. While Willa would rather drool on and eat my thesis than read it at the moment, I trust she will read this acknowledgement someday.

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## **Chapter 1**

### **Introduction: Of Excess Fat and Archive Fever**

Obesity, it seems, has reached epidemic proportions. According to the World Health Organization (WHO), 300 million people in the world today are obese.<sup>1</sup> The government of Canada maintains that a significant number of the world's obese are Canadian,<sup>2</sup> and that obesity poses a “major threat to the health of Canadians.”<sup>3</sup> Canadian news reports and medical journals also express concern about the obese Canadian nation, contending that obesity causes everything from diabetes to cancer, and from heart disease to climate change.<sup>4</sup> While the stated consequences of obesity are frightening in themselves, even more ostensibly alarming is the fact that obesity seems to be getting progressively worse. As Health Canada notes, “the number of Canadians who are overweight or obese has increased dramatically over the past 25 years,” a statistic the agency attributes to “changes in society” such as a “changing food environment,” “a shift towards less physically demanding work,” increases in “automated transport and passive leisure activities, such as television viewing,” and, with regards to children, “fewer opportunities to be physically active at school.”<sup>5</sup>

Accompanying concerns about the supposedly growing number of obese individuals at both national and international scales is a complicated discursive technology about fatness, in and through which epidemiologists, medical practitioners, policy makers, and government officials classify, categorize, and measure obesity. For

example, while during the post-war period and throughout the 1960s, obesity, fat and overweight were inter-changeable in the medical and popular presses and in government correspondence and publications, these three words mean distinctly different things now, and are part of a larger lexicon of obesity. According to the WHO, one can now be “overweight,” “pre-obese,” “obese class I,” “obese class II” or “obese class III,” depending upon one’s Body Mass Index (BMI).<sup>6</sup>

As a medicalized category of diseased embodiment defined and treated by disciplines that are grounded in scientific research, obesity has developed a decidedly biological sheen that is hard to see past, though, in this dissertation, I attempt to do so. Using feminist and psychoanalytic embodiment theory and Foucaultian genealogy, and through historical example, I challenge the notion that obesity is purely a biological or medical condition. Analyzing English texts from the medical and popular presses and insurance company publications, and archival documents from Library and Archives Canada, the United Church of Canada, and the CBC Radio Archives, my dissertation shows how obesity was discursively arranged, both as a national problem and as a bio-medical category, in English Canada from the immediate post-war era to 1970. I explore how the obese body became intelligible to Canadians as an object of government policy, medical research and media concern in the context of major social and economic upheavals in the two decades and few years following World War II. Using the psychoanalytic concepts of performativity, abjection, and fetishism, and drawing upon

critiques of Cartesian Dualism employed by feminist scholars of the body, I also suggest throughout the thesis that the concept of obesity operated psychically on a macro scale to create and recreate normative subject-positions. I further argue that the organization of normative subjectivities by obesity discourse occurred through a disavowal and denial of the fact that so-called “abnormal” subjects (such as people of colour) and behaviours (such as women working for wages) were actually increasingly integral to the economy of Canada in the period under study.

Throughout the dissertation, I show how conversations about obesity helped retain the dominance of white, middle-class men, and were connected to, and inflections of, social anxieties surrounding the break-down of the supposedly “traditional” gendered division of labour and the nuclear family form, and the feminization of middle-class men’s labour and the public sphere in general. Worries about obesity were also attached to the racial panic elicited by real and perceived changes to the racial make-up of the nation which were brought about by the “liberalization” of immigration policy.<sup>7</sup> By naming white, middle-class housewives, or white, middle-class breadwinners as those most affected by the scourge of obesity, and as those for whom varied obesity “cures” were necessary, the overall effect of obesity discourse was to reify Canada as a white, patriarchal space in which middle-class nuclear families were the norm. Obesity therefore was part of the ideological stalwart of racism, classism, heterosexism, and sexism identified by previous scholars that helped sustain Eurocentric, classist, and patriarchal

notions of “Canadian-ness” that persisted despite, or perhaps because of, changing race, class, and gender relations in Canada occurring after World War II and intensifying as the 1950s and 1960s wore on.<sup>8</sup>

Further, and related to the fact that obesity discourse positioned white, middle-class Canadians as normative national subjects, I argue that discussions about obesity were part of the mechanism of assimilation that supported Canada’s colonialist agenda at the time. My research has found that body fat was a highly modern type of embodiment during the era in question, associated primarily with “civilized” people. As such, the major problem populations were white, middle-class men and their wives, who, along with the anti-obesity regimes marketed toward them, are discussed at length in the dissertation. Aboriginal and racialized immigrant populations were imagined as too “primitive” to contract obesity, a disease supposedly caused by the modern excess of food and lack of exercise. Aboriginal peoples, in particular, were exempt from anti-obesity discourse until the mid-to-late 1960s, at which time it became convenient to position First Nations and Inuit people as “almost modern,” though not wholly modern, since colonialist discourses were then attempting to narrate them as “ordinary Canadians.” In my study of obesity discourse associated with Northern development, I demonstrate that by insisting Aboriginal people were about to or had already contracted obesity in the mid-to-late 1960s, obesity narratives helped to position Aboriginal people as bio-medically like white people. Conversations about obesity therefore helped in the

overall attempt to produce Northern Aboriginal peoples as “normal” Canadian citizens with no claim to special status and traditional lands.

Showing how discussions about obesity helped to establish and justify colonial-capitalist expansion in Canada’s North, my work augments historical and geographical studies which demonstrate the complicity of disease prevention in the repression of colonized bodies and the manufacture of racist nationalisms. My dissertation also provides a unique contribution to the literature on body fat, which has yet to combine postcolonial literature, feminist political economy, and feminist theories of the body to study the emergence of obesity, as I do throughout the following chapters.

This dissertation uses Foucaultian genealogy to analyze textual data found through archival research, and does not rely on interviews conducted with people who experienced the post-war period to 1970 as “fat.” Experiential evidence has been used to counter medical and popular conceptions about obesity since feminists began to combine the Second Wave method of “consciousness raising” with a critique of what they called “fat oppression.”<sup>9</sup> The seminal feminist collection *Shadow on a Tightrope*, for example, includes personal stories and narratives which challenge stereotypes about fat people.<sup>10</sup> Within the academy, experiential evidence has also been employed by feminists and other critical obesity scholars to challenge fat phobia; fat women’s and men’s narratives, often in interview form, are used to supplement theoretical understandings of the fat body, and the body more generally.<sup>11</sup> For example, in “Becoming a Fat Girl,” Carla Rice

uses interview data with fat women to demonstrate the poststructural theory that bodies are negotiated affects that come into being “through the intermingling of biology with culture and society.”<sup>12</sup>

Personal stories can only go so far toward countering fat phobia, however, as it is medical evidence that is generally accepted as the Truth about fat in government reports and the popular press,<sup>13</sup> though personal narratives of weight *loss* can notably be found in many an anti-obesity article.<sup>14</sup> While the use of oral evidence is compelling and can be used quite effectively, I use archival data from mainstream sources in this dissertation to show the cultural contingency of medical and scientific knowledge about obesity. As other histories of medicine and disease have demonstrated,<sup>15</sup> the practice of socially contextualizing past public health and medical discourses about the body, which were once as scientifically valid as those medical truisms to which we cling in the present, can help cast doubt on the infallibility of current medical and scientific knowledge. If past scientific truths about obesity can be questioned, then certainly current ones can, as well.

The following sections more completely outline the methodology that founds my dissertation. I also provide a brief review of the literature, and a discussion of the historical and personal contexts that have led me not only to question obesity in general, but also to understand obesity from the immediate post-war period to 1970 in Canada as an inflection of social crises. I begin with a review of critical obesity literature, and then provide a historical description of Canada in the period under study that pays special

attention to conversations of national identity as they were applied to health, healthcare and obesity. I then move to a discussion of methodology, providing a historiography of the body as it relates to the work of Jacques Derrida in *Archive Fever* and to my own experience of archival research. Next, I logistically describe how I gathered the archival documents used in the dissertation, outline how I analyzed the data, and discuss the basic precepts of Foucaultian genealogy, the methodology I employ throughout the dissertation. I conclude with a chapter summary for the dissertation.

### **A brief review of obesity literature**

A review of obesity literature shows that my work is not alone in insisting that obesity is as much a socio-cultural phenomenon as a bio-medical one. Since at least the 1980s, feminists have offered critical tools with which to disrupt the medico-biological hold on the fat body, and have argued that fat phobia, as a form of oppression most generally experienced by women, is an offshoot of patriarchy.<sup>16</sup> Recently, a new wave of obesity studies has emerged that provides an interdisciplinary response to the “global obesity epidemic.” A wide-ranging group of scholars have released important works critiquing the obesity epidemic, including kinesiologists Michael Gard and Jan Wright’s *The Obesity Epidemic*,<sup>17</sup> legal scholar Paul Campos’ *The Obesity Myth*<sup>18</sup> and sociologist Lee Monaghan’s *Men and the War on Obesity*.<sup>19</sup> These writers encourage readers to understand obesity as a social phenomenon, challenge the common-sense medical truisms

about the obesity epidemic, and argue that obesity is neither necessarily unhealthy nor a growing problem. Lee Monaghan, for instance, uses interviews with fat men to argue that experiences of health and embodiment often do not always align with BMI classifications. Though many of Monaghan's participants could be identified as obese class I, II or III, they often rejected BMI as "ridiculous," citing the fact that "BMI defines World Cup winning English rugby players as obese."<sup>20</sup> Monaghan himself describes BMI as "an irrational aspect of rationalization, i.e. the efficient use of calculations that do not necessarily make sense."<sup>21</sup>

Similar critiques are made by Bruce Ross in Gard and Wright's *The Obesity Epidemic*.<sup>22</sup> Ross argues that BMI, as a measurement of height and weight and not of body fat, does not reflect the potential longevity of a population.<sup>23</sup> Moreover, since BMI categories have changed over the last two decades, it is impossible to determine whether the fat of the world's population has actually been increasing. Ross notes: "Prior to 1999 a BMI of 29 kg/m<sup>2</sup> was considered to be 'overweight' but this was reduced to 27 kg/m<sup>2</sup> and now many health advocates claim that a BMI above 25 kg/m<sup>2</sup> indicates 'overweight.' ..."<sup>24</sup> In fact, the WHO classifies a BMI above 25 kg/m<sup>2</sup> as "pre-obese."<sup>25</sup> Ross also maintains that correlations between obesity and diseases like diabetes and heart disease do not necessarily indicate that being overweight causes chronic illness: "It seems illogical and scientifically weak to call obesity a disease as the reasoning equates obesity with bad health by assuming obesity causes disease such as non-insulin dependent

diabetes mellitus rather than *being symptomatic* of particular diseases like non-insulin dependent diabetes mellitus.”<sup>26</sup> Additionally, Ross argues that thin people also die of so-called “obesity-related” conditions like heart disease, sometimes in greater numbers, “yet we do not call thinness a disease.”<sup>27</sup>

Casting doubt on two of the so-called primary truths of the disease - that body fat is essentially unhealthy and that greater numbers of people are developing obesity - texts in the field of critical obesity studies prompt one to explore why obesity is considered a problem in the first place. Once obesity can be disassociated from illness and removed from the medical and epidemiological model, new and different questions can be asked about its development and salience as a disease category. This dissertation arose as a response to critiques of common-sense ideas about obesity, and ponders one “new and different” question inspired by critical obesity scholarship: If the prevalence and health effects of obesity have yet to be proven, why, then, are fat bodies such a pressing concern for Canadian medical science, public health officials, and popular media outlets?

In order to answer my question, my dissertation looks to the past, and I conduct a historical analysis of obesity in Canada from the years immediately following World War II to 1970. History can, by example, point to socio-cultural reasons for seemingly bio-medical phenomena. Histories already exist which outline the ways in which obesity has been produced by social forces and institutions. Writers like Peter Stearns, Hillel Schwartz, and Sander Gilman have demonstrated that the “distinction between acceptable

and unacceptable fat” is not essential or self-evident,<sup>28</sup> but has shifted over time and is forged in and through relations of power.<sup>29</sup> Stearns and Schwartz, for example, analyzing turn-of-the-century advertisements, novels, artwork, and diet treatises, argue that fat became a problem – or *more* of a problem – between the 1880s and 1920s. “Pleasantly plump” changed to “frighteningly fat” as lines between acceptable and non-acceptable body shapes were redrawn in these years.

This turn-of-the-century re-imagination of body fat occurred, each author contends, due to material reasons, as shifts in industrial capitalism in the United States engendered late-nineteenth/early-twentieth century fat phobia. Schwartz states, for example, that by 1900 a fat body came to stand for the increased and unabashed over-consumerism facilitated by turn-of-the-century capitalist surplus.<sup>30</sup> Similarly, Stearns argues that white middle-class Americans,<sup>31</sup> subconsciously feeling guilty about accruing wealth and out-of-control consumerism, projected anti-capitalist (and therefore “un-American”) guilt onto their bodies’ consumption of food.<sup>32</sup> Ironically, the fat body, imagined as a distasteful result of capitalism, was entrusted to capitalism for curing. Around 1880, a profit-driven reducing culture emerged, aimed at the white middle class, boasting both a science and a mathematics of reduction on which to rest its legitimacy.<sup>33</sup> Schwartz argues that the U.S. medical community began to imagine obesity as a pathology in 1900,<sup>34</sup> while Stearns dates the apex of the medicalization of fat at 1915.<sup>35</sup> Diet programs urging the counting and calculation of the newly discovered calorie

emerged in 1907,<sup>36</sup> and the bathroom scale, Schwartz states, was invented and sold to a mass market from 1918 onwards, as daily calculations of weight gain and loss became ritual in many American households.<sup>37</sup> Gilman, Schwartz, and Stearns suggest, then, that the micro-economy of weight loss cannot be separated from larger developments in Western capitalist economies.<sup>38</sup>

Along with demonstrating that obesity is a category produced in and through material relations, historical inquiry also helps to contextualize medical research about obesity in the dynamics of power in which it arises. In Gard and Wright's brief historical section of *The Obesity Epidemic*, for example, the authors argue that "obesity science" has existed in a "perpetual loop," asking "the same questions and producing slight variations on the same answers" since the late 1880s.<sup>39</sup> The authors attribute such repetition to scientists' refusal to question the "energy in, energy out" model, whereby the body is said to accumulate or shed fat according to food intake and exercise levels. Despite the fact that "many areas of science and medicine have made astonishing advances,"<sup>40</sup> and even though the energy-in, energy-out model has failed to be consistently accurate in predicting the amount of adipose tissue on bodies, obesity science is "*still* trying to prove...[that] overeating causes fatness."<sup>41</sup> That scientists refuse to ask new questions about obesity indicates to Gard and Wright that obesity science is rooted in socially derived views about fatness, and reflects the fat phobic biases in which researchers live and work.

Though the historical scholarship on obesity is integral to understanding fat as a social issue, no substantive history of obesity in Canada currently exists.<sup>42</sup> If, as geographers argue, manifestations of embodiment are co-constitutional of and with spatial domains,<sup>43</sup> then it is worthwhile to consider how medical, government and popular imaginations of the fat body differed in the nation-space of Canada, as compared with the development of obesity in other Western spaces such as the United States and the United Kingdom already studied by historians.<sup>44</sup> Further, as anti-racist and transnational scholars have shown, constructions of nation and nationalism, even in this contemporary era of “globalization,” have historically been and continue to be key discourses that regulate and contain subjects and organize gendered, raced, and classed subjectivities.<sup>45</sup> To study “the nation” and the organization of dominant nationalisms therefore remains an important scholarly endeavor.

While I could have selected a number of eras in which to conduct this national history of obesity in Canada, as national obesity concerns reach back to the Victorian era,<sup>46</sup> I concentrate in this dissertation on the early post-war period to 1970 for two reasons. First, while, as Gard and Wright have shown,<sup>47</sup> mainstream health policy and medical literature began to talk about obesity as a global epidemic in the 1970s, a powerful discourse that continues to circulate today, no one has yet seriously studied the history of the emergence of global obesity. My study traces the social, political, and historical conditions which helped lay the groundwork for the discourse of the global

obesity epidemic as it became salient in a national context. Second, focusing my study on this era provides a glimpse into how the problem of excess body fat operated, in complicated and sometimes inconsistent ways, within and through the specific kinds of social, national, and state formations characteristic to the historical period; a social welfare state with colonial-capitalist interests, post-war-to-1970 Canada was experiencing varying degrees of social upheaval congruent with shifts in gender, class, and race relations. Detailed below are some of the social, political, and economic contexts which conditioned, and were in part supported and alleviated by, narratives of national obesity.

**Historical context: Canada from the post-war period through the 1960s – a crisis of national(ist) proportions**

A number of identity crises plagued Canada between 1945 and 1970, related to changing race and gender relations, as well as to a general concern regarding what was referred to as the “Americanization” of Canada – the quiet usurpation of Canada’s culture, economy, government policy, and resources by the culture, corporations, and political policy of the United States. After fighting World War II not merely as an adjunct of Britain,<sup>48</sup> Canadians, according to some dominant nationalist narratives, seemed to be more like their U.S. neighbours than their British progenitors, both politically and culturally. While in Britain, the war had devastated buildings, lives, and economies, Canada was enjoying

a post-war time of plenty.<sup>49</sup> With its mass consumption of labour-saving devices both in and out of the home, its urban and suburban growth, and its (supposed) over-abundance of foods, Canada was in the midst of a significant economic shift, one not unlike that of the United States.

Further, Canada, like the United States, took up a hard-edged, anti-communist stance, opened itself up to capitalist expansion, and positioned itself as a white, Western capitalist nation along-side other white capitalist nations West of the Iron Curtain.<sup>50</sup> Canada therefore participated in such American-led Cold War political and economic ventures as the Korean War, the North Atlantic Treaty Organization (NATO), and the U.S. military's Distant Early Warning (DEW) Line. In the Cold War project, Canada, with its Northern stores of uranium integral to the United States's nuclear arsenal and its Arctic region so close to enemy shores,<sup>51</sup> became an essential American ally, although, to be sure, not always a happy one, as the "Americanization" of Canada during the Cold War period was never complete nor smooth.<sup>52</sup>

At the same time that ties with the United States were established, reified, and debated, some were not quite ready to forget the nation's British roots, as an example from my research demonstrates. In 1959, the Canadian Medical Association (CMA) reasserted Canada's ties to Britain, instituting HRH Prince Philip as its honorary president. As I show in chapter 4, demonstrating that royal ties to Britain still mattered very much to many Canadians, Philip's presidential address at the joint CMA/British

Medical Association meeting decrying Canadian sloth created ripples of concern throughout the popular press, which often attributed the “fitness craze” of the 1960s to Philip and his speech.

Discussions regarding Canadian identity were not limited to whether Canadian-ness was more akin to American or British politics and ways of life. Throughout the post-war period to 1970, a narrative was mobilized that attempted to define the nation apart from both national giants. As a result, a “Canadiana” movement emerged which focused on developing and encouraging distinctly national cultural artifacts, policies, and economic ventures. “Canadiana” sentiments fuelled such policies and events as: the *Citizenship Act* of 1947 that declared immigrants as Canadian, not British citizens<sup>53</sup>; the establishment of the Canada Council on the Arts in 1957<sup>54</sup>; and the controversial flag debate of 1964, through which the federal government replaced the Union Jack with the nation’s current flag.<sup>55</sup> Perhaps no other event at the time attempted to stir such patriotic fervor, however, as Canada’s centennial in 1967.

In addition to Expo ’67 in Montreal, Canada’s centennial year involved such government-sponsored centennial events as a train of Canadian memorabilia that traveled coast to coast to be viewed by the public, an epic cross-Canada canoe race of male paddlers from a number of provinces, the release of Bobby Gimby’s hugely popular song “Ca-na-da,” the establishment of a centennial building fund which helped to erect many new structures across Canada, and a July 1 birthday party in Ottawa attended by none

other than Queen Elizabeth herself. The fact that centennial projects were intended to help nurture a sense of Canadian-ness is evident in the memoirs of Judy LaMarsh who, as Secretary of State, was in charge of the celebration: "Centennial year was important to Canada, and it will have a lasting effect. It is not just the buildings, rising in towns across this broad half-continent, each a reminder of our first good hundred years; more important is...the invisible bond we shared for a whole year when we thought about our past and our present and resolved to build a better future. It was a great year, a watershed year in our history. Since 1967, no one has asked what it is to be a Canadian."<sup>56</sup> Despite LaMarsh's optimistic claim, many have asked during and since the centennial what it is to be a Canadian, and Canadians did not "merrily...roll along together all the way," as the lyrics of "Ca-na-da" purported.<sup>57</sup>

Attempts to create a sense of Canadian-ness were challenged by competing nationalisms and the sovereignty claims of various groups. For example, Quebec's sovereignty movement gained momentum and strength following World War II and throughout the 1960s, leading to the eventual establishment of the nationalist Parti Québécois in 1968 by former Liberal René Lévesque.<sup>58</sup> Additionally, as I discuss in chapter 5, resistance from First Nations and Inuit groups persisted throughout the period in question, and attracted greater popular support following the Trudeau government's unsuccessful attempt to erase Aboriginal people's special status with the 1969 *White Paper on Indian Policy*.

Thus, impassioned conversations about Canadian identity were always also about race, and reflected shifts in the dynamics of racialized power that shaped the nation. Yet, questions of who fit into Canada were not limited to disputes between the French and English, or between various Aboriginal nations and the government. Immediately following World War II, immigrants originating from Southern and Eastern Europe landed on Canada's shores who, although white-skinned, still elicited a racial panic in mainstream Canadians.<sup>59</sup> These immigrants began to fill ranks of the working class, taking jobs other Canadians did not want. In the latter 1960s, immigration demographics shifted, and the number of immigrants of colour to Canada began to grow with what Sunera Thobani calls the "liberalization of immigration policy and citizenship in the 1960s and 1970s."<sup>60</sup> Changes in racial demographics, both perceived and real, created a closeness with "the Other" for dominant white Canadians which, Thobani argues, gave rise to a "crisis of whiteness" in the 1960s.<sup>61</sup>

An influx of non-Western European immigrants was not the only seat of crisis for post-war Canada to 1970. Shifts in gender relations were also creating a sense of upheaval in a nation built upon patriarchal power. As detailed in chapters 3 and 4, the numbers of women working for wages in both the working and middle classes, after an initial drop in the early post-war period, were on the rise in the 1950s and 1960s.<sup>62</sup> These working women were not limited to single, childless women, as greater numbers of married women and mothers began to take on waged labour. At the same time, divorce

rates were increasing.<sup>63</sup> As Gleason and Adams argue,<sup>64</sup> changes to the gendered power dynamics fuelled an assertion of normative, patriarchal roles for men and women in such texts as government brochures, psychological monographs, and junior high school curricula. With the feminist movement gaining strength and popularity in the mid- and late-1960s, the articulation of normative gender roles, which were generally based on white and middle-class ideas of femininity and masculinity, remained imperative.

***Health and national identity in Canada, 1945-1970, and the “problem” of obesity***

Discourses of health and emerging bureaucracies of healthcare from 1945 to 1970 were framed, in many ways, by the national crises of identity outlined above. Particularly salient to conversations about health and healthcare were the crisis of “Americanization,” and the establishment of a “Canadian identity,” as is evident in a study of the development of the federal medicare program. First initiated in 1948 with a series of healthcare grants to provinces, universal medicare eventually became a reality between 1968 and 1970.<sup>65</sup> The over-two-decade implementation of Canada’s universal healthcare system was often accompanied by the rhetoric of Canadian identity.

For example, at the 1952 annual meeting of the Canadian Public Health Association, federal Minister of Health and Welfare Paul Martin (Sr.) argued that burgeoning public healthcare defined what it meant to be Canadian. After arguing the necessity of a universal healthcare plan, Martin firmly situated healthcare in the

dichotomous discourse of the Cold War, concluding: “In societies that themselves are sick, the health of the individual is of little account. In any conflict of interest that develops between the state and its members, the state comes always first. That is one reason why Communism can sometimes conquer but can never convince those nourished in the warm humanity of the civilization of the Western World.”<sup>66</sup> Government-funded healthcare, Martin argued, not only showed that democracy was better than communism, but that Canada was democratic. The health plan “proved the validity of our way of life, ...[and] established beyond question the soundness of our society.”<sup>67</sup> Similarly tying healthcare to Canada’s national identity, Alexander Laidlaw wrote in a 1957 *Canadian Journal of Public Health* article that “[s]uch a plan, nation-wide in application but decentralized in administration and practice, carried on in the democratic traditions of our Canadian way of life, may well prove to be the deciding factor in building here a strong nation and a great people.”<sup>68</sup>

While publically funded healthcare established Canada as a democratic and Western nation, at least in the minds of some health officials, conversations about healthcare also re-hashed more general debates about Canadian identity, articulating healthcare to align Canada with or distance it from its American and British allies. For some, healthcare helped to define what it meant to be Canadian apart from the United States. The United States of the post-war period was a welfare state but, with Lester B.

Pearson's push for universal medicare, Canada "left the Americans in the dust" with regards to social programming.<sup>69</sup>

At the same time, the *British National Health Service Act* had passed only two years before the Canadian government's health grants program was instituted,<sup>70</sup> and, continuing Canada's British ties, debates in medical journals concerning Canadian healthcare often used the British example to proffer an opinion for or against a publically funded system. In the *Canadian Medical Association Journal (CMAJ)*, for instance, articles favoured American-style healthcare, and generally cited stories of over-crowded British hospitals to express disdain about a Canadian plan, thus aligning the CMA with U.S.-style health policy.<sup>71</sup> As Naylor has documented,<sup>72</sup> the CMA had mounted serious resistance to universal medicare since the inception of the plan, believing that a state-funded health system would impede the selling of doctors' services in a supposedly free market. This volleying among American, British and (supposedly) independent Canadian nationalisms within the discourse of health and healthcare surfaced in discussions about obesity.

In Canada from 1945 to 1970, obesity was regarded as a national problem of increasing proportions. Spurred by medical, government, and insurance company research that claimed obesity to cause everything from cardiovascular disease to varicose veins, from appendicitis to cancer, from depressive psychosis to diabetes, and from accidents to suicide, medical journals, *The Globe and Mail*, and *Maclean's* expressed

concern about a country growing too big.<sup>73</sup> To support these claims, reports surfaced declaring that anywhere from one-fifth to one-half of Canadians were too fat.<sup>74</sup> Yet, despite such confident and rather dire proclamations about the effects of obesity, the evidence of obesity's prevalence was far from consistent during the period. The lack of dependable obesity statistics was discouraging for some, including S. S. B. Gilder who, in a rather defeated tone, stated in his 1969 *CMAJ* column that "...in spite of much research, we know little about the prevalence of obesity, [and] its measurement. ..."<sup>75</sup>

Gilder was right on both counts: the prevalence of obesity in Canada was not known because the category of obesity had yet to be definitively measured and determined. During the immediate post-war period and throughout the 1950s and 1960s, there was no established agreement over categories such as obesity, overweight and fat and such terms were used inter-changeably. Medical experts defined obesity anywhere from 20 percent to 30 percent above the ideal weights listed on insurance company height/weight charts.<sup>76</sup> *The Globe and Mail* illustrated similar disparities, with some reports defining obesity as 10 percent above the ideal,<sup>77</sup> and some as 25 percent above the ideal.<sup>78</sup>

This lack of consensus about obesity's definition, and hence prevalence, can be understood in part as a result of competition among insurance companies, employees of the federal government's Department of Health and Welfare, and the medical establishment, and it must be contextualized within a changing Canadian healthcare

system and differing articulations of national identity. The struggle for power between insurance companies and doctors on the one hand, who were aligned by their disdain for state-funded medicare, and the state on the other, took on nationalist hues in conflicts regarding the aetiology of obesity. Specifically, debate raged relating to the use of insurance company height/weight charts in the classification and definition of obesity. For example, the federal government's Nutrition Division's Chief, L. B. Pett, did not hide his scepticism about the charts in his correspondence or his publications.<sup>79</sup> Pett challenged the notion that heights and weights alone should define obesity, and advocated for the additional measurement of subcutaneous fat with skin callipers.<sup>80</sup> Moreover, Pett was concerned that the most popular charts from the Metropolitan Life Insurance Company were generated in the United States, and the Nutrition Division Chief was unconvinced that American charts could or should reflect Canadian levels of obesity. Consequently, Pett undertook his own obesity study, measuring the height, weight and skinfolds of 22 000 Canadians, devising his own charts in the process.<sup>81</sup>

It should be noted that dissent about obesity measurement did not necessarily follow a neat opposition of insurance companies and doctors versus the state. Some medical practitioners writing in the *CMAJ* also critiqued insurance company charts citing similar reasons to Pett's<sup>82</sup> and, though Pett's height, weight, and skin calliper charts were rarely cited in the *CMAJ*, they were published there in 1955.<sup>83</sup> Pett's research was also used by the insurance industry, and the American Society of Actuaries cited Pett's

Canadian data in its *Build and Blood Pressure Study* of 1959.<sup>84</sup> The fact that insurance companies could incorporate Pett's study, which was conceived and carried out as a counterweight to ineffective insurance company classifications, points to the companies' tradition of "[resisting] the call for better statistics...in order to preserve the standard insurance practice of equalizing risk."<sup>85</sup> The wider the range of weights and measurements insurance companies could characterize as "obese," the better for their profit margins.

Thus, obesity narratives in Canada from 1945 to 1970 circulated in a climate of conflict and crisis, which the archival data studied for this dissertation often reflect. Indeed, it is one of the major findings of this dissertation that the discursive category of obesity helped at once to spur and assuage the social conflicts which arose in Canada during this time. In addition to capturing debates regarding Canadian identity in relation to American or British ties, I show throughout the dissertation how discourses of Canadian obesity contributed to the reproduction of normative gendered, raced, and classed subjectivities. The dissertation's chapters show how, through discursive means, medical, state, and popular discussions about obesity helped to reify Canadians as white (like the Britons or Americans against which mainstream Canadians defined themselves supposedly were), middle class, and arranged into heterosexual nuclear family formations in which women remained in the home and men worked for wages in the public sphere. That is, discourses of obesity and the embodied practices that accompanied them helped

to produce and define normative subjectivities and, in turn, abnormal ones, as well. In the remainder of the chapter, I outline in detail the archival work and methodological literature which led me to these central arguments and conclusions regarding the connections between obesity, the nation, and subjectification.

### **On methodology: Archival work, Foucaultian genealogy, and psychoanalytic perspectives**

This dissertation is the result of archival research I conducted on the topic of obesity, focusing on the years 1945 to 1970. Stating that the following chapters rely on archival documentation, however, is perhaps not as simple as it seems, as Jacques Derrida shows most effectively in *Archive Fever*.<sup>86</sup> Applying psychoanalytic theory of the self to the use of the archive, Derrida makes parallels and draws connections between the social and historical exercises of archivization, and what he regards as individual processes of archivization such as repression or suppression.<sup>87</sup> Derrida argues that much as individual process of un- and sub-conscious archivization are identifactory events by which individuality is enacted, creating and reading a state, company, church, or university archive are similarly performative and psychic exercises by and through which subjects are made. In connecting social and individual archivization, Derrida suggests that that which compels the historian to visit and revisit the archives, what Derrida calls “archive fever,” the “compulsive, repetitive, and nostalgic desire for the archive,”<sup>88</sup> is a resistance to the death drive. Derrida maintains: “...there is no archive fever without the threat of

this death drive, this aggression and destruction drive. This threat is *in-finite*, it sweeps away the logic of finitude and the simple factual limits, the transcendental aesthetics,...the spatio-temporal conditions of conservation.”<sup>89</sup>

Derrida’s *Archive Fever* has many implications for the researcher generally, though I will limit my discussion to highlighting only the two most applicable to my research. First, Derrida sheds doubt on the idea of the archives as a space of fact, and on history as a positivist discipline. If individual and unconscious mechanisms of identification, archivization, and the death drive itself, characterize the making and the reading of the archives, then how, one is left wondering, can one trust the archives? In Derrida’s words: “Nothing is less reliable, nothing is less clear today than the word ‘archive’....The trouble with what is troubling here is undoubtedly what troubles and muddles our vision..., what inhibits sight and knowledge,...the trouble of secrets, of plots, of clandestineness, of half-private, half-public [*sic*] conjurations, always at the unstable limit between public and private, between the family, the society, and the State, between the family and intimacy even more private than the family, between oneself and oneself.”<sup>90</sup> To simplify Derrida’s words in perhaps a too perfunctory manner: archivization is a subjective process.

Many historians recognize the subjective nature, as suggested by Derrida, of archival work, though most continue to retain the belief that some kind of truths, while partial, fractured, and filtered through personal experience, are still available through

archival research. In the introduction to *Archive Stories: Facts, Fictions and the Writing of History*, Antoinette Burton argues that despite the “resurgence of positivism” that has recently characterized popular discussions regarding archival evidence, the archives remain a subjective space fraught with power and politics.<sup>91</sup> As articles in *Archive Stories* demonstrate, one’s encounters with archival institutions and texts are mediated both by the personal histories of the individual researchers who visit the archives, and by the institutional histories of the archives themselves. As Burton argues: “history is not merely a project of fact-retrieval...but also of complex processes of selection, interpretation, and even creative intervention – processes set in motion by among other things, one’s personal encounter with the archives, the history of the archive itself, and the pressure of the contemporary moment on one’s reading of what is to be found there.”<sup>92</sup>

The collected works of *Archive Stories* highlight the social, cultural, and political, but not the psychic, contingencies of archival work and of historical knowledge. Essays by such writers as Durba Ghosh, Tony Ballantyne, Craig Robertson, and Jeff Sahadeo show how histories of nation-building, racism, and colonialism not only shape archival collections, but also determine who might have access to them.<sup>93</sup> In separate articles, for instance, Adele Perry and Ann Curthoys demonstrate how colonial archives in Canada and Australia, respectively, continue to be used by historians, state agents, and supreme court justices to legitimize the dispossession of Aboriginal peoples from their lands.<sup>94</sup>

Derrida's point that personal processes of archivization determine interactions with and the creation of institutional archives, and vice versa, brings with it a second consequence for those who use and think about the archives. Perhaps best filed under the category of, as Derrida puts it, the relationship of "oneself to oneself,"<sup>95</sup> connecting the formulation of individual identities to institutional archivization necessarily points to the embodied nature of archival research. If the animation of identity through repeated repression and suppression is a bodily process, as Judith Butler argues in *Bodies That Matter*,<sup>96</sup> and if, as Derrida maintains, parallels can be made between individual and institutional archives, then one must understand all archival work as productive of particular embodiments. Derrida writes that archive fever "leaves the trace of an incision *right on* the skin: more than one skin, at more than one age."<sup>97</sup>

Despite Derrida's contention that archival work is embodied, historians, as Burton and Ballantyne argue, have a propensity to *disembody* their archival work.<sup>98</sup> Durba Ghosh's account in *Archive Stories* of conducting research whilst newly pregnant is the exception. Ghosh relates that, for the first three months of her pregnancy, her archival research was often momentarily confounded by that fact that she often "found [herself] rushing out to the bathroom upon receiving [her] documents for the day."<sup>99</sup> The fact that the body rarely enters into archive stories might not be surprising to feminists, who have argued that the body, and those considered inherently embodied (namely women), have

been traditionally barred from the highly rational and hence disembodied spaces of positivist inquiry.<sup>100</sup>

Robyn Longhurst, for instance, criticizes her discipline of geography for privileging disembodied research methodologies, and for rendering the body geography's feminized "Other."<sup>101</sup> In *Bodies: Exploring Fluid Boundaries*, Longhurst argues that even some postmodern geographers, who use the body to demonstrate the fluidity of subjectivity and space, "seldom refer to the actual materiality and fluidity of the body itself."<sup>102</sup> Further, while many accept the feminist assertion that the social location of the researcher must be visible, Longhurst asserts that few researchers acknowledge their own embodied-ness which, in the end, hurts scholarly inquiry. Arguing that her positionality as an "'over'weight 'chocoholic' who refuses to exercise" and as a parent of a son who "refus[es] to use the toilet" are integral to her analysis of embodied space, Longhurst insists that acknowledging what may seem to be "banal" and "private" bodily processes in research methodology confounds the binary separation of the body from the supposedly rational spaces of academic inquiry.<sup>103</sup> The collapse of these binary relationships between the body and academia, Longhurst argues, can create more comprehensive scholarship. "I am positioned from an embodied place rather than from a place on high," Longhurst notes, "I am positioned to talk about not just that which is rational and public but also that which is irrational and private."<sup>104</sup>

The fantasy of disembodied thought has perhaps been most famously critiqued by Donna Haraway in “Situated Knowledges: The Science Question in Feminism and the Problem of Partial Perspective.”<sup>105</sup> In her article, Haraway calls the “view from nowhere,” claimed by practitioners of traditional objectivity, the “god trick,”<sup>106</sup> an “unmarked, disembodied, unmediated, transcendent, born again” perspective that is only possible for those “occupying the positions of the dominators.”<sup>107</sup> Rather than redeploy a “trick” that is conveniently limited to the most privileged, Haraway suggests a type of partial and non-universal embodied objectivity. “I am arguing,” Haraway writes, “for the view from a body, always a complex, contradictory, structuring, and structured body, versus the view from above, from nowhere, from simplicity.”<sup>108</sup> Though the “view from the body” is always preferable to the “god-trick,” and yields better, more careful scholarship, Haraway insists that not all knowledge is created equal. Power and position must be taken into account by all who contribute to feminist epistemologies, as “[t]he standpoints of the subjugated are not ‘innocent’ positions...[and] *how* to see from below is a problem requiring at least as much skill with bodies and language, with the mediations of vision, as the ‘highest’ technoscientific visualizations.”<sup>109</sup>

Feminist historian Joan W. Scott has made similar arguments in her seminal work “The Evidence of Experience,”<sup>110</sup> noting that feminists, too, can produce disembodied historical work. Generally speaking, Scott’s essay is a call for responsibility; historians need to interrogate what, exactly, they cite when claiming to recount experiences of the

past. While the deployment of experience has been undertaken with the good intentions of disrupting white, male-dominated representations of historical events, Scott maintains that the use of experience has itself become almost as problematic as ignoring it altogether. Taking responsibility for “the evidence of experience” extends beyond interrogating the apparently simple truth of “a subject’s own account of what he or she has lived through,”<sup>111</sup> to examining the effects of what the historian “has lived through” on the research process, and how his or her own bodily identities influence the knowledge s/he is producing. As Scott observes: “it is important to note that this subject is both the object of inquiry – the person one studies in the present or the past – and the investigator him- or herself – the historian who produces knowledge of the past based on ‘experience’ in the archives.”<sup>112</sup> When sitting at an archives table, sifting through cracked papers with white-gloved hands, what sorts of identities, embodiments, and experiences are mobilized and drawn upon by the researcher in the very moment of historical inquiry? In what ways do the feminist historian’s “stake in the production of knowledge” and, indeed, her relation to the discursively-arranged embodiments that make things knowable, allow her to understand the past?<sup>113</sup> In other words, how do the experiences, body, and social locations of the feminist historian allow her to organize and interpret the experiences of (past) others?

Bringing the work of Derrida, Longhurst, Haraway, and Scott together has led me to question the partial and embodied experiences that have informed my approach to this

dissertation. My own history of struggle with supposedly “excess” body fat has not made the writing of this dissertation easy, and I am certain that my embodiment shaped my interpretation of historical data, compelled me to record or copy particular articles, or piqued my interest in a specific line of inquiry. There were times when it seemed I could not escape the continued and very visceral interpolations of my own body into the category of “abnormal” used by the texts with which I was working. At such moments, the weight of the research was almost too much to take, and I would simply have to leave the reading room or library in order to collect, or perhaps to re-member, myself. Further, I am certain that sexism, and the fact that my body size dislocates me from much of the heterosexual privilege allotted to “attractive” women, informed my interaction not only with archival data but with archivists and security guards working at the archives in some ways.

At the same time, my location as a white, middle-class person helped my research to progress. Although I did not have access to copious amounts of money, my presence in a Canadian university and relatively easy access to a post-secondary education are the results of a middle-class background in which a university education was expected and, in the first couple of years, paid for by parents with full-time and permanent jobs. While whiteness and class privilege are inseparable in Canada, and my whiteness therefore was also implicit in my financial ability to carry out research, my location as a white person also helped my research in other ways. For example, my race privilege allowed me to

read reports about and accounts of residential schools from a safe distance and with some ease.<sup>114</sup> Even though such archival experiences brought me face-to-face with the violent history of my own white privilege, and were of course deeply disturbing, I am sure my analysis of the data would have been much different, and perhaps stronger, had generations of my family and members of my community attended these notoriously abusive schools. Thus, I do not pretend that my research is objective. Nor do I imagine it to be definitive. This dissertation is as partial as my own embodied experiences in the world have allowed it to be. As Donna Haraway suggests, however, it is through such partial perspectives that feminist epistemologies can be built.

### *Gathering the documents*

It was not just my personal embodied history with body fat that influenced what materials I was able to gather and interpret for this dissertation. As always, the rather mundane, yet always-political, details associated with location and income dictated my own “archive story” and access to documents, as did the various gatekeepers I encountered throughout the tenure of my fieldwork. I conducted my research during 2007 and 2008. In 2007, I began the research with a series of email correspondence with the archivist for the Metropolitan Life Insurance Company (MetLife) of Canada Archives, as I had learned from previous reading and research that the MetLife height/weight tables had been extremely influential in determining weight norms. While these archives are housed in

Waterloo and in Mississauga, and were therefore accessible to me (I was living in Toronto at the time), my requests to visit the archives in person were ignored by the archivist, who was, however, amenable to sending me various reports through the mail, the most useful of which was the *Build and Blood Pressure Study* of 1959.<sup>115</sup> I accessed other materials from MetLife Canada such as the *Statistical Bulletins* through various libraries, including the University of Toronto Libraries and Library and Archives Canada.

During the same period, I also undertook an extensive search of print sources which claimed themselves to be “national,” namely *The Globe and Mail* and *Maclean’s* magazine. Researching *The Globe and Mail* took a number of months to complete, and I found and made notations on articles throughout the two year data collection period. I accessed *The Globe and Mail* electronically through York University’s library system, and searched the newspaper by using the terms “obesity,” “obese,” “fat,” “overweight,” “over-weight,” “weight,” “fitness,” and “physical fitness.” I surveyed *Maclean’s* on microfilm at York University’s Scott Library, looking mainly for articles about exercise and obesity.

In 2007, I also engaged in telephone and email communication with the archivist for the CBC Radio Archives in Toronto. My survey of *The Globe and Mail* and *Maclean’s* had turned up information regarding Lloyd Percival, Canada’s very own fitness guru, whose radio show *Sports College* was broadcast on CBC Radio throughout the 1950s. The radio archivist conducted a search, and compiled and sent me a CD of all

of Percival's shows that were available. Because Percival made the move to a local affiliate of CTV television in the 1960s, I also contacted CTV. My request to CTV, however, was more-or-less brushed aside.

I traveled to Library and Archives Canada in Ottawa to conduct research for two weeks in February, 2007. I followed up this visit with another in July, 2007, which lasted for approximately three weeks, and one in February, 2008, which was again about three weeks in duration. The dates listed and the amounts of time I could spend in Ottawa were determined by my teaching schedule, and, even more, by my limited budget. At Library and Archives Canada, I concentrated mainly upon files from the Department of Health and Welfare, with particular emphasis on files from the Physical Fitness and Nutrition Divisions. While I am sure that references to obesity may have been found buried in other fonds and sub-fonds, a search of the archival database led me to these specific Divisions.

In between archival visits, I undertook a detailed analysis of three medical journals, the *Canadian Medical Association Journal (CMAJ)*, the *Canadian Journal of Public Health*, and the *Canadian Nurse*, at the Gerstein Science and Information Centre at the University of Toronto. I selected these three journals in order to provide the perspectives of the three major health professions in Canada: medical doctors; public health agents; and nurses. This research took the better part of five months, as I read through each journal from the late 1940s up until 1969, and some from the early 1970s, as well. While I was looking specifically for references to obesity, I also read articles

pertaining to such issues as Aboriginal tuberculosis and nursing in the North, that became important to my analysis. I also undertook a less painstaking study of the *Canadian Psychiatric Association Journal*, the leading journal for the psychiatric profession in Canada. My reading of this journal was meant only to supplement the themes and issues I had found in the *CMAJ*, the *Canadian Journal of Public Health*, and the *Canadian Nurse*.

My study of medical journals piqued my interest in the International Biological Programme (IBP), an international research project which took place in the late 1960s, and which studied obesity (among other conditions) in Northern Aboriginal peoples. While research from the IBP had been published in the *CMAJ*, I felt as if more documentation on the topic must be available. A search of the University of Toronto Libraries uncovered a number of reports written by IBP medical practitioners and scientists, the most applicable of which were Dr. Joan De Pena's study of growth and development, and Dr. R. J. Shepard's study of obesity in the Inuit. My search of the University of Toronto Archives to find supplemental documents by or about R. J. Shepard, a University of Toronto professor, proved fruitless. I then searched the University of Manitoba archives for Dr. De Pena's papers, as De Pena was a professor of anthropology there. While neither the university archivist nor I could find anything regarding Dr. De Pena in the archives, the archivist offered to contact De Pena for me. In summer, 2008, I met with and interviewed Dr. De Pena in Winnipeg.

While in Winnipeg, I undertook two archival studies: one at the United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, housed at the University of Winnipeg; and one at the University of Manitoba archives. While I had already encountered documents expressing concerns about Aboriginal obesity at Library and Archives Canada, I wondered whether I might find more on the topic in the archives of the United Church of Canada, which ran a number of residential schools throughout the country. The United Church is open to archival research regarding residential schools,<sup>116</sup> and I knew that their archivists would be helpful. Unfortunately, at the time of my research, the central archives in Toronto were in the process of relocation and were therefore closed to the public. The Manitoba and Northwestern Ontario archives in Winnipeg, however, remained open and, since I was traveling to Winnipeg to meet with Joan De Pena, I visited them for one week. Apart from conducting a search for De Pena's papers, I also conducted general research at the University of Manitoba archives, not only because I happened to be in Winnipeg, but because the University has a major Northern research program. I therefore hoped to find some reference to the IBP at the University's archives, but instead found the papers of Dr. Bruce Chown, whose study on the blood types of various Aboriginal groups I cite in chapter 5 of this thesis.

### *Analyzing the documents*

Throughout the dissertation, I have employed an intertwining methodology for analyzing archival documents; I use the feminist psychoanalytic theories of performativity, abjection, and fetishism based on critiques of Cartesian Dualism to help make sense of historical texts, while also employing Foucault's genealogical method. Though psychoanalytic techniques are regarded as antithetical to Foucaultian concepts of the subject by Foucault himself, who eschews Freud's theory of sexual repression and the psychoanalytic technique of confession in *The History of Sexuality*,<sup>117</sup> feminist poststructuralists have shown that the two can work well together. As Chris Weedon argues in *Feminist Practice & Poststructuralist Theory*,<sup>118</sup> poststructuralist feminists combine Foucaultian notions of discourse and subjectivity with psychoanalytic theories of the unconscious to argue that subjectivities are both discursively produced and negotiated by subjects who un- and sub-consciously organize and balance any number of fractious and sometimes conflicting subject-positions at any given moment.

Following this theoretical precedence, I bring Foucaultian genealogy together with psychoanalytic theory to explore archival texts, not only to analyze the discourses about obesity these documents contain, but to suggest a number of often-conflicting subject-positions obesity discourses may have produced. Further, given that Derrida's work in *Archive Fever* points to the possibility that, as in the case of the individual, institutional archivization is a psychic process necessarily informed by the social relations through which the individual is animated, a study of archival documents might

therefore reveal more than historical events, and speak to the societal-level psychic mechanisms and motivations which may have precluded or helped to produce particular moments in time.

I use the combined approach of psychoanalytic and Foucaultian genealogy throughout this dissertation, analyzing archival texts as discourse, and, at the same time, applying psychoanalytic concepts to the documents I discuss. The psychoanalytic terms and analysis I employ throughout the following chapters are explicated in detail in chapter 2, the theoretical chapter, along with the other theoretical themes of the dissertation, and I will therefore not elaborate on them here. I will, however, use this space to detail the methodology of Foucaultian genealogy more fully.

Foucault utilizes genealogy to facilitate his overall “project,” as he names it, which is to describe “the how of power.”<sup>119</sup> Foucaultian genealogy is a methodology whereby present phenomena are traced to the moments in which they surfaced, to reveal the power dynamics underlying and mobilizing them. A genealogy further explores the conflicts and fissures of a discourse at the time of its emergence, thus demonstrating the constructed nature of something that is taken to be self-evident or common-sense in the present moment. Perhaps because the body is believed to “[obey] the exclusive laws of physiology and...[escape] the influence of history,”<sup>120</sup> Foucault chose to demonstrate the genealogical method with histories of embodiment. In his best-known genealogies, including *Discipline & Punish* and *The History of Sexuality*,<sup>121</sup> Foucault traces how

power inscribes and moulds the body and, at the same time, how power is established through the manipulation, calculation, and classification of embodiments.

Foucault's general contention is that theories of "repressive power" like Marxism or psychoanalysis can only provide an at-best-inadequate study of power.<sup>122</sup> In the Foucaultian schema, the body is not repressed by power; it is inscribed by it. Power is "something that circulates" in, "passes through," and thus "constitutes" bodies,<sup>123</sup> and the task of the genealogist is to explore how power "constituted" embodiments in particular political, historical and spatial contexts. This I have done with fat embodiment from the immediate post-war period to 1970 in Canada. The sources I have chosen are mainstream ones, and therefore reflect dominant discourses which circulated at the time in question. This is both a shortcoming and a strength of the dissertation. While I am not able to trace reverse- and counter-discourses to medical, state, and popular understandings of obesity, this dissertation does show how normative subjects and embodiments were discursively mobilized through obesity concerns. It is important to understand dominant and normalizing discourses as they not only affect profoundly the lives of all subjects, but, as Foucault argues, are also the frames of reference for discourses of resistance.<sup>124</sup>

### **Chapter overview and structure of the dissertation**

The thesis is divided into four chapters. In chapter 2, I provide a literature review of the theories of the body, generally, and fat bodies, specifically, which have influenced my

analysis of obesity in Canada from the immediate post-war period to 1970. Following a discussion about feminist literatures regarding Cartesian Dualism, performativity, abjection, and fetishism, I argue that existing theories of body fat fail to capture the complexities of obesity within “white supremacist, capitalist patriarchy.”<sup>125</sup>

Chapter 3 identifies the concept of psychopathological or “emotional obesity” to show how fat was a feminized construct in the post-war era to 1970. I argue that the feminization of fat occurred in two ways in this period. In the immediate post-war era through the 1950s, primarily, women were imagined as contagions of obesity, and their over-emotionalism blamed for fat children and husbands. Always positioned as white, middle-class housewives, women were conflated with emotional obesity through Cartesian discourses which attached women’s reproductive embodiments to irrationality, emotionalism and, as argued by Mona Gleason and Phyllis Chesler,<sup>126</sup> to mental illness. As mentally unbalanced, women were imagined to drive their children to overeating and obesity, as psychoanalyst Hilde Bruch most famously argued. Because they were understood to be overly-emotional, women supposedly could neither master the scientific rules of nutrition nor the new pre-packaged and prepared foods of the modern age, thus “passing” obesity to their families. In addition to being contagions of obesity, normative women were positioned as obese. As I show in the chapter, most medical research about obesity was conducted on the bodies of women, especially and increasingly in the 1960s, just as the feminist movement was beginning to cut its teeth on such projects as the Royal

Commission on the Status of Women in Canada. I use diet drug advertisements from the *Canadian Medical Association Journal* and a discussion of emerging weight loss groups modeled on group therapy, such as Weight Watchers, to argue that feminized discourses of emotional obesity in the 1960s served, in part, to reposition white, middle-class women with their supposedly distinct reproductive bodies, collapsing women with the private sphere during a time in which they were demanding rights in the public.

In chapter 4, I trace the trajectory of discourses regarding fat, white, middle-class men. Noting that obesity became a category of concern for, in particular, the sedentary male white collar worker, I argue that obesity came to embody the Cold War crisis of white, middle-class masculinity described by Mary Louise Adams and Mona Gleason, respectively.<sup>127</sup> I show how physical fitness discourse, manifested in federal legislation, physical fitness plans, and physical fitness tests psychically organized the bodies of white, middle-class men as obese to help ease the social tensions created by the feminization of the public sphere, the break-down of the nuclear family form, changing race demographics, and an impending nuclear war. I thus propose that the removal of feminized body fat through the use of physical fitness regimes and legislations represented a reassertion of dominant masculinity. Further, given that physical fitness texts ubiquitously depicted the out-of-shape Canadian as white and middle-class, and continuously compared Canadian bodies with those of other Western nations, I argue that anti-obesity fitness narratives jettisoned immigrant and Aboriginal bodies from the nation

and positioned Canada as a Western nation of white, middle-class nuclear families.

Chapter 5 begins by describing a moment in the late 1960s when, through scientific inquiry and government policy, obesity became a category applicable to Northern Aboriginal communities. I open the chapter by further attending to the attachment of obesity to the modern subject by exploring the racialization of contagious and chronic illnesses. Recounting the Canada Sickness Survey conducted by the government of Canada in the late 1940s and taken up in the medical press throughout the 1950s, I argue that contagious illnesses, such as tuberculosis, were associated with supposedly “atavistic” or “primitive,” namely Aboriginal, Third World, and immigrant peoples. “Modern” Canadians, meanwhile, were iterated as particularly susceptible to chronic diseases like obesity. I then turn to a government nutrition survey of the Inuit peoples, and to the scientific research conducted in the Northwest Territories under the auspices of the international scientific research project known as the International Biological Programme (IBP), which, beginning in the mid-1960s, contended that Northern Aboriginal people were beginning to develop an obesity problem. I argue that these two particular projects were civilizing and assimilating discursive practices, or were types of what Mary Louise Pratt calls “anti-conquest,”<sup>128</sup> which helped facilitate the federal state’s plan of Northern development. Obesity on Northern Aboriginal bodies articulated Inuit and First Nations peoples as progressed or progressing, as almost-white, at the same time in which the Government of Canada was attempting to down-play

Aboriginal sovereignty through the assimilative government policy most obviously captured by the 1969 *White Paper on Indian Policy*.

In the conclusion, I outline how the dissertation is significant for feminist theories of the body, feminist theories of body fat, and histories of post-war Canada, and maintain that, because of its psychoanalytic perspective, the dissertation makes a unique contribution to all three literatures. Further, I describe how the dissertation calls into question some of the major precepts that underlie the claim made by the popular media, medical profession, and public health documents, that Canada and the world are experiencing a current so-called global epidemic of obesity. I end by proposing some directions for further research, and encourage other academics to explore the gendered, raced, and classed dynamics of the current national and international obesity epidemics.

By analyzing dominant obesity discourses reflected and produced in medical journals, popular newspapers, magazines, monographs, and government documents from the immediate post-war period to 1970, I trace the simultaneity of obesity's post-war emergence with shifts in gender, class, and race relations in the Canadian context. The question, for me, is not whether a national obesity crisis indicated that people were or were not "actually" getting fatter. Perhaps they were, though it is impossible to tell. Then as now, reports regarding the nation's girth were contradictory, and obesity was determined by means which varied from study to study or even, as in the case of the International Biological Programme discussed in chapter 5, from person to person in the

same research cohort.<sup>129</sup> The question is, rather, what sort of significance accrued to body fat in post-war Canada to 1970? How and why was body fat mobilized to re-establish normative subject-positions and reify dominant relations of power? The following chapters therefore provide a history of signification, in which I trace how the articulation of the obese body helped establish the contours of a nation.

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<sup>1</sup> World Health Organization, "Obesity and Overweight," World Health Organization, [http://www.who.int/dietphysicalactivity/media/en/gsf\\_05\\_obesity.pdf](http://www.who.int/dietphysicalactivity/media/en/gsf_05_obesity.pdf) (accessed December 16, 2008).

<sup>2</sup> Heather M. Orpana, Mark S. Tremblay, and Phillippe Finès, *Trends in Weight Change Among Canadian Adults: Evidence from the 1967/1997 to 2004/2005 National Population Health Survey* (Ottawa: Minister of Industry, 2006), <http://www.statcan.ca/english/research/82-618-MIE/82-618-MIE2006005.pdf> (accessed April 27, 2009).

<sup>3</sup> Canada, *Building on Values: The Future of Health Care in Canada* (Ottawa: Minister of Health, 2002), [http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/HCC\\_Chapter\\_5.pdf](http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/HCC_Chapter_5.pdf) (accessed September 19, 2008), 18.

<sup>4</sup> Leslie Beck, "Food for Thought: Kids' Menus – Want Some Fries with That?," *The Globe and Mail*, November 8, 2007; I.M. Hramiak, A.M. Sharma and E. Ur, "2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children (Summary)," *Canadian Medical Association Journal* 176, no. 8 (2008): S1-S13; M. Kahn, "Obesity Adds to Global Warming," *The Globe and Mail*, May 16, 2008; K. Katzmarzyk and C. Mason, "Prevalence of Class I, II III Obesity in Canada," *Canadian Medical Association Journal* 174, no. 2 (2006): 156-7; N. Reynolds, "Smoke-Free and Smothered by Obesity Costs," *The Globe and Mail*, November 30, 2007.

<sup>5</sup> Canada, "Obesity," Health Canada, <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/obes-eng.php> (accessed April 10, 2009).

<sup>6</sup> World Health Organization, "BMI Classification," World Health Organization, [http://www.who.int/bmi/index.jsp?introPage=intro\\_3.html](http://www.who.int/bmi/index.jsp?introPage=intro_3.html) (accessed November 17, 2008).

<sup>7</sup> Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1999); Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada*. (Toronto: University of Toronto Press, 1999); Sunera Thobani, *Exalted Subjects: Studies in the Making of Race and Nation in Canada* (Toronto: University of Toronto Press, 2007), 152.

<sup>8</sup> Adams, *The Trouble with Normal*; Thobani, *Exalted Subjects*; Leah F. Vosko, *Temporary Work: The Gendered Rise of a Precarious Employment Relationship* (Toronto: University of Toronto Press, 2000).

<sup>9</sup> For a discussion of fat oppression see Vivian F. Mayer, "The Fat Illusion," in *Shadow on a Tightrope: Writings by Women on Fat Oppression*, ed. Lisa Schoenfielder and Barb Wieser (San Francisco: Aunt Lute Books, 1983), 3-14. For a discussion of consciousness raising, see bell hooks, *Feminist Theory: From Margin to Center*, 2<sup>nd</sup> ed. (Cambridge, MA: South End Press, 2000), 48-9.

<sup>10</sup> Lisa Schoenfielder and Barb Wieser, eds., *Shadow on a Tightrope*.

<sup>11</sup> Allyson Mitchell, "Corporeographies of Size: Fat Women in Urban Space" (PhD diss., York University, 2006); Lee F. Monaghan, "Big Handsome Men, Bears and Others: Virtual Constructions of Fat Male

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Embodiment," *Body & Society* 11, no. 2 (2005): 81-111; Lee F. Monaghan, "McDonaldizing Men's Bodies?: Slimming, Associated Irrationalities and Resistances," *Body & Society* 13, no. 2 (2007): 67-93; Lee F. Monaghan, *Men and the War on Obesity: A Sociological Study* (New York: Routledge, 2008); Carla Rice, "Becoming the Fat Girl: Emergence of an Unfit Identity," *Women's Studies International Forum* 30, no. 2 (2007): 158-172; Heather Sykes and Deborah McPhail, "Unbearable Lessons: Contesting Fat Phobia in Physical Education," *Sociology of Sport Journal* 25 (2008): 66-96.

<sup>12</sup> Rice, "Becoming the Fat Girl," 159.

<sup>13</sup> Leslie Beck, "Keep the Pounds at Bay: Eat Slowly; Research Shows that People who Wolf Down their Meals are Three Times More Likely to Become Overweight," *The Globe and Mail*, October 29, 2008; Orpana, Tremblay and Finès, *Trends in Weight Change Among Canadian Adults*; André Picard, "Obesity Raises Risk of Ovarian Cancer," *The Globe and Mail*, January, 7, 2009; Suzanne Taylor, "The Saggy Season: Already Overweight, Kids Gain Even More Pounds in the Summer," *Maclean's*, September 3, 2007, 48.

<sup>14</sup> Bob Evenson, "I'm a Good Example," *The National Post*, November 5, 2002; Hayley Mick, "Portrait of a Couch Potato: Young, Male and Obese," *The Globe and Mail*, June 19, 2008.

<sup>15</sup> See for example Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999); Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987); Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).

<sup>16</sup> Laura S. Brown and Esther D. Rothblum, eds., *Fat Oppression and Psychotherapy: A Feminist Perspective* (New York: The Haworth Press, 1989); Elana Dykewomon, "Traveling Fat," in Schoenfielder and Wieser, *Shadow on a Tightrope*, 144-56; Vivian F. Mayer, "The Fat Illusion," in Schoenfielder and Wieser, *Shadow on a Tightrope*, 3-14.

<sup>17</sup> Michael Gard and Jan Wright, *The Obesity Epidemic: Science, Morality and Ideology* (New York: Routledge, 2005).

<sup>18</sup> Paul Campos, *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health* (New York: Gotham Books, 2004).

<sup>19</sup> Monaghan, *Men and the War on Obesity*.

<sup>20</sup> *Ibid.*, 48.

<sup>21</sup> *Ibid.*

<sup>22</sup> Bruce Ross, "Fat or Fiction: Weighing the 'Obesity Epidemic,'" in *The Obesity Epidemic: Science, Morality and Ideology*, Michael Gard and Jan Wright (New York: Routledge, 2005), 86-106.

<sup>23</sup> Although it is problematic to cite scientific evidence to critique scientific evidence, it is interesting to note a 2007 article from the *New York Times* reporting that obesity researchers had associated a BMI of 25-30 with the highest longevity of all weight classifications. A person with a BMI of 25-30 is "pre-obese," according to WHO classifications. Gina Kolata, "Causes of Death are Linked to a Person's Weight," *New York Times*, November 7, 2007, <http://www.nytimes.com/2007/11/07/health/07fat.html> (accessed December 16, 2008).

<sup>24</sup> Ross, "Fat or Fiction," 92.

<sup>25</sup> World Health Organization, "BMI Classification."

<sup>26</sup> Ross, "Fat or Fiction," 95 (author's italics).

<sup>27</sup> *Ibid.*; see also *Ibid.*, 101.

<sup>28</sup> Sander L. Gilman, *Fat Boys: A Slim Book* (Lincoln: University of Nebraska Press, 2004), 11.

<sup>29</sup> Gilman, *Fat Boys*; Sander L. Gilman, *Fat: A Cultural History of Obesity* (New York: Polity, 2008); Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York: Free Press,

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1986); Peter N. Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 1997).

<sup>30</sup> Schwartz, *Never Satisfied*, 136.

<sup>31</sup> "Americans," here, refers to citizens of the United States.

<sup>32</sup> Stearns, *Fat History*, 58.

<sup>33</sup> Gilman, *Fat Boys*, 204-5.

<sup>34</sup> Schwartz, *Never Satisfied*, 75.

<sup>35</sup> Stearns, *Fat History*, 41.

<sup>36</sup> Schwartz, *Never Satisfied*, 131-4.

<sup>37</sup> *Ibid.*, 168.

<sup>38</sup> See also Joyce L. Huff, "A 'Horror of Corpulence': Interrogating Bantingism and Mid-Nineteenth-Century Fat-Phobia," in *Bodies Out Of Bounds: Fatness and Transgression*, ed. Jana Evans Braziel and Kathleen LeBesco (Berkeley: University of California Press, 2001), 39-59.

<sup>39</sup> Gard and Wright, *The Obesity Epidemic*, 69.

<sup>40</sup> *Ibid.*

<sup>41</sup> *Ibid.*, 45 (authors' italics).

<sup>42</sup> Carla Rice provides a short history of the fat body in relation to the *ParticipACTION* movement in Canada and the Canada Fitness Tests in her article, "Becoming the Fat Girl," though the article is only an abbreviated history of the topic. Rice, "Becoming the Fat Girl."

<sup>43</sup> Robyn Longhurst, "The Body and Geography," *Gender, Place and Culture* 2, no. 1 (1995): 97-105; Linda McDowell, "In and Out of Place: Bodies and Embodiment," in *Gender, Identity and Place: Understanding Feminist Geographies* (Minneapolis: University of Minnesota Press, 1999), 34-70; Heidi J. Nast and Steve Pile, "Introduction: Makingplacesbodies," in *Places Through the Body*, ed. Heidi J. Nast and Steve Pile (New York: Routledge, 1998), 1-19.

<sup>44</sup> Gilman, *Fat Boys*; Huff, "A Horror of Corpulence"; Schwartz, *Never Satisfied*; Stearns, *Fat History*.

<sup>45</sup> Anna M. Agathangelou and Kyle D. Killian, "Epistemologies of Peace: Poetics, Globalization, and the Social Justice Movement," *Globalizations* 3, no. 4 (2006): 459-83; Enakshi Dua, "Canadian Anti-Racist Feminist Thought: Scratching the Surface of Racism," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press, 1999), 7-31; L. Malkki, "Citizens of Humanity: Internationalism and the Imagined Community of Nations," *Diaspora* 3, no. 1 (1994): 41-68.

<sup>46</sup> Jean-Francois Dancel. *Obesity, or Excessive Corpulence: The Various Causes and Rational Means of Cure*, trans. M. Bennet (Toronto: W.C. Chewett & Co., 1864).

<sup>47</sup> Gard and Wright, *The Obesity Epidemic*, 68.

<sup>48</sup> Reginald Whitaker and Steve Hewitt, *Canada and the Cold War* (Toronto: James Lorimar, 2002).

<sup>49</sup> In her analysis of Chatelaine magazine articles and advertisements, *Roughing It in the Suburbs*, Valerie Korinek notes that "[p]ostwar affluence" was a "myth," and that economic largesse in Canada "is much better understood as a sixties' phenomenon, when most areas of the country had modernized their houses and durables, and leisure pursuits and 'fashionable' spending were commonplace." Valerie J. Korinek, *Roughing It in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000), 25.

<sup>50</sup> Reginald Whitaker, *Cold War Canada: The Making of an Insecurity State* (Toronto: University of Toronto Press, 1994); Whitaker and Hewitt, *Canada and the Cold War*.

<sup>51</sup> Shelagh Grant, *Sovereignty or Security? Government Policy in the Canadian North, 1936-1950* (Vancouver: University of British Columbia Press, 1988); Morris Zazlow, *The Northern Expansion of Canada 1914-1967* (Toronto: McClelland and Stewart, 1988).

- <sup>52</sup> Not all governments were quick to jump to American commands. The government of John Diefenbaker, for example, fell after the 1963 federal election due to Diefenbaker's disdain for John F. Kennedy's, and NATO's, nuclear weapons program. See Alvin Finkel, *Our Lives: Canada After 1945* (Toronto: James Lorimer, 1997), 110-8. Canadians also felt particularly uneasy about how an alliance with the Americans made their cities potential communist targets. The vulnerability created by Canada's close affiliation with and proximity to the United States gained frightening plausibility following the Gouzenko affair of 1945, in which a Russian spy working at the Soviet embassy in Canada, Igor Gouzenko, admitted to gathering intelligence on Canada's atomic program and claimed that other Soviet spies were doing the same. See Adams, *The Trouble with Normal*, 22; Grant, *Sovereignty or Security?*, 178; Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006), 16, 271.
- <sup>53</sup> Alvin Finkel and Margaret Conrad, *History of the Canadian Peoples: 1867 to the Present* (Toronto: Addison, Wesley and Longman, 2002), 326.
- <sup>54</sup> *Ibid.*, 359.
- <sup>55</sup> *Ibid.*
- <sup>56</sup> Judy LaMarsh, *Memoirs of a Bird in a Gilded Cage* (1969; repr., Toronto: Pocket Book, 1970), 238.
- <sup>57</sup> Bobby Gimby, *Ca-na-da*, arr. for band by Ken Bray, LP, ER Records, ©1967 Centennial Commission.
- <sup>58</sup> Finkel and Conrad, *History of the Canadian Peoples*, 336.
- <sup>59</sup> Iacovetta, *Gatekeepers*.
- <sup>60</sup> Thobani, *Exalted Subjects*, 144.
- <sup>61</sup> *Ibid.*, 152.
- <sup>62</sup> Joan Sangster, "Doing Two Jobs: The Wage Earning Mother," *A Diversity of Women: Ontario, 1945-1980*, ed. Joy Parr (Toronto: University of Toronto Press, 1995), 98-134.
- <sup>63</sup> Gleason, *Normalizing the Ideal*, 7.
- <sup>64</sup> Adams, *The Trouble with Normal*; Gleason, *Normalizing the Ideal*.
- <sup>65</sup> Kathryn McPherson, "Nursing and Colonization: The Work of Indian Health Service Nurses in Manitoba, 1945-1970," in *Women, Health and Nation: Canada and the United States Since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li and Kathryn McPherson (Montreal & Kingston: McGill-Queen's, 2003), 223.
- <sup>66</sup> *Ibid.*, 329.
- <sup>67</sup> Paul Martin, "Canada's Record Progress in Public Health," *Canadian Journal of Public Health* 43, no. 8 (1952): 324.
- <sup>68</sup> Alexander Laidlaw, "The Place of Medical Co-operatives in a Complete Health Plan," *Canadian Journal of Public Health* 48, no. 2 (1957): 57.
- <sup>69</sup> Finkel and Conrad, *History of the Canadian Peoples*, 323.
- <sup>70</sup> Fraser Brockington, "Letter from Great Britain," *Canadian Journal of Public Health* 43, no. 1 (1952): 14.
- <sup>71</sup> J. A. L. Magee, "The National Health Service, from the Viewpoint of a General Practitioner," *Canadian Medical Association Journal* 62, no. 1 (1950): 79-84; William Wagner, "The National Health Service in England: A Report to the Executive Committee of the Canadian Medical Association, November 28, 1949," *Canadian Medical Association Journal* 62, no. 1 (1950): 1-5; William A. R. Thomson, "The London Letter," *Canadian Medical Association Journal* 65, no. 4 (1951): 392-3; William A. R. Thomson, "The London Letter," *Canadian Medical Association Journal* 76, no. 7 (1957): 591.
- <sup>72</sup> C. David Naylor, *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911-1966* (Montreal and Kingston: McGill-Queen's, 1986).
- <sup>73</sup> Sidney Katz, "A Report on Eating," *Maclean's*, June 11, 1955, 86-91; W. Leith and J. C. Beck, "The Use of Phenmetrazine Hydrochloride (Predulin) in the Obese Diabetic," *Canadian Medical Association*

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*Journal* 79, no. 8 (1958): 897-8; Metropolitan Life Insurance Company of Canada, *How to Control Your Weight* (Ottawa: Metropolitan Life Insurance Company of Canada, 1958); Society of Actuaries, *Build and Blood Pressure Study*, vol. 1 (Chicago: Society of Actuaries, 1959); Society of Actuaries, *Build and Blood Pressure Study*, vol. 2 (Chicago: Society of Actuaries, 1959).

<sup>74</sup> Katz, "A Report on Eating," 90; *The Globe and Mail*, "Form of Malnutrition: One-fifth of Canadians Over 30 Said Too Fat," June 18, 1953.

<sup>75</sup> S. S. B. Gilder, "The London Letter," *Canadian Medical Association Journal* 100, no. 23 (1969), 1109.

<sup>76</sup> D. Capon, "Review Article: Obesity," *Canadian Medical Association Journal* 79, vol. 7 (1958): 568-73; J. A. Leis, "Hypertension: A Problem of Growing Importance," *Canadian Medical Association Journal* 64, no. 1 (1951): 26-9; D. E. Rodger, J. G. McFedridge, and E. Price, "The Management of Obesity," *Canadian Medical Association Journal* 63, no. 9 (1950): 256-7.

<sup>77</sup> *The Globe and Mail*, "Block that Whipped Cream, It Could Kill You: Doctor," October 19, 1952; *The Globe and Mail*, "Please Be Kind: Fat People Get Thinner by Sympathy," September, 11, 1950.

<sup>78</sup> *The Globe and Mail*, "Plan Review of Rejected Students," October 30, 1959.

<sup>79</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 922, file 385-6-3, "Nutrition Services Liaison & Co-operation with Province – New Brunswick," letter from L. B. Pett to Florence Swan, 24 July, 1959; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 922, file 385-6-3, "Nutrition Services Liaison & Co-operation with Province – New Brunswick," letter from L. B. Pett to Florence Swan, 2 October, 1959; L. B. Pett, "A Canadian Table of Average Weights," *Canadian Medical Association Journal* 72, no. 1 (1955): 12-4.

<sup>80</sup> L. B. Pett and G. F. Ogilvie, "The Canadian Weight-Height Survey," *Human Biology* 28, no. 2 (1956): 177-88.

<sup>81</sup> *Ibid.*

<sup>82</sup> W. I. Morse and J. S. Soeldner, "The Non-Adipose Body Mass of Obese Women: Evidence of Increased Muscularity," *Canadian Medical Association Journal* 90, no. 12 (1964): 723-35; Charlotte Young, "Body Composition and Body Weight: Criteria of Overnutrition," *Canadian Medical Association Journal* 93, no. 17 (1965): 900-10.

<sup>83</sup> Pett, "A Canadian Table of Average Weights."

<sup>84</sup> Society of Actuaries, *Build and Blood Pressure Study*, vol. 2, 216.

<sup>85</sup> Timothy L. Alborn, "Insurance Against Germ Theory: Commerce and Conservatism in Late-Victorian Medicine," *Bulletin of the History of Medicine* 75, no. 3 (2001): 406-45.

<sup>86</sup> Jacques Derrida, *Archive Fever: A Freudian Impression* (Chicago: The University of Chicago Press, 1995), 17.

<sup>87</sup> *Ibid.*, 31.

<sup>88</sup> *Ibid.*, 91.

<sup>89</sup> *Ibid.*, 19.

<sup>90</sup> *Ibid.*, 90.

<sup>91</sup> Antoinette Burton, "Introduction: Archive Fever, Archive Stories," in *Archive Stories: Fact, Fictions, and the Writing of History*, ed. Antoinette Burton (Durham: Duke University Press, 2005), 5.

<sup>92</sup> *Ibid.*, 5-6.

<sup>93</sup> Tony Ballantyne, "Mr. Pearl's Archive: Mobility and Exchange in Histories of Empire," in Burton, *Archive Stories*, 87-110; Durba Ghosh, "National Narratives and the Politics of Miscegenation," in Burton, *Archive Stories*, 27-44; Craig Robertson, "Mechanisms of Exclusion: Historicizing the Archives and the Passport," in Burton, *Archive Stories*, 68-86; Jeff Sahadeo, "'Without the Past There Is No Future': Archives, History, and Authority in Uzbekistan," in Burton, *Archive Stories*, 45-67.

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- <sup>94</sup> Ann Curthoys, "The History of Killing and the Killing of History," in Burton, *Archive Stories*, 351-73; Adele Perry, "The Colonial Archive on Trial: Possession, Dispossession, and History in *Delgamuukw v. British Columbia*," in Burton, *Archive Stories*, 325-350.
- <sup>95</sup> Derrida, *Archive Fever*, 90.
- <sup>96</sup> Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex,"* (New York: Routledge, 1993).
- <sup>97</sup> Derrida, *Archive Fever*, 20 (author's italics).
- <sup>98</sup> Tony Ballantyne and Antoinette Burton, "Introduction: Bodies, Empires, World Histories," in *Bodies in Contact: Rethinking Colonial Encounters in World History*, ed. Tony Ballantyne and Antoinette Burton (Durham: Duke University Press, 2005), 1-15. It is notable that the researcher's body, and the embodied experiences of researchers in the archives, is rarely written about in the introductions or methodological discussions of the historical works on Canada in the post-war period that I studied for this dissertation.
- <sup>99</sup> Ghosh, "National Narratives and the Politics of Miscegenation," 40.
- <sup>100</sup> Lorraine Code, *What Can She Know? Feminist Theory and the Construction of Knowledge* (Ithaca: Cornell University Press, 1991); Evelyn Fox Keller, *Reflections on Gender and Science* (New Haven: Yale University Press, 1985); Sandra G. Harding, *The Science Question in Feminism* (Ithaca: Cornell University Press, 1986); Sandra G. Harding, *Whose Science? Whose Knowledge?: Thinking from Women's Lives* (Ithaca: Cornell University Press, 1991).
- <sup>101</sup> Robyn Longhurst, *Bodies: Exploring Fluid Boundaries* (New York: Routledge, 2001).
- <sup>102</sup> *Ibid.*, 23.
- <sup>103</sup> *Ibid.*, 26-7.
- <sup>104</sup> *Ibid.*, 27.
- <sup>105</sup> Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Problem of Partial Perspective," *Feminist Studies* 14, no. 3 (1988): 575-99; see also Harding, *The Science Question in Feminism*.
- <sup>106</sup> Haraway, "Situated Knowledges," 587.
- <sup>107</sup> *Ibid.*, 586.
- <sup>108</sup> *Ibid.*, 589.
- <sup>109</sup> *Ibid.*, 584, (author's italics).
- <sup>110</sup> Joan Wallach Scott, "The Evidence of Experience," *Critical Inquiry* 17, no. 4 (Summer, 1991): 773-797.
- <sup>111</sup> *Ibid.*, 777.
- <sup>112</sup> *Ibid.*, 782.
- <sup>113</sup> *Ibid.*, 797.
- <sup>114</sup> My race privilege in this respect was highlighted by my interaction with an Aboriginal woman I talked with at Library and Archives Canada who, upon learning I was reading state correspondence about residential schools, stated: "I could never read that."
- <sup>115</sup> Society of Actuaries, *Build and Blood Pressure Study*, vol. 1; Society of Actuaries, *Build and Blood Pressure Study*, vol. 2.
- <sup>116</sup> United Church of Canada, "Residential Schools Update," January, 2009, United Church of Canada, <http://www.united-church.ca/files/communications/newsletters/residentialschools/090101.pdf> (accessed April 6, 2009).
- <sup>117</sup> After calling psychoanalysis "yet another round of whispering on a bed" in *The History of Sexuality*, Foucault states that "the question I would like to pose is not, Why are we repressed? but rather, Why do we say, with so much passion and so much resentment against our most recent past, against our present, and against ourselves, that we are repressed? By what spiral did we come to affirm that sex is negated? What led us to show, ostentatiously, that sex is something we hide, to say it is something we silence? And we do all this by formulating the matter in the most explicit terms, by trying to reveal it in its most naked

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reality, by affirming it in the positivity of its power and its effects.” Michel Foucault, *The History of Sexuality*, vol. 1, trans. Robert Hurley (1978; repr., New York: Vintage, 1990), 5, 8-9.

<sup>118</sup> Chris Weedon, *Feminist Practice & Poststructuralist Theory*, 2<sup>nd</sup> ed. (Oxford: Blackwell, 1997).

<sup>119</sup> Michel Foucault, *Society Must Be Defended: Lectures at the College du France, 1975-1976*, trans. D. Macey (New York: Picador, 1997), 24.

<sup>120</sup> Michel Foucault, “Nietzsche, Genealogy, History,” in *The Foucault Reader*, ed. Paul Rabinow (New York: Routledge, 1984), 89.

<sup>121</sup> Michel Foucault, *Discipline & Punish: The Birth of the Prison*, trans. A Sheridan (1977; repr., New York: Vintage, 1995); Foucault, *The History of Sexuality*, vol. 1.

<sup>122</sup> Foucault, *Society Must Be Defended*, 15.

<sup>123</sup> Ibid., 29-30.

<sup>124</sup> Foucault, *The History of Sexuality*, vol. 1; see also Judith Butler, *Undoing Gender* (New York: Routledge, 2004), 52-3. For an alternative perspective, see Anna M. Agathangelou and L.H.M. Ling, “Power and Play through Poiesis: Reconstructing Self and Other in the 9/11 Commission Report,” *Millennium – Journal of International Studies* 33 (2005), 836.

<sup>125</sup> hooks, *Feminist Theory*, 90.

<sup>126</sup> Gleason, *Normalizing the Ideal*; Phyllis Chesler, *Women and Madness*, 25<sup>th</sup> anniversary ed. (New York: Four Walls Eight Windows, 1997).

<sup>127</sup> Adams, *The Trouble with Normal*; Gleason, *Normalizing the Ideal*.

<sup>128</sup> Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 1992).

<sup>129</sup> Interview with Dr. Joan De Pena (professor of Anthropology, University of Manitoba, retired), in discussion with the author, Winnipeg, Manitoba, August 18, 2008.

## Chapter 2

### Figuring Fat: Theoretical Contexts of the Dissertation

Feminists have been theorizing about obesity since the Second Wave of the feminist movement when, in the 1980s, a small collection of feminist writers began to assert that there was nothing inherently wrong with being fat. Using personal narratives, authors in works titled *Shadow on a Tightrope* and *Fat Oppression and Psychotherapy* argued that fat people did not, in fact, over-eat, that fat people could be as healthy as anyone else, and that fat people were not only sexy but sexually active.<sup>1</sup> Since fat people could be healthy and happy, barring the mental and physical effects that a life of body-based oppression engendered, feminists turned to theory in order to explain “the equation of fat with being out-of-control, with laziness, with deeply-rooted pathology, with ugliness.”<sup>2</sup> True to the radical and liberal feminist theories on which they drew,<sup>3</sup> authors contributed fat oppression, or the systematic discrimination against fat people, to the patriarchy and to sexism. Arguing that women bore most of the brunt of fat oppression and were the primary targets of diet and exercise regimes designed to contain fatness, Brown and Rothblum defined fat oppression as “sexism in action,”<sup>4</sup> while Mayer declared “fat liberation” to be “the next stage in... women’s liberation process.”<sup>5</sup>

Feminists of the 1980s made seminal contributions to current theoretical understandings about fat. Not only did these writers point to the fact that the seemingly obvious disdain for obesity could be theoretically questioned, but they also articulated fat

oppression as an issue pertinent both to women and to feminism. As a result, “fat studies” has become a small sub-section of feminist theory,<sup>6</sup> whilst feminist political resistance has been organized to fight fat oppression.<sup>7</sup> Both fat studies scholars and fat activists, who of course cannot be separated, continue to theorize obesity as an inflection of sexism, and argue that contemporary women are also restrained by brutal diet and exercise regimes which are both physically and mentally unhealthy.<sup>8</sup> Further, as I shall detail later in the chapter, feminists argue that body fat is over-associated with female embodiment, and maintain that the devaluation and restraint of fat is yet another expression of patriarchal abhorrence against and desire to control the feminine.

In this chapter, I outline the theoretical concepts on which this dissertation centres. Like other feminist activists and scholars concerned with body fat, I agree that “fat is a feminist issue,”<sup>9</sup> and argue throughout that obesity can and should be exposed to feminist theoretical inquiry. While I concur with feminists that fat is feminine, or at least feminized, my archival research shows that the process by which this feminization occurs must be considered as a racialized and classed one with spatialized discursive effects intrinsic to the production of national identity. As a raced, classed, gendered, and spatialized embodiment, obesity, I argue, can be understood best by employing four major theoretical terms, all of which appear throughout the dissertation: Cartesian Dualism, performativity, abjection, and fetishism. I explore each of these concepts in turn in this chapter and those ensuing.

I begin with a general sketch of feminist theories of the body. Here, I spend considerable time summarizing feminist embodiment theory, including critiques of Cartesian Dualism, theories of abjection, performativity, and fetishism which inform my analysis of Canadian obesity in the post-war era to 1970. I then move to a description of feminist fat theory, and outline how and whether existing theories of fatness relate to the more general feminist embodiment literature described in the chapter. I suggest that, in the main, feminist theories of body fat fall short, as they fail to recognize obesity as an intersectional category constructed in and through relations among racism, capitalism, heterosexism, patriarchy, and dominant imaginings of the nation. I close with a brief synopsis of how I employ the concepts of Cartesian Dualism, performativity, abjection, and fetishism to explore fatness in new ways, and argue that my analysis of obesity in Canada from 1945 to 1970 fills some of the gaps left in the wake of feminist fat theory.

### **Feminism and the body: The body as a discursive production**

By arguing that there is nothing really wrong with being fat, but that fat oppression is a patriarchal tool for containing, restraining, and devaluing women, feminist theories point to the contingency of the social in Western understandings of obesity. In their Introduction to the contemporary collection *Bodies Out Of Bounds*, for instance, Braziel and LeBesco argue that: “Few stop to ask questions about the ideological ground on which our current conceptions of corpulence are built. We believe that such questioning

will prompt the recognition of fatness as constructed, thereby problematizing the notion of *obesity* as inherently ‘abnormal’ or pathological.”<sup>10</sup> To Braziel and LeBesco, then, and to feminist theorists writing about fat since the 1980s, obesity is more a social “problem” than an epidemiological or bio-medical one.

The idea that a seemingly biological state can be socially and culturally arranged is certainly not new to feminist theory, and, in particular, to feminist theories of embodiment, many of which argue that bodies are produced by the cultures in which they materialize. The following section outlines the theories of bodily production that not only influence feminist fat theory to varying degrees, but also guide my own thinking about fat in this dissertation. I begin with a brief sketch of feminist critiques of Cartesian Dualism, then move to concepts of abjection, performativity, and fetishism. Some concepts, such as those of abjection and Cartesian Dualism, have been adeptly employed by feminist analyses of fat, while other scholarship has been understudied or largely ignored by feminist fat scholars. I argue that in combining the four concepts of Cartesian Dualism, abjection, performativity, and fetishism, this dissertation is able to show how discourses of obesity helped to construct dominant gendered, raced, classed, and national identities during a time of shifting power relations in Canada.

Before beginning my discussion of feminist theories of the body and fat embodiment, it is important to clarify that, in stating that obesity is socially arranged, I do not understand the body as “inert,”<sup>11</sup> as one scholar critical of constructivist theory puts

it. Theorists have shown that the body often confounds and exceeds the discourses which produce it.<sup>12</sup> These productive discourses, however, do exist, and mobilize, materialize, and organize the body in tangible ways. In the words of feminist embodiment theorist Susan Bordo: “In some areas biology may play a very great role in our destinies, and it always informs our lives to varying degrees. However, even in those areas where biology may play a more formidable role, its effect is never ‘pure,’ never untouched by history. We are creatures swaddled in culture from the moment we are designated one sex or the other, one race or another.”<sup>13</sup> To say that obesity is a socially produced biological category is not to say that I cannot touch or see what I understand as fat. What I feel and what I see, however, are always mediated by and must be negotiated with medical, popular, corporate, and state-produced narratives about the disease of obesity.

### ***Feminist critiques of Cartesian Dualism***

Many feminist scholars of the body argue that Western societies are arranged by the philosophy of Cartesian Dualism, which, as Elizabeth Grosz argues, has “[defined] the terrain, either negatively or positively, for later concepts of subjectivity and knowledge.”<sup>14</sup> Cartesian Dualism positions the body as “threatening” to the cohesiveness of the Western Rational Man.<sup>15</sup> In the Cartesian schema, the body is basic, animal, that which must be transcended through the exercise of reason.<sup>16</sup> According to this symbolic economy, the mind can be disassociated from the body and, through this severance, the

former is privileged over the latter. That is, mind and body exist in a binary relation. Feminists argue that, in Western patriarchy, women's reproductive capabilities and traditional role as "caretakers" over-associate them with the body.<sup>17</sup> Theorists such as Susan Bordo, Emily Martin, and Denise Riley have shown that equations between women and embodiment have had quite negative effects for women.<sup>18</sup> As basic and animal and therefore threatening, women's bodies have been tightly controlled and repressed by patriarchal social practices. For example, legal access to abortion and birth control, as well as rape- and abuse-protection laws were non-existent until quite recently in Canada.<sup>19</sup>

Feminists and postcolonial theorists argue that Cartesian Dualism organizes not only patriarchal relations, but was and is implicit in the making of race, nation, and empire as well. Cartesian Dualism began to gain popular legitimacy in Western philosophy and society contemporaneously with European colonialist expansion.<sup>20</sup> As such, Cartesian codifications cannot be understood only in terms of gender, but must also be situated in the raced and classed relations which gave rise to the popularization of the split between mind and body. Cartesian Dualism became essential in producing and regulating gendered and raced subjects, both colonized and colonizing, and was implicit in maintaining the white supremacy which helped sustain colonial-capitalisms. Radhika Mohanram, for example, demonstrates that that "the indigene function[ed] as the body and the Caucasian as the mind" in the philosophies of most European colonialist

regimes.<sup>21</sup> From Locke to Freud, Mohanram argues, projecting base embodiments and bodily processes onto colonized others was an important task of European epistemology, which concomitantly produced the white male as the disembodied eye/I of colonial relations whilst eliding women and the colonized not only into the category of body, but also into each other. As Ann Laura Stoler argues: “If there is any discourse that joins the triumph of rational bourgeois man in colony and metropole, it was that which collapsed non-Europeans and women into an undifferentiated field, one in which passion and not reason reigned.”<sup>22</sup>

It is important to note, however, that the collapse of the Cartesian body with racialized and colonized Others was not so neat, and often reflected complicated racial hierarchies that differed from place to place and over time, which not only distinguished the colonized from colonizers, but also the bourgeois European colonizer from other, more degenerate, European colonizers.<sup>23</sup> Postcolonial scholars argue that the white working class, both in the colony and in the metropole, was also often equated with Cartesian embodiment. In *Race and the Education of Desire*, Stoler argues that raced and classed characteristics were sometimes interchanged, generally through the gendered discourses of eugenics and degeneration. While white supremacist racial hierarchies, such as the metaphor of the “family tree of man” described by Anne McClintock,<sup>24</sup> positioned the white race as the pinnacle of evolution, many believed that backslides were possible. If the white race had evolved over time to be less like those groups Europeans

encountered in the process of exploration, colonization and trade, then de-evolution into the atavistic races could occur.<sup>25</sup>

For some, the presence of physical characteristics imagined as “primitive” on white, working-class people seemed to prove that racial degeneration had already happened. While such asexual body parts as noses and foreheads were delineated markers of racial difference, often, as Sander Gilman has shown, it was the reproductive or sexual characteristics of women, such as the engorged labia and enlarged buttocks of the so-called “Hottentot Venus,” that were the most highly charged.<sup>26</sup> On colonized women, these hyper-sexualized body parts demonstrated a supposed licentiousness. “Discovered” by eugenicists on the bodies of white working-class women, particularly prostitutes, the same characteristics represented not only sexual but also race degeneracy.<sup>27</sup> As Stoler argues, during a time in which the bourgeoisie was defining itself as a class apart, such categorization of working-class women’s embodiments on the basis of racialized characteristics was one important and seemingly scientific mechanism of class distinction.<sup>28</sup>

According to feminists, the racialized “off-loading” of embodiment identified by postcolonial scholars continues in the present moment. For example, speaking in the particular context of the gendered race dynamics of the United States in “Pornography and Black Women’s Bodies,” Patricia Hill Collins argues that Cartesian embodiment remains a racialized hierarchy.<sup>29</sup> Articulating in other words what Iris Marion Young has

called the “scale of bodies,”<sup>30</sup> Hill Collins’s analysis of pornography demonstrates that while all women are the Cartesian body, white women bear less of a symbolic burden due to the combined circumstances of racism and sexism. As Susan Bordo puts it, also referencing American race relations: “...the legacy of slavery has added an additional element to effacements of black women’s humanity. For in slavery her body is not only treated as an animal body but is *property*, to be ‘taken’ and used at will. Such a body is denied even the dignity accorded a wild animal; its status approaches that of mere matter, thing-hood.”<sup>31</sup> Thus, histories of colonialism continue to echo in epistemologies of gendered embodiment.

Feminists argue that the racialized gender binaries created through Cartesian Dualism were and are essential to the reproduction of capitalist economies. Cartesian Dualism provides the discursive basis for the public/private split, or the public/private “mirage” as Agathangelou citing Bhattacharjee calls it,<sup>32</sup> upon which patriarchal capitalism rests and through which women have been associated with domestic labour. Within the Cartesian public/private split, the private sphere is associated with the body and bodily labour, and hence with women, an equation which has traditionally justified the underpayment and nonpayment of women’s labour, and made it difficult for some women to participate in and move freely about those spaces designated as public.

For example, Robyn Longhurst shows how pregnant women are representative of women’s reproductive labour in the home, and are thus imaginatively contained within

the private sphere.<sup>33</sup> As such, pregnant bodies venturing into public spaces are “a threat to social control and order,”<sup>34</sup> and policed by “health practitioners...employers, colleagues, neighbours, friends and loved ones.”<sup>35</sup> Similarly, Emily Martin uses a historical lens to show how Cartesian conceptions among women, the body, and the private sphere resulted in the rigid containment of women working for wages in public.<sup>36</sup> In the case of factory work at the beginning of the twentieth century in the United States, Martin demonstrates that women’s bodies were highly regulated by factory owners. Noting working women’s “difficulties in finding private areas in public places” in the early 1900s,<sup>37</sup> for instance, Martin recounts how bathroom breaks for women on American factory production lines were closely timed and regulated. The work of reproduction, of “taking care” of the body, had no place in the public sphere.

Yet at the same time, associations among the private sphere, the body, and the feminine were and are necessary for capitalist production, providing justification to underpay women for their work, or not to pay them at all. Martin demonstrates, for instance, that post-World-War-I and post-World-War-II discourses of pre-menstrual syndrome (PMS) positioned women as “slaves” to their irrational biology and reaffirmed women’s place in the home at precisely the moment that returning (male) soldiers required women’s jobs. Women who continued to work in the public after the World Wars, given that they were imagined not to belong in that sphere, were punished with systematically low wages.<sup>38</sup> Martin demonstrates how similar discourses which equate

women, the body, and the private sphere, particularly as they relate to discussions of PMS and menstruation, exist today to justify the under-payment of women's labour in the public.<sup>39</sup>

Not only does the conflation of women with their bodies and then with the domestic sphere justify low wages for women's work, these processes obscure the fact that private and public labour are impossible to separate. Indeed, Agathangelou argues that "all sites including home are public."<sup>40</sup> Moreover, leakages between the two spheres, feminists argue, are essential to capitalism. Enloe and Marsten,<sup>41</sup> for example, both show how middle-class housewives' consumption practices were imperative to the expansion of late-nineteenth-century and post-World-War-II American capitalisms, respectively. Mohanty and Sassen demonstrate that the underpaid work of immigrant and Third World women in factories and office buildings, codified as extensions of domestic work performed in the home, is the very foundation of current global capitalism.<sup>42</sup> Psychically speaking, Agathangelou and Enloe argue that easy access to women's bodies through paid sex work is integral to the identity-making of businessmen acquiring membership in the highly masculinized and heterosexualized "club" of globalized business.<sup>43</sup>

While feminists illustrate that the division of public and private is futile, they also demonstrate how the regulation and recreation of that division are, in Agathangelou's words, enacted "for exploitative and oppressive reasons" that further not only class and gender inequalities, but racism, as well.<sup>44</sup> The ability to access the cordoned off private

sphere, for instance, has been crucial to establishing racial dominance in colonial and white supremacist economies. For example, McClintock argues that British Victorian identities were partially sustained by the fact that colonizers' wives could have a life of unpaid leisure in the domestic domain, while colonized and working-class women could not.<sup>45</sup> McClintock states: "As women were driven from paid work in mines, factories, shops and trades to private, unpaid work in the home, domestic work became economically undervalued and the middle-class definition of femininity figured the 'proper' woman as one who did not work for profit."<sup>46</sup> In what McClintock calls the "fundamental contradiction between women's paid and unpaid domestic work,"<sup>47</sup> colonial bourgeois women could stay in the home, maintaining a semblance of "propriety," only because of the paid labour of working-class women who were, in turn, racialized and produced as racial degenerates because of their "desire" to work for wages.

Similarly complicating the fiction of the public/private split by arguing that conceptions of femininity with the domestic realm were built on the backs of racialized and colonized women and their public sphere labour, Clark Hine and Miller Brown point out that racialized women's public sphere labour was sometimes not paid at all. In the American context, black women slaves were forced to perform both the same physically brutal agricultural labour as black men,<sup>48</sup> as well as domestic work like wet nursing, laundering, and service work as maids, gardeners, and seamstresses in the houses of slave owners.<sup>49</sup> The exploitation of black women's domestic labour continued post-

emancipation. After slavery and because of racism, black men could not access the jobs of white men, and could not bring home the “family wage” that white men (supposedly) could.<sup>50</sup> Black women often had no choice but to work for wages, often in low-paid service and domestic work.<sup>51</sup> Similar arguments have been made about Canadian women of colour who, as Dua argues, “have higher rates of labour force participation than their white counterparts” in “both the past and present” due to economic necessity.<sup>52</sup>

Further, Higginbotham argues that women of colour have historically been actively barred from *their own* domesticity in *their own* homes. As Higginbotham argues, black women, immediately after slavery, were actively and anxiously excluded from the “cult of domesticity” which conflated definitions of “femininity” with the private sphere. “The attempt on the part of blacks to practice gender roles prevalent among white Americans,” she states, “met with a hostile response from white Union army officers, planters, and Freedmen’s Bureau agents, who viewed black women’s domesticity not as an ideal but as an ‘evil of female loaferism.’” Economic necessity soon returned these women to the fields and kitchens of the South, but this reversal does not imply a rejection of their preference for domesticity.”<sup>53</sup> Such sentiments are echoed by Thornton Dill who, speaking of a more recent historical context, notes the resistance of women of colour to the Second Wave feminist movement. Concerned as it was with women in the home, much Second Wave rhetoric seemed ridiculously inapplicable to women of colour, many

of whom, Thornton Dill argues, “would have readily accepted what they saw as the ‘luxury’ of being a housewife.”<sup>54</sup>

Thornton Dill’s comments pointing to women’s racialized ability to eschew (or not) domestic labour continue to be salient in the current-day context of globalized labour. In Canada, as feminist studies show, the paid work of many upper- and middle-class women is predicated upon the labour of domestic workers, often immigrant women of colour, who perform the child-minding and housework for which professional women do not have time.<sup>55</sup> Agathangelou makes a similar and salient argument regarding domestic work in Mediterranean states where immigrant women are “imported...to produce bourgeois subjects and their lifestyles,” and to allow middle-class women to “move between the two imagined domains of public and private. ...”<sup>56</sup> Agathangelou argues: “...the professional woman is now able to move into the market and earn a high salary while hiring a domestic worker who cleans and sustains her household.”<sup>57</sup> Thus, articulations of distinct gendered and racialized public and private spheres further relations of power which are not only capitalist, but patriarchal and white supremacist, as well.

Scholars of the nation argue that the organization of public/private divisions can also help to build national identity. If the nation can be regarded, as Benedict Anderson has claimed, as an “imagined community,”<sup>58</sup> then the gendered and racialized division of spheres and labour, and the Cartesian Dualism that founds it, has been and continues to

be essential to the organization of Western nations. Enakshi Dua,<sup>59</sup> for instance, argues that the nuclear family form, hinged on the gendered division of labour and on the association of women with the reproductive, has been and remains essential to the racialized identity of the Canadian nation. Dua notes that the nuclear family form in Canada has historically been and continues to be imagined as white, which has had material consequences for those whose family forms are not nuclear. Immigrant and Aboriginal Canadians, in particular, have been contained by the institution of the family in Canada. For example, Canadian immigration laws based on the premise that “Canadian” families are nuclear continue to prevent immigrants from China, Japan, and India, where “members of an extended household...often [consists] of parents, adult children and their spouses and children, as well as other relatives,” from “[sponsoring] members of an extended household as well as children older than 18.”<sup>60</sup> Dua argues that sponsorship laws were and continue to be part of a larger state machine of white supremacist exclusion which has, since the beginnings of Canadian colonialism, “acted to destroy, prevent, or disrupt the ability of people of colour [and Aboriginal people] to participate in family relations.”<sup>61</sup>

Similarly, historian Franca Iacovetta shows in *Gatekeepers* how staunch divisions between the productive labour of men and the reproductive labour of women in the home helped to position Canada as a modern, Western nation in the early Cold War period.<sup>62</sup> In her analysis of documents from the popular press, government, and

philanthropic agencies, Iacovetta argues that “normal” Canadians were thought to live in nuclear families and practice the gendered divisions of labour associated with this family form. At the same time, working women, generally imagined as working class, immigrant or both, were positioned as “un-Canadian,” especially if they were married with children, because they laboured for wages. Cartesian confluences among women, the body, and the private sphere were thus intrinsic to the national identity of the Cold War era, as Canada was articulated by state agents, the popular press, and philanthropic workers as a white, middle-class society, while often-immigrant women who transcended the public/private binary were constructed as degenerate outsiders.

In *The Trouble with Normal*, Mary Louise Adams also argues that articulations of the nuclear family form, with the gendered division of labour at its core, mobilized normative national subjectivities in 1950s and early 1960s Canada.<sup>63</sup> In her analysis of dominant discourses of sexuality, Adams shows that the assurance of nuclear family normalcy helped assuage anxieties about working women, growing divorce rates, and men effeminized by service-based jobs which were, in turn, fuelling larger worries about national character. Echoing what Elaine Tyler May has argued in the American Cold War context,<sup>64</sup> Adams demonstrates that heterosexual marriages and the nuclear family form were intimately tied by state, public press, and the medical establishment to the ideological and material success of capitalism in the Cold War context. To position Canada as a nation

populated primarily by nuclear families was therefore to identify Canada as a Western nation which practiced and ascribed to the principles of capitalism.

In both historical and contemporary contexts, then, Western economies, nationalisms, and identities rest on a point of tension between relying upon yet needing to disavow the movement between private and public spheres, and by extension between body and mind. Though racialized empirical and national identities were and are based on a staunch divide between the public and private, and the racialized gendered division of labour that goes with it, both national and international economies depended and continue to depend upon the traffic of women between these two spheres. This problem of dependence has been examined by a number of theorists, who study the practices by which Cartesian bodies are regulated, contained and dismissed in ways which help fortify the boundaries between body and mind, private and public. Three such theories are incorporated in the dissertation and are therefore discussed, here: Butlerian theories of performativity; theories of abjection; and the postcolonial reworking of fetishism. The literature associated with these theories also illustrates how discourses that organize raced, classed, and gendered subjectivities become embodied.

***The poetry of prosthesis: Butlerian theories of performativity***

“Embodiment is significant prosthesis,”<sup>65</sup> Donna Haraway has argued. In other words, the body is not a natural, but a culturally expressed physicality which, in turn, determines the

expression of culture. Perhaps no Western feminist scholar, save Donna Haraway herself, is more (in)famous for theorizing the body as prosthesis than Judith Butler. In *Gender Trouble*,<sup>66</sup> and continuing through such works as *Bodies That Matter* and most recently *Undoing Gender*,<sup>67</sup> Butler argues that the very material of the body is not prior to, but implicated in, processes of identification and subjectification. Butler's best-known example of this contention, that physicality is a cultural expression, is her devastating challenge to feminist separations of sex and gender. While feminists might argue that sex is inevitably characterized by an unchanging physicality whilst gender is a cultural and ultimately disembodied descriptor,<sup>68</sup> Butler argues that a binary separation of the two only mimics the Cartesian separation of body from mind by which women are oppressed. Butler therefore maintains that gender does not antecede sex, but in fact produces it.<sup>69</sup> As she states in *Bodies That Matter*: "...the question is no longer, How is gender constituted as and through a certain interpretation of sex? (a question that leaves the 'matter' of sex untheorized), but rather, Through what regulatory norms is sex itself materialized? And how is it that treating the materiality of sex as a given presupposes and consolidates the normative conditions of its own emergence?"<sup>70</sup>

In saying that gender exists in tandem with and even prior to sex, Butler is claiming that the body is produced through cultural matrices of meaning. It is important to note, however, that Butler's work does not claim that humanity can imaginatively construct physicality from nothing, but that matter is derived from something, whatever

that something might be. “Is there a ‘physical’ body prior to the perceptually perceived body?” Butler asks in *Gender Trouble*, to which she answers, “[a]n impossible question to decide.”<sup>71</sup> Indeed, debates about whether or not a material body exists “outside” culture are beside Butler’s point. What *is* the point is to ask how such debates can be framed in the first place, whose interests sex/gender, physical/cultural, and mind/body dualisms serve, and whether or not feminism can re-imagine a politics without the immutable biology of “women.” To answer these questions, Butler employs a number of theorists and theories, though her uses and intervallic critiques of Foucault and psychoanalysis are most important to this dissertation.

Butler relies on the Foucaultian understandings of discourse, subjectivity, and subject-positions throughout her work. Butler understands discourses to be systems of knowledge and practices, made possible and animated by power, that circulate in language and in everyday practices and movements of the body. Subjectivity, to Butler, is the process whereby individuals or, more correctly, embodied subjects, are iterated into being through the taking up of subject-positions which precede them. Subject-positions are discursively produced ontological categories from and in which subjects can legitimately “speak.”<sup>72</sup>

In very general terms, Foucault argues, and Butler concurs, that discourse animates the subject. In Butler’s words: “When Foucault claims that [discourse] ‘produces’ individuals, he means not only that...discourse *manages* and *makes use of*

*them* but also *actively constitutes them*.”<sup>73</sup> Processes of embodiment must also be regarded as part and parcel of this “constitution,” and Foucault contends that embodiment is not a natural state, but is a discursive effect of subject-formation. It is here that Butler claims Foucault’s analysis falls short; Butler argues that Foucault regards the body as an “inscribed surface of events,”<sup>74</sup> thus assuming the matter of bodies as “prior to signification and form,”<sup>75</sup> leaving unquestioned binary oppositions between physicality and culture.<sup>76</sup> Challenging what she contends to be Foucault’s failure to question the body’s physicality, Butler uses the notion of performativity to argue that bodily matter is constituted in and by the repeated processes of signification and encounters with the Symbolic.

A much misunderstood and maligned term,<sup>77</sup> performativity relies upon the notion, at base attributable to Freud and struggled with and refined by Lacan and Kristeva, that one’s body is a complicated collection of what one perceives it to be, and that these perceptions are necessarily arranged by and mediated through social determinates or, as Butler would argue, by the repeated citation of social norms.<sup>78</sup> This repeated citation of discourse is what Butler calls performativity – the discursive reiterations through which subjects make themselves. In *Bodies That Matter*, Butler describes performativity as follows: “Generally speaking,...[performativity] functions to produce that which it declares. As a discursive practice (performative ‘acts’ must be *repeated* to become efficacious), performatives constitute a locus of *discursive*

*production.*”<sup>79</sup> Though some have understood Butler’s theory to imply that a subject might invent her own subjectivity, Butler notes, emphatically, that “[n]o ‘act’ apart from a regularized and sanctioned practice can wield the power to produce that which it declares.”<sup>80</sup> For Butler, performativity is key to feminist resistance, as the necessary repetition of normative subjectivities indicates that they are anything but obvious. In terms of embodiment, performativity suggests that the biological or natural body exists in the articulations which describe and approximate it; there is nothing natural about the body as we “know” it.<sup>81</sup> In Butler’s words: “That this reiteration [that the body is natural] is necessary is a sign that materialization is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled.”<sup>82</sup>

Butler’s de-naturalization of sex and, by extension, the body, has important ramifications for feminist discussions of work and labour, and points to the ways in which the gendered division of labour not only relies upon but materializes biological distinctions. Though Butler is not a labour theorist, her work demonstrates that, when undertaking a feminist study of labour, it is important not only to consider how the symbolics of sex facilitate the gendered division of labour and the private/public split, but also how colonial-capitalist labour practices and discourses materialize sexual distinctions.<sup>83</sup> A focus on abjection, one of the key concepts employed by Butler in her work, is one way to study how the private/public split and the gendered division of labour may be mobilized by and in turn might help to recreate racialized sex distinctions.

Further, theories of abjection also illustrate how dominant discourses about race and class that found the Cartesian separations necessary to and reproduced by white supremacy and colonial-capitalisms, performatively produce particular embodiments whilst foreclosing others.

### *The abject and abjection as performativity*

Butler's understanding of abjection is based on the work of Julia Kristeva,<sup>84</sup> who defines the abject as a liminal "pseudo-object" that symbolizes the potential collapse of the Self into its Other(s).<sup>85</sup> First occurring when the child creates a separate subjectivity from the mother, and begins to *perceive* boundaries between the mother and the Self, or outside and inside, abjectivity is a "confrontation with the feminine" that threatens to "swamp" the singularity and cohesiveness of the "living being."<sup>86</sup> The ritual "confrontation" and then expulsion of the abject by the subject is called "abjection," a process that is always-already a failure. Kristeva maintains that abjection is necessarily a "clumsy breaking away" process which is never quite complete,<sup>87</sup> as the abject is, in the end, an integral part of the Self through and against which the subject is defined. As such, abjection occurs over a lifetime, and occurs repeatedly.

An integral facet of Kristeva's argument is that the abject can be represented by a number of different substances. Representing as they do the threat of collapse into the Other, abject substances often exist at the border between two states of being such as the

“skin on the surface of milk.”<sup>88</sup> Scholars argue that the body is an especially potent representation of the abject in that bodily fluids which blur the borders between inside and outside, such as vomit and urine, strongly remind the subject of its once symbiotic state with its m/other’s body.<sup>89</sup>

Since the subject cannot completely shed his/her physicality, it becomes necessary to do so imaginatively. As Young explains,<sup>90</sup> the subject can be distanced from the body by labeling some groups of people as essentially and particularly embodied, as the Cartesian body, allowing the subject to retain a fiction of disembodiment. States of fluid embodiment are projected onto these abject scapegoats. Elizabeth Grosz argues that, in Western patriarchies, women’s bodies have become over-persistent representations of abject fluidity, due in large part to women’s reproductive capacities which not only cause women to leak menstrual blood, which is literally fluid, but to become pregnant – a metaphorically fluid state in which a woman is ostensibly neither one nor two, Self nor Other.<sup>91</sup> Drawing on Kristeva and Irigaray,<sup>92</sup> Grosz maintains that while men can overcome their abject bodily fluids and processes, women cannot, supposedly, transcend the state of fluidity which stems from their reproductive capacities. Grosz argues that this patriarchal production of women as ontologically viscous is inherently political, an “attempt...to position [women’s bodies] in a relation of passive dependence and secondariness to men’s.”<sup>93</sup>

Butler calls the continued incorporation and discard of the feminized abject a type of performativity. As a kind of performativity, abjection provides a particular challenge to cohesive and hegemonic subjectivities. Given that subjectivities require the symbolic assertion of what is abject, performativity promises the potential reincorporation of the abject and the pollution of the Self. Repeated abjection can go “wrong,” Butler argues, and different kinds of embodiment other than “normative” ones are produced.<sup>94</sup> For Butler, the task of feminists is not, then, to “consider [the] threat and disruption” that repeated abjection poses to the subject “as a permanent contestation of social norms condemned to the pathos of perpetual failure,” but to mobilize abjection as “a critical resource in the struggle to re-articulate the very terms of symbolic legitimacy and intelligibility.”<sup>95</sup> Therefore, while the concept of the performativity of abjection may seem esoteric, it can have tangible applications for feminist resistance and, further, for the scholar of gendered and racialized embodiments in capitalisms. The concepts of performativity and abjection allow for a better understanding as to how capitalisms might solicit and rely upon the labour of the Cartesian Other, while at the same time disavowing the importance of it.

Robyn Longhurst, in *Bodies: Exploring Fluid Boundaries*,<sup>96</sup> describing what I call the economy of the abject, knits theories of abjection to those of labour and the discursive production of bodies in ways which add, in important ways, to Butler’s theories of embodiment. Agreeing that abjection is a patriarchal process, Longhurst adds

that it is also intrinsic to the gendered relations and spaces of colonial-capitalism.

Demonstrating that performativities of embodied abjection facilitate integral movements across the public/private boundary in societies which rest ideologically on the maintenance of separate spheres, Longhurst interrogates the discursive and material effects of the body *required* out-of-place. Central to the text is the notion that the abject body is relegated, imaginatively speaking, to the private sphere at the same time that capitalist productive forces need its labour.

Building on feminist geographies which argue that bodies are produced in relation to the gendered, raced, and classed spaces in which they are imagined,<sup>97</sup> Longhurst argues that spaces are, at the same time, constructed by performative articulations of abject embodiments. For example, in a chapter entitled “Managing Managerial Bodies,” Longhurst explores what happens when the body, associated with the fluid, feminine abjectivity of the private sphere, necessarily ventures into the masculinized public sphere to participate in paid labour. Focusing on rituals surrounding bodily functions such as sneezing, coughing, perspiring, and spitting in the central business districts (CBDs) of Edinburgh, Scotland, and Auckland, New Zealand, Longhurst argues that the abjection of these bodily processes maintains fictitious boundaries between public and private spheres. The containment of bodily viscosity through such mechanisms as grooming and personal hygiene, Longhurst demonstrates, is an important process through which the abject is psychically expelled from the “hard and impenetrable” bodies of managers

working in the CBDs and, by extension, from the “hard and impenetrable” public sphere.<sup>98</sup> Body maintenance therefore allows subjects to engage in capitalist production through denying, disavowing, and containing their abject viscosity.<sup>99</sup>

Along with and related to relations of capitalist production, performative processes of abjection can also help to sustain dominant national identities in the West. In *National Abjection*, Karen Shimakawa studies cultural representations of Asian Americans to argue that “abjection [is] a national/cultural identity-forming process” which functions “not only symbolically but literally, materially, and legally” in the United States.<sup>100</sup> Shimakawa maintains that Asian Americans, as the “model minority,” are regarded by mainstream Americans as liminal, as “[n]ot absolutely or permanently excluded from [“American-ness”]...and yet not quite representative of it,”<sup>101</sup> and therefore as abject. The abjection of Asian Americans, according to Shimakawa, is essential to mainstream expressions of national American identity. “Read as abject,” Shimakawa argues, “Asian Americanness thus occupies a role both necessary to and mutually constitute of national subject formation...For U.S. Americanness to maintain its symbolic coherence, the national abject continually must be both made present and jettisoned.”<sup>102</sup>

As Nayan Shah argues in *Contagious Divides*, to be characterized as the “national abject” has had serious consequences for Asian American communities.<sup>103</sup> Though not citing the concept of abjection directly, Shah describes a number of historical instances

wherein the “in between-ness” of Asian American identity has been projected on to the bodies of Asian American people. In her study of contagious disease epidemics in San Francisco, Shah demonstrates how health officials and journalists narrated Asian Americans as contagions, or as bodies which leaked disease and death, and were thus positioned as potent agents of embodied abjectivity. As a result of often unsupported claims that such diseases as cholera and typhoid originated in Asian American communities, and demonstrating that abjection must be considered a process with very quantifiable effects, Asian American populations were spatially segregated, or abjected, into what Anne McClintock would call the “abject zone” of San Francisco’s Chinatown through, in part, quarantine regulations.<sup>104</sup>

Concepts of Cartesian Dualism, performativity, and abjection, then, point to ways in which the body is imaginatively arranged in ways which further processes of capitalist production as well as normative gender and race relations and national identities, and maintain the imaginative split between private and public spheres. The same can be said for fetishism, which, I argue, was another psychic process that animated the conversation about obesity in Canada during the post-war period to 1970. While the fetish is a term generally attributed to Freud, it is the reworking of the fetish by such postcolonial scholars as Anne McClintock and David L. Eng that I employ in the dissertation.

### *The fetish and fetishism*

Postcolonial theories of fetishism suggest that racialized and gendered divisions between public and private spheres not only emasculate dominant subjects who, in colonial-capitalisms, inevitably rely upon the labour of feminized Others, but that this always-racialized and classed emasculation elicits a macro-level rearrangement of bodies that is at once epistemological and ontological in nature. In *Imperial Leather*, for example, McClintock combines Freud's theory of the fetish with Marx's theory of commodity fetishism to describe the processes by which patriarchal and colonial power structures maintained the mythology of distinct public and private spheres during British Victorian colonialism. Although the distinction between private and public and the racialized gendered division of labour were imperative to the Imperial notion of white, bourgeois masculine autonomy, McClintock shows that colonial-capitalism was completely dependant upon women and colonized men performing domestic labour.<sup>105</sup>

Such reliance on the degenerated Other, particularly on the abject feminine Other, was dangerous to the Victorian gendered colonial order because it challenged the white middle/upper class male's "natural right" to rule a patriarchal, colonial-capitalism; in other words, confronting its (his) reliance upon the abject threatened the autonomy of the dominant subject. Alleviation of this subjective and political crisis required some psychic work, and fetishism, McClintock argues, provided a satisfactory, if less than pat, answer. Through what she calls "situated psychoanalysis,"<sup>106</sup> McClintock argues that a macro-

level fetishism allowed bourgeois colonizers to at once disavow and re-imagine not only the labour but also the bodies of white and colonized women and colonized men.

In the traditional Freudian schema, the fetish is a crisis manager “which inhabits the border of the social and the psychological,”<sup>107</sup> and occurs, according to Freud, when the boy child realizes the mother’s lack of penis, which he believes resulted from the father’s castration of the mother.<sup>108</sup> To come to terms with the mother’s lack, the child devises a psychic mechanism – a “split ego” – by which he can at once take in the reality of the situation while maintaining the phantasy that the mother, in fact, has a penis. The first object the boy has seen after furtively glancing away from the mother’s lack becomes a stand-in for the mother’s penis. Every time the boy recalls the mother’s lack, he immediately remembers this stand-in object instead.

In the Freudian schema of the psyche, then, the fetish is a necessarily embodied process by which the subject phantasmatically re-associates and reorders the mother’s body, and thus his own libidinal energies. In Victorian colonialism, McClintock argues, it was not the individual boy’s fear of the loss of the penis and the patriarchal power of the father which necessitated fetishism, but rather a collective colonial-capitalist fear of the dependence upon the Other’s labour. Here, McClintock relies on Marx’s notion of the commodity fetish which is, similarly, a process of crisis management and redirection, operating to disengage a product or commodity from the labour and labourer which and who produced it. As Marx argues in *Capital Volume I*: “...the commodity-form, and the

value-relation of the products of labour within which it appears, have absolutely no connection with the physical nature of the commodity and the material relations arising out of this. It is nothing but the definite social relation between men themselves which assumes here, for them, the fantastic form of a relation between things. ...I call this the fetishism which attaches itself to the products of labour as soon as they are produced as commodities, and is therefore inseparable from the production of commodities.”<sup>109</sup> Thus, it is the exchange-value placed upon a product, not the labour and labourer that made the product, which gives it value. In such a process, the labourer is disavowed, the value of her or his labour denied.

McClintock’s theory of fetishism displaces the primacy of the phallus from the fetishistic equation. Arguing that the fetish can be “any object under the sun” that eases a “tension in values,”<sup>110</sup> McClintock regards fetishism as a type of crisis management consequent not only to sex or class distinctions, but to raced ones, as well.

“Reducing...fetishism to the phallic drama,” McClintock argues, “runs the risk of flattening out the hierarchies of social difference, thereby relegating race and class to secondary status along a primarily sexual signifying chain.”<sup>111</sup> McClintock’s analysis not only demonstrates that the symbolic order is constituted by race, class, and gender relations and divisions of labour, however, but that the body is moulded by the psychic processes engendered and required by capitalisms. This is perhaps made most evident by

McClintock's description of the diaries and photographs of Arthur J. Munby, "Victorian barrister and man of letters."<sup>112</sup>

A white, middle-class flâneur, Munby was a man with a powerful fetish for working-class women, one of whom, Hanna Cullwick, he secretly married. In his sketches of the working women he encountered in his wanderings, Munby inadvertently demonstrated the degree to which the identities of the white, middle-class Victorian men were steeped in gendered fantasies of embodied differences amongst races. Munby's subjects were often large, muscular, and masculinized white women, in blackface, with large lips and carrying phallic objects. In other words, working women were depicted as a degenerate "race apart."<sup>113</sup>

As McClintock suggests throughout her work, and as I argue above, Munby was not alone in characterizing white, working-class women as race degenerates. Scientists of the day, practicing "scientific racism," also vested working women with racialized masculine attributes. McClintock argues: "...a *cordon sanitaire* of racial degeneration was thrown around those women who did work publically and visibly for money. What could not be incorporated into the industrial formation (women's domestic economic value) was displaced onto the invented domain of the primitive, and thereby disciplined and contained."<sup>114</sup> Women working for wages, it seemed, were not real women – a descriptor which in this instance was defined as an excess of racialized and masculinized characteristics. Whether or not working women "actually" had large lips or large, hulking

bodies, scientific racism “proved” that they did. Thus, in combining Freud’s contention that fetishism manipulates the body, and Marx’s theory that commodity fetishism removes the energies and activities of the body from the productive process, McClintock shows that the repetition of fetishisms, or the performativity of them, was important to the “scientific” re-materialization of racial distinctions between bodies, and to the devaluation of women’s and colonized labour required by colonial-capitalism.

Further, McClintock combines Freud’s focus on the fetish objects of individual subjects with Marx’s analysis of commodity fetishism as a social process integral to capitalist production, and argues that fetish objects can function to ease the tensions created by colonial-capitalist processes of accumulation. In the period of colonialism described by McClintock, domestic commodities, particularly cleaning products and implements which were repeatedly represented in advertisements, became fetishes for white, bourgeois colonizers, who could imagine that soap, brooms, and boot polish made the domestic labour, in particular, of women and colonized men not only natural but so easy as to be superfluous.<sup>115</sup>

In *Racial Castration*, David L. Eng also reworks the fetish, and argues, similar to McClintock, that normative masculinity is maintained through racialized processes of both micro- and macro-level fetishism. Eng demonstrates that dominant white national and sexual identities in the United States are made through what he calls the “racial castration” of Asian American men. As Eng puts it: “...[T]he Asian male is psychically

emasculated, foreclosed from an identification with normative heterosexuality, so as to guarantee the white male's claim to this location."<sup>116</sup> Exploring how white masculinity is produced through the psychic re-materialization and feminization of Asian bodies, Eng maintains that Asian American men are emasculated through social processes of "reverse fetishism."<sup>117</sup> In Eng's fetish scene, the subject must psychically work not to *see* a penis on the mother, but to *deny* one on the racialized other. "As such," argues Eng, "the potential trauma of sexual difference is not arrested at the site of the female body (as in the case of classic fetishism). Instead, sexual difference is managed through the arrest, disavowal, and projection of racial difference at the site of the Asian male body."<sup>118</sup>

The articulation of white male power through reverse fetishism is related, Eng argues, to very concrete processes of capitalist accumulation. Like McClintock, Eng ties the process of fetishism to the racialized feminization of reproductive labour, maintaining that, historically, the racial castration of Asian men helped to facilitate the "high concentration of Asian American male immigrants in what are typically thought of as 'feminized' professions – laundries, restaurants, tailor's shops. ..." <sup>119</sup> Eng demonstrates, then, along with McClintock, that the concept of collective fetishism is useful whilst exploring how the animation of specific embodiments helps establish racialized and gendered identities within capitalisms – identities which, in Eng's words, gain "discursive legibility in relation to one another."<sup>120</sup>

Feminist critiques of Cartesian Dualism, Butler's concept of performativity, and concepts of abjection and fetishism are important to obesity scholars in three major ways. First, the scholarship demonstrates that the body is inherently a social entity, produced through inequitable relations among groups of people, and related to the maintenance of dominant identities within nation-states. Second, McClintock's and Eng's descriptions of fetishism, in particular, demonstrate that the body and body parts are imaginatively mutable. Through nationalistic, racist, sexist, and classist power dynamics, particular embodiments can degenerate subjects, attributing them with seemingly biological or natural atavisms. Last, these four theories of embodiment suggest that the materialization of the body is intrinsically tied to social structures such as patriarchy, racism, colonialism, and capitalism.

### **Figuring fat: Cartesian Dualism, performativity, abjection, fetishism, and fat**

As my dissertation suggests, Butler's contention that knowable embodiments are produced by power regimes despite the undetermined nature of physicality is adeptly demonstrated by a study of the category of obesity. The prevalence and health consequences of excess fat, both historically and currently, were and are debatable, yet diet plans, exercise programs, surgical procedures, and anti-obesity health policy continue to surface which have the potential to fashion the very flesh of the body. The question for feminist fat theorists is, therefore, how, why, and whether obesity was and is

arranged as an embodied category through such relations of power as white supremacy, dominant nationalism, patriarchy, and colonial-capitalism. Further, feminists might ask whether social-psychic mechanisms like Cartesian Dualism, performativity, abjection, and fetishism were and are involved in past and present mobilizations of obesity as a “natural” category of embodiment.

Arguing, as mentioned in the introduction to this chapter, that fat is a feminine and feminized embodiment, theorists maintain that fat phobia is a clear extension of sexism. In the words of Carla Rice, a “war on fat” is a “war on women.”<sup>121</sup> Given that “fat is feminine,”<sup>122</sup> scholars have taken up feminist theories of the gendered body described above to explain fat phobia, though only to a degree. Of particular interest to fat theorists have been critiques of Cartesian Dualism and theories of abjection.

For instance, theorists have relied upon feminist literature recounting the patriarchal containment of the threatening Cartesian body. According to these feminists, body fat is associated with female embodiment because it is a type of biological matter necessary for women to reproduce.<sup>123</sup> Rice argues, for example, that “...women have a higher percentage of body fat than men, because fat is necessary for menstrual and reproductive functioning.”<sup>124</sup> As a female embodiment, and particularly one that is associated with women’s reproduction, fat takes on the character of base materiality which the Rational subject must transcend. Thus, arguing that the fat body, by its sheer mass, is a hyper-representation of the Cartesian body, Braziel states: “...the gendered

mark of corporeality, and the femininity of materiality is hyperbolized in corpulence.”<sup>125</sup>

The attempted removal of body fat through government policy, commercial diet and exercise plans, or medical intervention is therefore a way in which the Cartesian body is suppressed and subdued.<sup>126</sup>

Building on these Cartesian scholars, writers on fat have also drawn on the concept of abjection as described by Kristeva and Butler,<sup>127</sup> though few have utilized the more materialist analyses of abjection that focus on public/private divisions and relations of capitalist production such as those provided Longhurst, or on theories relating abjection to nationalism like those outlined by Shimakawa. Work in this area has also focussed on exploring the feminization of fat, with body fat coming to represent, through performativity, the feminized abject.<sup>128</sup> For example, Braziel maintains that fat, as neither muscle nor bone, can be considered a feminized and abjected body fluid.<sup>129</sup> As a feminized and therefore abjected form of viscous embodiment, authors argue that fat must be expunged from the bodies of both women and men, though women are particularly susceptible to fat abjection; both fat and female, fat women are not only too much abject embodiment, but too much “exaggerated femininity” for the patriarchy to sustain.<sup>130</sup>

Those who write about fat abjection often deploy Butler’s suggestion that abjection, as a kind of performativity, can serve as an important tool for resistance movements. Arguing that Butler’s work suggests that “we might be able to talk our way

out of anything, even fat oppression, because speaking builds subjects,”<sup>131</sup> Kathleen LeBesco encourages fat women to embrace their abjected status in “Queering Fat Bodies/Politics.” LeBesco contrasts two types of politics, those which attempt to narrate the fat body as normal and respectable, and those which embrace the filth and defilement of abjection and organize such public acts as “ice cream eat-ins.”<sup>132</sup> This kind of fat abjection politics, which LeBesco insists is necessary to “repositioning fat in the cultural imaginary,”<sup>133</sup> is also outlined by Kent in “Fighting Abjection.”<sup>134</sup> In her article, Kent describes what she calls the “counterabjection” politics of some fat groups, wherein “the abjected substance is not shamefully denied but proudly displayed, in order to affront the culture at large.”<sup>135</sup> Recounted in Kent’s article are acts of fat activists vomiting on the stairs of diet centres, a fat woman’s simulation of childbirth in front of strangers who have asked whether she is pregnant, or, simply, fat women eating in public. Kent argues that such acts of counterabjection recode abject fatness as a liveable embodiment: “In imagining this powerful and unashamed body, [fat activists write] the self back into the fat body as a *fat self* – as a person particularly shaped and empowered by fat; a self whose body is effective, defining, and pleasurable; a self whose body is not a symptom but a weapon.”<sup>136</sup>

While feminists are making important inroads to understanding and resisting fat phobia through the use of critiques of Cartesian Dualism and theories of performed abjection, I argue that feminist fat theory only partially engages with larger feminist

scholarship about the body, and can therefore be critiqued in five major ways. First, fat theorists have historically under-utilized literature that traces the materialization of Cartesian and abject bodies in concert with the construction of the nation-state. As a result, intersectional relationships among fatness, race, gender, capitalism, and the nation are often disregarded.

Some theorists are, however, beginning to navigate the relationships between nationalism and fatness. For example, in “Collateral Damage from Friendly Fire?: Race, Nation, Class and the ‘War Against Obesity,’”<sup>137</sup> April Herndon argues that the U.S.’s current War on Obesity is tied to the race dynamics of the War on Terror. Like capturing (brown) terrorists, Herndon argues that obesity-fighting is framed as a patriotic duty for Americans, whose fat-fighting regimes “provide new avenues for racism and classism.”<sup>138</sup> Maintaining that the poor and people of colour are generally the targets of anti-obesity programs, policies, and rhetoric, Herndon interprets obesity as a raced and classed degenerative embodiment, the removal of which not only provides another mechanism by which racialized and poor people are controlled and restrained, but through which they are metonymically expunged from the social body.

In his most recent work, *Fat: A Cultural History of Obesity*,<sup>139</sup> Sander Gilman makes similar arguments, noting that body fat and its removal are implicit in the making of national identities in Western contexts. Nationally, Gilman argues, identity “is framed by images of acceptable and unacceptable bodies...[a]nd the ‘too fat’ body is neither that

of a healthy nor that of a good citizen” (although elaborate examples of how obesity and bad citizenry are related are not given by the author).<sup>140</sup> Speaking in global terms, Gilman suggests that the current Western nations’ “moral panic” about the obesity epidemic is rooted, partially, in older patterns of Orientalism. The sometimes-cited notion that obesity is a contagious disease, for example, has precedence in other worries about pandemics of Avian influenza and SARS. Like these other global illnesses, viral obesity is said to originate in Asia, thus reasserting a well-worn racist construction of “the East” as a perpetually diseased threat to the subjects of Western countries.<sup>141</sup>

Despite the specific cases of Gilman and Herndon, intersecting analyses of fat that connect obesity to the nationalized dynamics of identity are few. In addition to largely ignoring the relationship between the development of national identities and body fat, some scholars of male fat have argued that feminist theory have misrepresented the ways in which dominant gendered identities are formulated through fatness, thus providing the second critique of feminist fat theory. In the words of Sander Gilman in *Fat Boys*: “There have been very few detailed studies of the complex history of the relationship between *men* and fat because of the assumption that fat is purely a feminist issue. Yet in terms of the widest range of historical and cultural interest, it was the fat boy who claimed center stage in the obsession about fat bodies for most of Western history.”<sup>142</sup> In *Fat History*, Peter Stearns makes similar arguments, and states that fat has taken on disparate gendered meanings over time in the United States.<sup>143</sup> Concerns regarding fat, Stearns maintains,

have travelled back and forth from men to women and women to men, depending upon a variety of political economic, and ideological, forces. Speaking of the current moment, Monaghan maintains that while slim-down programs and techniques are generally imagined as a women's prerogative, men participate in them, too, for the purposes of weight loss.<sup>144</sup> Employing the feminist analysis that fat is indeed feminine, Monaghan argues that physical fitness regimes and dieting provide the means by which men re-establish their promised patriarchal power.<sup>145</sup>

With Gilman and Stearns, I agree that fat men were the targets of slim-down regimes at certain points in history. However, I concur with Monaghan that the fact that anti-obesity regimes were and are targeted at men does not negate the fact that body fat was and is feminized at the same moment. Chapter 4 of this thesis expands and elaborates Monaghan's cogent argument regarding fat men, and maintains that male body fat removal helped to assuage concerns about men's emasculation engendered by the feminization of the public sphere in post-war Canada to 1970.

The third major critique that can be applied to feminist theories of fat relates to the previous objection that feminists have disregarded the production of dominant (male) identities by and through the construction of obesity. Theories of fat abjection that concentrate on fatness as a defiled state of embodiment, though important, do not accurately capture the dynamics of fat phobia in relation to the maintenance and materialization of dominant identities in a capitalist context. Fat is flexible and

ambiguous. While obesity can represent gender, race, and class degeneracy, it can also be upwardly mobile.

This dissertation, for example, suggests that obesity in Canada from the early post-war years to 1970 was a type of embodiment limited to the so-called “modern” lifestyles enjoyed by white, middle-class Canadians. Supporting Habermass’s contention that the modern has historically been associated with scientific “progress,”<sup>146</sup> and Beck’s argument that the modern had been conflated with economic “development,”<sup>147</sup> I show how medical, popular, and government texts from the latter 1940s to 1970 regarded shifts in the labour force related to increased urbanization and mechanization, along with the developing sciences of nutrition, food production, and pharmaceuticals, as signs that Canada was progressing as a modern nation. Using the concept of fetishism outlined by McClintock and Eng, which has yet to be employed in any substantive manner by feminist theorists of body fat, I demonstrate that even though body fat was a degenerate, feminized, and abjected embodiment, rising numbers of national obesity served to reposition white, middle-class, heterosexual men as dominant national subjects through the macro-level rearrangement of “modern” bodies as obese bodies.

Performative narrations of the “problem” of national obesity also reasserted normative and racialized gender roles by representing the nuclear family and the gendered division of labour as predominant Canadian mainstays while, as I show in chapter 4, aligning Canada with other capitalist countries of the “free world” during a

national identity crisis. My assertion that claiming obesity *on dominant subjects* helped re-establish the dominance of those subjects and status quo raced, classed, and gendered national relations is somewhat novel to fat theory. The contention that the attempted elimination of fat from bodies partially produced normative identities, both on individual and national levels, however, is aligned with basic theories of abjection and fetishism which claim that normative identities are made through the expulsion, rearrangement, or denial of certain debased embodiments.

Also understudied are connections between fat abjection and capitalism, and herein lies the fourth critique of feminist theories of body fat. Applications of the theories of abjection and Cartesian Dualism, such as those of Emily Martin and Robyn Longhurst outlined above, which explore how the social abjection of Cartesian fatness is used to further relations of capitalism are rare in feminist fat literature. An exception here is Joyce L. Huff's article "A Horror of Corpulence."<sup>148</sup> Huff argues that the nineteenth-century calculation and abjection of obesity in England was part of the overall Victorian attempt to normalize and discipline the body for the sake of burgeoning industrial capitalism: "In the era of industrial capitalism, an economic model has framed the narratives inscribed upon the corpulent body. ...Body fat was interpreted as the residue of aberrant acts of consumption. The corpulent body was thus made to stand in for rampant, unchecked consumerism and the abuses of laissez-faire capitalism. It served as a trope for excessive consumption, representing both waste and luxury."<sup>149</sup> As stated in the previous

chapter of this dissertation, similar arguments are made by Peter Stearns in *Fat History*, who argues that turn-of-the-century concerns with fat in the United States were rooted in Protestant guilt elicited by economic growth and capitalist excess, though Stearns does not employ the concept of abjection.<sup>150</sup> Scholars of body fat are beginning to link relations of capitalist production and fat phobia, then, though few are explicating possible connections between reproductive relations and body fat. Questions of how obesity inhibits or helps to define women's assigned social reproductive roles in capitalism, or of how obesity reaffirms gendered divisions of labour and the public/private divide, are left largely unanswered.

Apart from a dearth of research exploring the intersections among the building of raced, classed, and gendered national identities and the fat body in capitalist economies, Rachel Colls provides the last critique of feminist fat theory, arguing that these theories, particularly those which are derived from the premise that the fat body is performatively constructed as the abject by "particular social, political and medical" forces, invoke "bodily matter...as passive."<sup>151</sup> Rather than employing abjection or performativity to study body fat, Colls advocates Barad's concept of "intra-action," whereby bodily matter is understood to be productive of discourse, as well as produced by discourse.

The intra-active approach is intended as a critique of and corrective to Butler's description of performed abjection, which Colls argues denies the agency of bodily matter – an agency that is evident, Colls maintains, when considering how body fat

confounds its expected materializations and exceeds representation. Colls states: “An intra-active account of fat will allow a focus on how fat can be materialised as a form of bodily matter that is not only impinged upon by outside forces but has its own capacities to act and to be active. ...[B]y acknowledging the intra-active capacities of fat as bodily matter, subject positions are made available that can be premised upon fatness rather than its absence.”<sup>152</sup> Colls argues, then, that current theories of fatness neither capture nor explain the complexities of body fat, which might materialize differently across specific gendered and raced locales. Virtually ignored in fat theory are intra-active descriptions of how fat might express and define its own embodied categories in negotiation with the discursive forces which attempt to mould or eject fat embodiments into or from normative subject positions.

Of course, by arguing that feminist descriptions of feminized fat privilege the discursive at the expense of a nuanced theorization of the interactions (intra-actions) between body fat and discursive production, Colls’s critique is applicable to my own dissertation. In the chapters that follow, I describe how fat was organized and materialized by medical, popular, insurance company, and state discourses, one effect of which was to re-establish patriarchal, colonialist, capitalist, and racist relations of power in Canada. While I recognize the value of an intra-active understanding of obesity, I do not use such an analysis in this thesis; I believe that studies which question how institutions of power animate body fat are still necessary. Even intra-active theories of the

fat body, making reference as they do to the partnership between the agency of matter and the discursive construction of it, rely partially upon the type of discourse analysis I provide. I further suggest that feminist accounts have focused on the social construction of obesity by particular institutions precisely because fat women feel themselves to be constrained, restrained, and limited by the punishing narratives about their bodies continuously deployed by medical research, state policy, and popular culture. As I can attest, organizing a scholarly counter-discourse to mainstream discourses about body fat can be an empowering act of resistance against a seemingly despotic regime of fat phobic knowledge.

### **Re-figuring fat: Engaging with the theory**

The theoretical perspective I take in the next three chapters is the combined result of my engagement with feminist theories of embodiment, theories of the fat body, and critiques of feminist fat theory. The over-arching argument of this thesis is that the performative enactment of obesity, arranged as a feminized Cartesian embodiment, operated fetishistically to help manage the macro-level national identity crises of the post-war period to 1970 discussed in the previous chapter, and to further colonial-capitalist relations of production and reproduction. I suggest that fat was performatively arranged as a feminized embodiment through Cartesian binaries equating the feminine with the body and was, consequently, the target of plans and programs which were intended to

abject fat from bodies, concomitantly re-establishing normative national identities through the fetishistic re-membering of particular groups of bodies. These processes of abjection and fetishism were different and had disparate effects depending upon the gender, race, and class of the population in question.

As I show in chapter 3, for example, the abjection of fat from the bodies of white, middle-class women through such newly-established weight loss plans as Weight Watchers promoted the notion that women were biologically susceptible to obesity because of their reproductive capacities, thus re-articulating women's sexual distinctiveness. Tying together Cartesian Dualism, abjection, and fetishism with feminist political economy, the chapter argues that discourses of obesity repositioned white, middle-class women in the private sphere and collapsed them with their normative raced and classed gender roles. Chapter 4 shows how the performative abjection of obesity from the bodies of white, middle-class men through physical fitness and diet regimes, programs, and legislation helped to reaffirm dominant masculinity by banishing the feminine, represented by fat, from the public sphere. The gendered division of labour was fetishistically reasserted and the supposed national predominance of the normative white and middle-class nuclear family form was thus re-established through obesity discourse. In Northern Aboriginal peoples, as I demonstrate in chapter 5, the performative abjection of fat through the calculation and scientific measurement of obesity partially facilitated colonial-capitalist assimilative and development projects of the 1960s. The fetishistic

rearrangement of Aboriginal bodies as obese or almost obese, and hence the possibility that Aboriginal men and women were becoming polluted by the Cartesian body fat, indicated to state officials and scientists that Inuit and Northern First Nations communities were “almost modern,” or on their way to becoming culturally and genetically white, thus negating distinct Aboriginal nationalisms and identities.

## **Conclusion**

This chapter has explored feminist theories of the body, and related them to theories of body fat. Drawing on feminist concepts of embodiment like Cartesian Dualism, performativity, and abjection, which are taken up by theories of fatness, and theories of fetishism which are not generally employed by scholars of the fat body, I outlined the strengths and shortcomings of feminist fat literature in relation to the major themes of this dissertation. I argued that obesity in the immediate post-war period and through the 1950s and 1960s was a complicated type of embodiment that existing feminist theories of fat fail to capture. While many insights of feminist fat theory are integral to understanding the Canadian obesity “problem” of the post-war period to 1970 – namely that fat is a feminized and abject embodiment – the raced, classed, and even gendered inflections of fat require more than what this theory has to offer. I suggested that an approach combining the concepts of Cartesian Dualism, performativity, abjection, and fetishism proves integral to the analysis of the archival data presented in the following chapters.

In bringing together critiques of Cartesian Dualism, theories of performativity, abjection, and fetishism, and applying them to a genealogy of obesity, my dissertation not only augments theories of fatness, but also feminist body scholarship by addressing four over-arching questions pertinent to embodiment theory. How is the category of “women” animated through discourses of the body? How is the body produced and regulated through and by relations of patriarchy, white supremacy, racism, and colonial-capitalism? How are embodied differences, specifically those between sexes and among races recreated and re-imagined as biologically essential by mainstream texts? How are gendered, raced, and classed conversations about the body, and specifically those that circulate in state, medical, and public health circles and in the popular press, implicated in dominant imaginings of the nation and its location in the world?<sup>153</sup>

The question perhaps most crucial to me, however, and the one which inspired me to write this dissertation, is what the following historical discussion might say about obesity in the present moment. Kathleen LeBesco argues that studying historical representations of the fat body can aid in “[r]emoving the blinders of late twentieth-century America,” and help to expose fat as “a fluid construct that has been used to serve dominant economic and cultural interests.”<sup>154</sup> It is in the spirit of “removing the blinders” of today’s anti-fat sentiment that I ask theoretical questions about the discursive production of obesity in Canada from 1950 to 1970. If Canada’s “obesity problem” of

almost fifty years ago was imbued with politics, so might the nation's current "epidemic" of obesity be a product of power.

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<sup>1</sup> Laura S. Brown and Esther D. Rothblum, eds., *Fat Oppression and Psychotherapy: A Feminist Perspective* (New York: The Hawthorn Press, 1989); Lisa Schoenfielder and Barb Wieser, eds., *Shadow on a Tightrope: Writings by Women on Fat Oppression* (San Francisco: Aunt Lute Books, 1983).

<sup>2</sup> Laura S. Brown and Esther D. Rothblum, "Editorial Statement," in Brown and Rothblum, *Fat Oppression and Psychotherapy*, 2.

<sup>3</sup> For discussions on radical and liberal feminisms, see Rosemarie Tong, *Feminist Thought: A More Comprehensive Introduction*, 2<sup>nd</sup> ed. (Boulder: Westview Press, 1998).

<sup>4</sup> Brown and Rothblum, "Editorial Statement," 2.

<sup>5</sup> Vivian F. Mayer, "Foreword," in Schoenfielder and Wieser, *Shadow on a Tightrope*, xi.

<sup>6</sup> Jana Evans Braziel and Kathleen LeBesco, eds., *Bodies Out Of Bounds: Fatness and Transgression* (Berkeley: University of California Press, 2001); Michael Gard and Jan Wright, "Feminists and the 'Obesity Epidemic,'" in *The Obesity Epidemic: Science, Morality and Ideology* (New York: Routledge, 2005), 153-69; Kathleen LeBesco, *Revolting Bodies?: The Struggle to Redefine Fat Identity* (Amherst: University of Massachusetts Press, 2004); Carla Rice, "Becoming the Fat Girl: Emergence of an Unfit Identity," *Women's Studies International Forum* 30, no. 2 (2007): 158-172.

<sup>7</sup> Nomi Lamm, "It's a Big Fat Revolution" in *Listen Up: Voices from the Next Feminist Generation*, ed. Barbara Findlen (New York: Seal, 1995), 85-94; Allyson Mitchell, "Pissed Off," in *Fat: An Anthropology of an Obsession*, ed. Don Kulick and Anne Meneley (New York: Penguin, 2005), 211-226.

<sup>8</sup> Carla Rice, "Out from Under the Occupation: Transforming our Relationships with our Bodies," in *Canadian Woman Studies: An Introductory Reader*, 2<sup>nd</sup> ed., ed. Andrea Medavarski and Brenda Cranney (Toronto: Inanna, 2006), 411-23.

<sup>9</sup> Susie Orbach, *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss* (New York: Paddington Press, 1978).

<sup>10</sup> Kathleen LeBesco and Jana Evans Braziel, "Editors' Introduction," in Braziel and LeBesco, *Bodies Out Of Bounds*, 2 (authors' italics).

<sup>11</sup> Rachel Colls, "Materializing Bodily Matter: Intra-Action and the Embodiment of 'Fat,'" *Geoforum* 38 (2007): 356.

<sup>12</sup> Pheng Cheah, "Mattering," *Diacritics* 26, no. 1 (1996): 108-39; Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Reality of Feminism* (Bloomington, IN: Indiana University Press, 1994); Pamela Moss and Isabel Dyck, *Women, Body, Illness: Space and Identity in Everyday Lives of Women with Chronic Illness* (Oxford: Rowman and Littlefield, 2002); Gillian Rose, "A Body of Questions," in *Using Social Theory*, ed. Michael Pryke and Gillian Rose (London: Sage, 2003), 47-64; Mary J. Russo, *The Female Grotesque: Risk, Excess, and Modernity* (New York: Routledge, 1995).

<sup>13</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California, 1993), 36.

<sup>14</sup> Grosz, *Volatile Bodies*, 10.

<sup>15</sup> Helen Malson, *The Thin Woman: Feminism, Post-structuralism and the Social Psychology of Anorexia Nervosa* (London: Routledge, 1998), 119.

<sup>16</sup> Jana Evans Braziel, "Sex and Fat Chics: Deterritorializing the Fat Female Body," in Braziel and LeBesco, *Bodies Out Of Bounds*, 232.

<sup>17</sup> Bordo, *Unbearable Weight*, 4-15; Malson, *The Thin Woman*, 118-20.

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<sup>18</sup> Bordo, *Unbearable Weight*; Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1989); Denise Riley, *Am I That Name?: Feminism and the Category of "Women" in History* (London: Macmillan, 1988).

<sup>19</sup> Since the late 1960s, the feminist movement in Canada has been responsible for most legal reform concerning abortion, birth control, sexual assault, and woman abuse. See: Nancy Adamson, Linda Briskin and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988).

<sup>20</sup> Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988); Riley, *Am I That Name?*.

<sup>21</sup> Radhika Mohanram, *Black Body: Women, Colonialism, and Space* (Minneapolis: University of Minnesota Press, 1999), 16.

<sup>22</sup> Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995), 128-9.

<sup>23</sup> I am drawing on a more wider scholarship of whiteness that shows how white privilege and white skin are both socially constructed categories that shift over time. Alastair Bonnett's discussions of the Irish in British colonialism, Franca Iacovetta's explication of Italians and Eastern Europeans in post-war Canada, Ruth Frankenburg's research with white California women in the contemporary moment, and Angela Woollacott's study of Australian colonists, provide examples of such scholarship. See: Alastair Bonnett, *Anti-Racism* (London and New York: Routledge, 2000), 139-144; Alastair Bonnett, *Radicalism, Anti-Racism and Representation* (London and New York: Routledge, 1993), 17; Ruth Frankenberg, *White Women, Race Matters: The Social Construction of Whiteness* (Minneapolis: University of Minnesota Press, 1993); Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006); Franca Iacovetta, *Such Hardworking People: Italian Immigrants in Postwar Toronto* (Montreal: McGill-Queen's University Press, 1992); Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism, and Modernity* (New York: Oxford University Press, 2001).

<sup>24</sup> Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 36-65.

<sup>25</sup> Stoler, "Cultivating Bourgeois Bodies and Racial Selves," in *Race and the Education of Desire*, 95-136.

<sup>26</sup> Sander L. Gilman, "The Hottentot and the Prostitute: Toward an Iconography of Female Sexuality," in *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Ithaca: Cornell University Press, 1985), 76-108.

<sup>27</sup> Sander L. Gilman, "Black Bodies, White Bodies, Towards an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine and Literature," in *Race, Writing and Difference*, ed. H.L. Gages, Jr. (Chicago: Chicago University Press, 1985), 248.

<sup>28</sup> Stoler, *Race and the Education of Desire*, 128-9.

<sup>29</sup> Patricia Hill Collins, "Pornography and Black Women's Bodies," in *Gender Violence: Interdisciplinary Perspectives*, ed. Laura L. O'Toole and Jessica R. Schiffman (New York: New York University Press, 1997), 395-99.

<sup>30</sup> Iris Marion Young, *Justice and the Politics of Difference* (Princeton: Princeton University Press, 1990), 123.

<sup>31</sup> Bordo, *Unbearable Weight*, 11.

<sup>32</sup> Anna M. Agathangelou, *The Global Political Economy of Sex: Desire, Violence, and Insecurity in Mediterranean Nation States* (New York: Palgrave Macmillan, 2004), 13.

<sup>33</sup> Robyn Longhurst, *Bodies: Exploring Fluid Boundaries* (London: Routledge, 2001).

<sup>34</sup> *Ibid.*, 41.

<sup>35</sup> *Ibid.*, 58.

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- <sup>36</sup> Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1992).
- <sup>37</sup> Ibid., 94-5.
- <sup>38</sup> Ibid., 119-22.
- <sup>39</sup> Ibid., 121.
- <sup>40</sup> Agathangelou, *The Global Political Economy of Sex*, 13.
- <sup>41</sup> Cynthia Enloe, *Bananas, Beaches and Bases: Making Feminist Sense of International Politics* (1989; repr., Berkeley: University of California Press, 2000); Sallie Marsten, "The Social Construction of Scale," *Progress in Human Geography* 24, no. 2 (2000): 219-42.
- <sup>42</sup> Chandra Temple Mohanty, *Feminism Without Borders: Decolonizing Theory, Practicing Solidarity* (Durham: Duke University Press, 2003); Saskia Sassen, *Globalization and its Discontents: Essays on the New Mobility of People and Money* (New York: New Press, 1998).
- <sup>43</sup> Agathangelou, *The Global Political Economy of Sex*; Enloe, *Bananas, Beaches and Bases*.
- <sup>44</sup> Agathangelou, *The Global Political Economy of Sex*, 13.
- <sup>45</sup> McClintock, *Imperial Leather*.
- <sup>46</sup> Ibid., 216.
- <sup>47</sup> Ibid.
- <sup>48</sup> Darlene Clark Hine, "Lifting the Veil, Shattering the Silence: Black Women's History in Slavery and Freedom," in *Black Women's History: Theory and Practice*, vol. 1, ed. Darlene Clark Hine, Black Women in United States History (Brooklyn, New York: Carlson Publishing Inc., 1990), 235-262; Minnie Miller Brown, "Black Women in American Agriculture," in Clark Hine, *Black Women's History*, 83-94.
- <sup>49</sup> Miller Brown, "Black Women in American Agriculture," 83-94, 83.
- <sup>50</sup> Delores Aldreidge, "Black Women in the Economic Marketplace: A Battle Unfinished," in Clark Hine, *Black Women's History*, 3, 11.
- <sup>51</sup> Walter R. Allen, "Family Roles, Occupational Statuses, and Achievement Orientations among Black Women in the United States," in Clark Hine, *Black Women's History*, vol. 1, 17-34; Walter R. Allen, "The Social and Economic Status of Black Women in the United States," in Clark Hine, *Black Women's History*, vol. 1, 35-50.
- <sup>52</sup> Enakshi Dua, "Canadian Anti-Racist Feminist Thought: Scratching the Surface of Racism," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press), 15.
- <sup>53</sup> Evelyn Brooks Higginbotham, "Beyond the Sound of Silence: Afro-American Women in History," in Clark Hine, *Black Women's History*, vol. 1, 182.
- <sup>54</sup> Bonnie Thornton Dill, "Race, Class, and Gender: Prospects for an All-Inclusive Sisterhood," in Clark Hine, *Black Women's History*, vol. 1, 123; see also bell hooks, *Feminist Theory: From Margin to Center*, 2nd ed. (Cambridge, MA: South End Press, 2000), 96-8.
- <sup>55</sup> Abigail B. Bakan and Daiva K. Stasiulis, "Making the Match: Domestic Placement Agencies and the Racialization of Women's Household Work," *Signs* 20, no. 2 (1995): 303-35; Abigail B. Bakan and Daiva Stasiulis, "Foreign Domestic Worker Policy in Canada and the Social Boundaries of Modern Citizenship," in *Not One of the Family: Foreign Domestic Workers in Canada*, eds. Abigail B. Bakan and Daiva Stasiulis (Toronto: University of Toronto Press, 1997), 29-52; Makeda Silvera, *Silenced* (Toronto: Williams-Wallace Publishers, 1983).
- <sup>56</sup> Agathangelou, *The Global Political Economy of Sex*, 20.
- <sup>57</sup> Ibid., 21.
- <sup>58</sup> Benedict Anderson, *Imagined Communities: Reflections on the Origin and the Spread of Nationalism* (London: Verso Editions, 1983).

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- <sup>59</sup> Enakshi Dua, "Beyond Diversity: Exploring the Ways in Which the Discourse of Race Has Shaped the Institution of the Nuclear Family," in Dua, *Scratching the Surface*, 237-60.
- <sup>60</sup> Ibid., 245.
- <sup>61</sup> Ibid., 243.
- <sup>62</sup> Iacovetta, *Gatekeepers*.
- <sup>63</sup> Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1999).
- <sup>64</sup> Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books: 1988).
- <sup>65</sup> Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Problem of Partial Perspective," *Feminist Studies* 14, no. 3 (1988): 588.
- <sup>66</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).
- <sup>67</sup> Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (New York: Routledge, 1993); Judith Butler, *Undoing Gender* (New York: Routledge, 2004).
- <sup>68</sup> See: Gayle Rubin, "The Traffic in Women: Notes on the 'Political Economy' of Sex," in *The Second Wave: A Reader in Feminist Theory*, ed. Linda Nicholson (New York: Routledge, 1997), 27-62.
- <sup>69</sup> See: Butler, *Bodies That Matter*, 9-10, 16.
- <sup>70</sup> Ibid., 10.
- <sup>71</sup> Butler, *Gender Trouble*, 114.
- <sup>72</sup> Sara Salih, *Judith Butler*, Routledge Critical Thinker Series (New York: Routledge, 2002), 19-42.
- <sup>73</sup> Butler, *Undoing Gender*, 50 (author's italics).
- <sup>74</sup> Michel Foucault, "Nietzsche, Genealogy, History," in *The Foucault Reader*, ed. Paul Rabinow (New York: Routledge), 83.
- <sup>75</sup> Butler, *Gender Trouble*, 130.
- <sup>76</sup> For a similar argument, see Grosz, *Volatile Bodies*, 116, 122.
- <sup>77</sup> Sara Salih argues that the misinterpretations of performativity are, in many ways, the fault of Butler's own incoherent and incomplete account of the term in *Gender Trouble*. Salih, *Judith Butler*, 68-70.
- <sup>78</sup> For a discussion of psychoanalytic interpretations of perception as it relates to embodiment, see Grosz, *Volatile Bodies*, 27-61.
- <sup>79</sup> Butler, *Bodies That Matter*, 107 (author's italics).
- <sup>80</sup> Ibid.
- <sup>81</sup> Here, I rely on Butler's discussion of the norm in *Undoing Gender*, in which she argues: "The norm has no independent ontological status, yet it cannot be easily reduced to its instantiations; it is itself (re)produced through its embodiment, through the acts that strive to approximate it, though the idealizations reproduced in and through those acts." Butler, *Undoing Gender*, 48.
- <sup>82</sup> Butler, *Bodies That Matter*, 2. See also: Judith Butler, *Excitable Speech: A Politics of the Performative* (New York: Routledge, 1997), 40-1.
- <sup>83</sup> It is important to note that Nancy Chodorow made similar suggestions in 1978's *The Reproduction of Mothering*. Chodorow argued that the kinship systems created by patriarchal-capitalism attributed women with such seemingly natural psychological characteristics as "relationality." See: *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (Berkeley: University of California Press, 1978).
- <sup>84</sup> Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. L.S. Roudiez (New York: Columbia University Press, 1982).
- <sup>85</sup> Ibid., 12.
- <sup>86</sup> Ibid., 58, 64.
- <sup>87</sup> Ibid., 13.
- <sup>88</sup> Ibid., 2.

- <sup>89</sup> Butler, *Bodies That Matter*; Grosz, *Volatile Bodies*; Longhurst, *Bodies*; Young, *Justice and the Politics of Difference*, 123.
- <sup>90</sup> Young, *Justice and the Politics of Difference*, 123.
- <sup>91</sup> Grosz, *Volatile Bodies*. See also: Butler, *Bodies That Matter*; Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: Sage, 2002).
- <sup>92</sup> Luce Irigaray, *This Sex Which Is Not One*, trans. C. Porter and C. Burke (Ithaca: Cornell University Press, 1985); Luce Irigaray, *Speculum of the Other Woman*, trans. G.C. Gill (Ithaca: Cornell University Press, 1985).
- <sup>93</sup> Grosz, *Volatile Bodies*, 202.
- <sup>94</sup> *Ibid.*, 139-40.
- <sup>95</sup> *Ibid.*, 3.
- <sup>96</sup> Longhurst, *Bodies*.
- <sup>97</sup> See: Elizabeth Grosz, "Bodies-Cities," in *Space, Time and Perversion: Essays on the Politics of the Body* (New York: Routledge, 1995), 103-10; Linda McDowell, "In and Out of Place: Bodies and Embodiment," in *Gender, Identity and Place: Understanding Feminist Geographies* (Minneapolis: University of Minnesota Press, 1999), 34-70; Heidi J. Nast and Steve Pile, "Introduction: Making Places Bodies," in *Places Through the Body*, ed. Heidi J. Nast and Steve Pile (London and New York: Routledge, 1998), 1-14; Steve Pile, *The Body and the City: Psychoanalysis, Space and Subjectivity* (New York: Routledge, 1996).
- <sup>98</sup> Longhurst, *Bodies*, 99.
- <sup>99</sup> Similar arguments are made by Linda McDowell in *Capital Culture*. Using Butler, McDowell argues that the embodied performances of dress and exercise by women stock traders maintain fictive gender distinctions in the workplace, whilst at the same time allowing women to work in a highly masculine field. Linda McDowell, *Capital Culture: Gender at Work in the City* (Oxford: Blackwell, 1997).
- <sup>100</sup> Karen Shimakawa, *National Abjection: The Asian American Body Onstage* (Durham & London: Duke University Press, 2002), 3, 11.
- <sup>101</sup> *Ibid.*, 3.
- <sup>102</sup> *Ibid.*
- <sup>103</sup> Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001). For a discussion of similar processes of spatial abjection in Vancouver's Chinatown, see: Kay Anderson, *Vancouver's Chinatown: Racial Discourse in Canada, 1875-1980* (Montreal: McGill-Queen's, 1991).
- <sup>104</sup> McClintock, *Imperial Leather*, 72, 93-100, 163-73.
- <sup>105</sup> See also: Anna M. Agathangelou and L. H. M. Ling, "Power and Play through Poisies: Reconstructing Self and Other in the 9/11 Commission Report," *Millennium – Journal of International Studies* 33 (2005), 837.
- <sup>106</sup> McClintock, *Imperial Leather*, 71-4.
- <sup>107</sup> *Ibid.*, 138.
- <sup>108</sup> Sigmund Freud, "Formulations on the Two Principles of Mental Functioning," in *On Metapsychology: The Theory of Psychoanalysis*, The Penguin Freud Library, vol. 11 (London: Penguin, 1991), 29-44.
- <sup>109</sup> Karl Marx, *Capital*, vol. 1 (London: Penguin, 1992), 165.
- <sup>110</sup> *Ibid.*, 185.
- <sup>111</sup> *Ibid.*, 183-4.
- <sup>112</sup> *Ibid.*, 76.
- <sup>113</sup> *Ibid.*, 103.
- <sup>114</sup> *Ibid.*, 216.
- <sup>115</sup> McClintock, *Imperial Leather*, 163-73.
- <sup>116</sup> *Ibid.*

- <sup>117</sup> David L. Eng, *Racial Castration: Managing Masculinity in Asian America* (Durham and London: Duke University Press, 2001), 151.
- <sup>118</sup> Ibid.
- <sup>119</sup> Ibid., 17.
- <sup>120</sup> Ibid., 152.
- <sup>121</sup> Rice, "Out from Under the Occupation."
- <sup>122</sup> Braziel, "Sex and Fat Chics," 241.
- <sup>123</sup> Cecilia Hartley, "Letting Ourselves Go: Making Room for the Fat Body in Feminist Scholarship," in Braziel and LeBesco, *Bodies Out Of Bounds*, 60-73; Kelly, "The Goddess is Fat," in Schoenfelder and Wieser, *Shadow on a Tightrope*, 15-21; Naomi Wolf, *The Beauty Myth* (London: Chatto and Windus, 1990).
- <sup>124</sup> Rice, "Out from Under the Occupation," 415. See also: Hartley, "Letting Ourselves Go"; Wolf, *The Beauty Myth*.
- <sup>125</sup> Braziel, "Sex and Fat Chics," 241.
- <sup>126</sup> Bordo, *Unbearable Weight*.
- <sup>127</sup> Braziel, "Sex and Fat Chics"; Le'a Kent, "Fighting Abjection: Representing Fat Women," in Braziel and LeBesco, *Bodies Out Of Bounds*, 130-152; Kathleen LeBesco, "Queering Fat Bodies/Politics" in Braziel and LeBesco, *Bodies Out Of Bounds*, 74-90.
- <sup>128</sup> Kent, "Fighting Abjection," 136. See also: Braziel, "Sex and Fat Chics"; LeBesco, "Queering Fat Bodies/Politics"; LeBesco, *Revolting Bodies?*.
- <sup>129</sup> Braziel, "Sex and Fat Chics." See also: Michael Moon and Eve Kosofsky Sedgwick, "Divinity: A Dossier, a Performance Piece, a Little-Understood Emotion," in Braziel and LeBesco, *Bodies Out Of Bounds*, 292-328.
- <sup>130</sup> Sharon Mazer, "'She's So Fat...': Facing the Fat Lady at Coney Island's Sideshows by the Seashore," in Braziel and LeBesco, *Bodies Out Of Bounds*, 257-276. See also: Braziel, "Sex and Fat Chics"; Kent, "Fighting Abjection"; Sarah Shief, "Devouring Women: Corporeality and Autonomy in Fiction by Women Since the 1960s," in Braziel and LeBesco, *Bodies Out Of Bounds*, 214-230.
- <sup>131</sup> LeBesco, "Queering Fat Bodies/Politics."
- <sup>132</sup> Ibid., 83.
- <sup>133</sup> Ibid.
- <sup>134</sup> Kent, "Fighting Abjection."
- <sup>135</sup> Ibid., 141.
- <sup>136</sup> Ibid., 142. See also Moon and Kosofsky Sedgwick, "Divinity."
- <sup>137</sup> April Michelle Herndon, "Collateral Damage from Friendly Fire? Race, Nation, Class and the 'War Against Obesity,'" *Social Semiotics* 15, no. 2 (2005): 127-41.
- <sup>138</sup> Ibid., 136.
- <sup>139</sup> Sander L. Gilman, *Fat: A Cultural History of Obesity* (New York: Polity Press, 2008).
- <sup>140</sup> Ibid., 8.
- <sup>141</sup> Ibid., 22-43.
- <sup>142</sup> Sander L. Gilman, *Fat Boys: A Slim Book* (Lincoln: University of Nebraska Press, 2004), 4.
- <sup>143</sup> Gilman, *Fat Boys*; Joyce L. Huff, "A 'Horror of Corpulence': Interrogating Bantingism and Mid-Nineteenth-Century Fat-Phobia," in Braziel and LeBesco, *Bodies Out Of Bounds*, 39-59; Peter N. Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 1997).
- <sup>144</sup> Lee F. Monaghan, *Men and the War on Obesity: A Sociological Study* (New York: Routledge, 2008).
- <sup>145</sup> Ibid., 182.
- <sup>146</sup> Jürgen Habermass, "Modernity: An Incomplete Project," in *The Anti-aesthetic: Essays on Postmodern Culture*, ed. Hal Foster (Washington: Bay Press. 1983), 3-15.

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<sup>147</sup> Ulrich Beck, "The Reinvention of Politics: Towards a Theory of Reflexive Modernization," in *Reflexive Modernization*, Ulrich Beck, Anthony Giddens and Scott Lash (London: Polity Press, 1994), 1-55.

<sup>148</sup> Huff, "A 'Horror of Corpulence.'"

<sup>149</sup> Ibid.

<sup>150</sup> Stearns, *Fat History*, 58.

<sup>151</sup> Colls, "Materializing Bodily Matter," 358.

<sup>152</sup> Ibid.

<sup>153</sup> See: Anna M. Agathangelou, M. Daniel Bassichis, and Tamara L. Spira, "Intimate Investments: Homonormativity, Global Lockdown, and the Seductions of Empire," *Radical History Review* 100 (2008): 120-43.

<sup>154</sup> LeBesco, *Revolting Bodies?*, 17.

### **Chapter 3**

#### **“This is the Face of Obesity”: Race, Class, Gender, and the Feminization of Fat**

On October 21, 1960, a short correspondence began between E. L. Davey, Chief of the Civil Service Health Division for the Government of Canada, and J. E. Monagle, Chief of the federal Department of Health and Welfare’s Nutrition Division.<sup>1</sup> The two men were planning a “Civil Service Obesity Study” which would “improve the Health and Morale of...Civil servants,” and “provide authoritative material as a basis for recommendations to physicians, public health personnel and to the general public relating to sound methods of weight control.”<sup>2</sup> In 1963, Monagle solicited the participation of the federal Mental Health Division, noting in a letter to its Chief, Dr. M. Martin, that obesity was clearly a mental health issue that called for “close association of nutritionists and psychiatrists.”<sup>3</sup> Monagle continued: “I think we would consider...that obesity is a symptom of emotional disorder, that the lack of success in nutritional treatment is the old story of treating the symptom rather than the underlying disease.”<sup>4</sup> Although he considered a Civil Service Obesity Study a “plausible” idea,<sup>5</sup> Martin expressed issues with the design of the study, and plans for the Civil Service Obesity Study subsequently expired.

Monagle’s comments about obesity being a psychological disease and an emotional disorder were not made in a vacuum. It was also not extraordinary that he asked the Mental Health Division for help with the Civil Service Obesity Study. Links between mental illness and obesity in Canada had been made before. Four years earlier,

the January 28, 1956, edition of Josephine Lowman's regular *Globe and Mail* column "Why Grow Old" was subtitled "Tensions May Cause Overeating." In it, Lowman discussed the psychodynamics of obesity, expressing her "concern" for those adults who, having established "emotional patterns" of eating in their childhood homes, continued to overeat "in order to make up for emotional lacks."<sup>6</sup> "This even has a name," Lowman wrote: "'Emotional Obesity' and [it] is a recognized term in doctors' offices, as well as in the offices of psychologists."<sup>7</sup>

*The Globe and Mail* published other articles about emotional obesity. Marvin Schiff, for example, wrote in a 1964 edition of the paper: "Before launching a campaign to alter a fat patient's eating habits...physicians would be well advised to thoroughly probe the patient's state of mental health."<sup>8</sup> Any suggestion to diet, commented Schiff, must be given carefully to the patient, as food was often a psychic crutch for individuals, and overeating "a habit with deeply rooted psychological causes."<sup>9</sup> In a similar article titled "Obesity, Emotions Said Closely Tied," the September 18, 1964, *The Globe and Mail* reported on a Toronto conference presentation given by Dr. Charlotte M. Young of Cornell University. Dr. Young contended that "tense and anxious people" were particularly susceptible to obesity.<sup>10</sup>

As the Civil Service Obesity study and the *Globe's* articles demonstrate, the belief that obesity was an emotional disorder captured the imaginations not only of government agents, but of medical researchers and those writing articles in the Canadian popular

press in the post-war era to 1970. Within these discursive texts, emotional obesity was not gender neutral, but was represented as feminine and feminizing. While there is no indication that the Civil Service Obesity Study intended to focus on a particular gender, all three of the *Globe*'s articles cited above were directed towards women. Each of the articles was published in the "Women's" or "Family" pages of the paper, and used women as examples of the emotionally obese. Lowman was concerned with the "middle-aged woman" who was sabotaging her marriage by emotionally eating herself to unattractiveness. Schiff described "the housewife who eats continually to calm emotions caused by disappointments in her marriage." Young warned that while weight loss was essential, a particularly emotionally disturbed person who used food as a coping mechanism "such as a woman with a dying husband" should probably wait to start her diet.<sup>11</sup> Almost always, then, emotional obesity was associated with women and in particular, as the *Globe*'s references to marriage and housewifery suggest, to women's domestic labour.

This chapter begins the work I called for in the previous chapter, wherein I maintained that the feminist contention that fat is universally feminine must become more nuanced, and should more carefully and comprehensively account for differing (potential) feminizations of fat at varied geographies and in disparate historical periods. In this chapter, I explore the feminization of fat during the post-war period to 1970, arguing that fat became feminine in this particular time, in part, through discourses which

simultaneously psychopathologized obesity and women through the logics of Cartesian Dualism. Specifically, I demonstrate that fat increasingly became an emotional or mental disorder associated with the supposed over-emotionalism and irrationality of white, middle-class housewives.

As a feminized concept applicable mainly to white, middle-class and heterosexual domesticity, emotional obesity took two forms. In one manifestation, women *made* the obese through their (poor) reproductive labour which was demonstrated by women's emotional over-feeding and neurotic mothering. In the other, women *were* the obese due to their reproductive capacities and susceptibility to emotional, or mental, illness. These two representations of obesity, that positioned women as both contaminated with obesity and agents of its contagion, were propagated primarily by four groups of texts, each of which I shall discuss, in turn: psychoanalytically grounded literature about childhood obesity, specifically the work of and inspired by Hilde Bruch; popular, medical, public health, and government texts concerned with the over-nutrition of Canadians; medical research conducted on obesity; diet drug advertisements contained in the *Canadian Medical Association Journal*; and literature associated with and about diet programs like Weight Watchers.

This chapter is divided into four major sections. The first section outlines the theoretical precepts on which this chapter relies. The second section briefly reviews the general discourses about mental health which circulated during the period under study, a

discussion important to understanding how the concept of emotional obesity became tenable in the period. The third section, which focuses on the ways in which women were imagined to pass obesity to their families, outlines how conversations about emotional obesity discursively aligned women with their reproductive labour in the context of their nuclear families, primarily in the immediate post-war period and 1950s. The fourth section concentrates mainly on texts published in the 1960s, and demonstrates how discussions about psychopathological obesity were part of a larger conversation conflating women with their reproductive bodies. In sum, the third and fourth sections of this chapter describe how emotional obesity was both produced by and helped to redeploy discourses which imaginatively contained women in the private sphere.

It is my contention that obesity, as an emotional disorder, became attached to other mental health discourses which, as Mona Gleason has argued in *Normalizing the Ideal*,<sup>12</sup> articulated Canada as a white nation of middle-class families, and regulated and psychopathologized women who were found to stray from the “norms” of nuclear family living. Through medical and psychoanalytic research, government and popular texts, and commercial diet plans targeted at women, narratives of emotional obesity helped articulate the gendered division between public and private spheres both as normative in general, and as particularly germane to white, middle-class family living. The regulatory norms produced through and by emotional obesity persisted throughout the two decades in question, even though, as the 1960s progressed, many of these white, middle-class

women strayed far from the ideal of domesticity, demanding and partially acquiring rights in the public sphere through such feminist projects as the Royal Commission on the Status of Women in Canada.

Through narratives of Cartesian Dualism, and through processes of abjection whereby women were encouraged to remove body fat from their own bodies, obesity discourse helped performatively to reconstruct the distinctiveness of women's embodiments and the reproductive role which "naturally" flowed from feminine biology, during a time in which women were demanding and accessing what came to be called "equality." I therefore argue that the feminization of fat through the discourse of emotional obesity can be understood as a type of fetishism, whereby women's bodies were imaginatively arranged as reproductive by interpolations of dominant subjectivity, and the gendered division of labour was asserted as common and normal, thus regrouping the patriarchal power threatened by women's claims to the public sphere.

### **Theoretical context: Women, Cartesianism, and reproduction**

In that it demonstrates two ways in which the feminine became solipsistic with obesity, this chapter echoes feminist theories of the fat body outlined in the previous chapter which, employing psychoanalytic and postmodern lenses,<sup>13</sup> argues that sub- and unconscious connotations of women with the bodily over-determine the fat body, the *all* body, hyper-body, as the abject female. While I agree with these theorists that fat people

may representationally be the abject feminine, there is a lack of theoretical work which explores how and why this representation may differ or not over times, across spaces, and in tandem with shifting notions of gender, race, or class. This chapter, then, advocates, and attempts to be, a contextualized study of feminized fat, and demonstrates that obesity cannot be divorced from the gendered, raced, and classed political economy which employs it.

In Canada from the early post-war period to 1970, for example, the codification of fat as feminine occurred through the characterization of women's work and bodies as reproductive, which was philosophically founded in Cartesian understandings of sex distinction. Feminists like Emily Martin and Denise Riley have shown that sexism has traditionally and in part rested on the notion that men and women are biologically different from each other. Such biological distinctiveness has been predicated upon the organization of the category "Woman," which has become, through biological essentialism, utterly collapsed with women's reproductive capacities.<sup>14</sup> In Western Cartesian thought, women's ability to reproduce has made them lesser beings, or bodies. As bodies in binary relationship with the male mind, women's psychological or mental capacities are said to be limited. For example, Martin argues that the hormonal changes associated with the menstrual cycle have been culturally construed to cause emotional instability, or over-emotionalism, in women. In Elizabeth Grosz's words: "...women's [embodiment] is used to explain and justify the different (read: unequal) social positions

and cognitive abilities of the two sexes. By implication, women's bodies are presumed to be incapable of men's achievements, being weaker, more prone to (hormonal) irregularities, intrusions, and unpredictabilities."<sup>15</sup> Such claims about women's over-emotionalism not only position women as irrational, but, not coincidentally, as unsuited to the highly logical spaces, rhetoric, rights, responsibilities, and paid work associated with the public sphere.<sup>16</sup>

Canadian women of the post-war period to 1970 were challenging sex distinction by living beyond the confines of their reproductive gender roles in two ways. First, to be discussed below and further in chapter 4, working- and middle-class women were entering the paid labour force in slowly increasing numbers. Women had worked for wages throughout World War II and, after the war, were encouraged by what Vosko calls a powerful "ideology of housewifery" to return to the home to carry out unpaid reproductive labour.<sup>17</sup> Despite the discourse of domesticity, however, and even though employment laws, union movements, state social welfare projects, and the popular press of the post-war period and throughout the late 1960s embraced the model of the Standard Employment Relationship (SER), wherein family-waged men were regarded as breadwinners and women as unpaid housewives,<sup>18</sup> women worked for corporations and state agencies that hired women to fill growing numbers of healthcare and clerical positions, for instance.<sup>19</sup>

Women, however, not only challenged the notion that they belonged in the home by working out of it but also and relatedly by re-imagining their own embodiments. For example, some of the Canadian feminist movement, which began its resurgence in the 1960s, was partially galvanised by and organized around campaigns for women to transcend or at least control their reproductive capabilities in order to distance women from the reproductive labour of the private sphere. A McGill University students' group published the *McGill Birth Control Handbook* in 1968, the intent of which was to encourage women to become familiar with their bodies' reproductive organs and cycles.<sup>20</sup> As well, the inaugural publication of *Our Bodies, Our Selves* by the Boston Women's Health Collective occurred in 1971. Popular in Canada, *Our Bodies, Our Selves* also encouraged women to regain control over their own reproductive capacities.<sup>21</sup>

Recognizing that women could not freely participate in the public sphere without the ability to choose when and whether they would have children, the Royal Commission on the Status of Women in Canada (RCSW), struck in 1967 by Lester B. Pearson, also called for access to birth control, abortion, and child care, which would free women from their "automatic" roles as mothers and caregivers and allow women to work for pay.<sup>22</sup> The argument that women's reproductive capacities had been unfairly manipulated to bar women from the public sphere was clearly demonstrated by the *Report* of the RCSW, which argued that biological differences between women and men had been exaggerated for the purposes of discrimination. The *Report* stated: "Aside from physical differences,

there has been no scientific proof of differences, either psychological or intellectual in the genetic inheritance of men and women. ...And yet, women's child-bearing function and their physical differences have served as the basis for restrictive generalizations and overt discrimination. Regardless of age or circumstances, women are identified automatically with tasks such as looking after their homes, rearing their children, caring for others and other related activities."<sup>23</sup> Thus, the *Report* acknowledged physical differences between men and women, but argued that such biological distinctions had become unfairly collapsed with women's reproductive labour. The *Report* therefore advocated for medical and legal means which would downplay the artificial differences between the sexes that had been organized to confine women to the home.

Feminist re-articulation of women's reproductive roles and, in particular, demands for better and legal birth control which could potentially (and did) change the very physicality of women's bodies, were therefore often connected to campaigns which fought for women's access to the paid work of the public sphere. While important, this feminist fight for reproductive control, and in particular the related demand for access to the paid work of the public sphere, have been critiqued by writers as being projects narrowly focussed on the experiences of white, middle-class women.<sup>24</sup> The RCSW, for instance, is remembered by many feminists as a normative and normalizing venture reflecting white, middle-class, heterosexual women's experiences and concerns, in large part because of its uncomplicated focus on public sphere access.<sup>25</sup> Referencing the

American liberal feminist classic *The Feminine Mystique*, which called for women's entrance into public life,<sup>26</sup> the report of the RCSW explored issues related to women's ability to perform paid employment, such as child-care availability, education, and inequality in marriage, and asked men "only" to "remove arbitrary barriers" which inhibited women's choices.<sup>27</sup> There was no recognition in the report that these "barriers" were not in fact "arbitrary," that, given such salient social vectors as race, colonization, immigration history, heterosexism, and class, Canadian society was predicated upon not only the "inequality" of men to women, but the "inequalities" of women to each other which have positioned women differently in relation to reproductive labour. As described in chapter 2 of this dissertation, not all women have been denied access to waged work, but many have in fact had no real choice but to perform paid (and unpaid) labour in the public sphere. Further, as Canadian eugenic projects have egregiously demonstrated, not all women have been encouraged to put their reproductive capacities to use.<sup>28</sup>

The RCSW, however, was not alone in its ignorance of difference in terms of women's reproductive labour. Freeman argues that the Canadian media, in its coverage of the Commission, also focussed its reports mainly on white, middle-class women's issues.<sup>29</sup> For example, newspaper reports in both local newspapers and *The Globe and Mail* reflected anxieties that the daycares encouraged by the RCSW would allow women to work outside the home during the "formative years" of a child's development (up to age five), a worry that applied less to working-class or immigrant women who had less

choice in when or whether to work for pay.<sup>30</sup> Abjecting women of colour and Aboriginal women from the nation, then, the Canadian woman, according to both the Commission and the media reports on it, was white, middle-class, and heterosexual, and while she faced barriers, the government could institute laws and practices which would help her overcome them so that she might enter the public sphere with all the confidence and fortitude she could muster.

That white, middle-class women were recognized in popular national discourse of the time to be rejecting their reproductive roles is important, and might help one to understand why white, middle-class women were continuously cited in emotional obesity discourse as both the obese and as contagions of obesity. Through discussions of emotional obesity in the immediate post-war period and throughout the 1950s and 1960s, normative women were performatively re-articulated as essentially irrational and were discursively collapsed with the reproductive labour of the private sphere and with their reproductive bodies. In the years directly following World War II and through the 1950s, discourses of emotional obesity positioned women as essentially reproductive by continuously depicting women as wives and mothers whose inherently feminine emotional imbalances could cause them to over-feed their families, or to cause their families to over-feed themselves. In the 1960s, the discourse of emotional obesity shifted slightly. My analysis of medical research, diet drug advertisements, and literature connected to such commercial diet plans as Weight Watchers shows how texts primarily

from the 1960s, while continuing to narrate women as reproductive labourers, made more specific and explicit reference to the fact that women's reproductive embodiments biologically predisposed women to obesity; emotional obesity was not only said to be biologically inherent to women, but was also narrated as a sex characteristic which distinguished women from men. Thus, in the same era that led to and produced feminist claims that biological distinctions between women and men did not matter, a Cartesian-based discourse of obesity emerged that fetishistically re-established "traditionally" sexed embodiments, and claimed that women were not only biologically different from men, but that this difference did very much matter.

### **The race, class, and gender of mental health: The historical framework**

The emergence of emotional obesity was only possible given more comprehensive anxieties about the emotional well-being and mental health of Canadians. Various parties began to express concerns regarding the mental health of Canadians after World War II and throughout the 1950s and 1960s. In Canada, it was argued, mental illness was a sign of the times.<sup>31</sup> Indeed, in 1956, the president of the Canadian Public Health Association, J. Arthur Melanson, called mental illness "the nation's number one health problem."<sup>32</sup> Such sentiments were repeated in a 1966 *Canadian Nurse* article, in which mental illness was named "the Quiet Disaster" and "a leading cause of the social and economic problems of our nation."<sup>33</sup> Mental illness, the anonymous article maintained, caused

“accidents and death. It contribute[d] to poor achievement in education, absenteeism in industry, juvenile delinquency, crime, addictions, broken homes.”<sup>34</sup> The article concluded by asking: “Are we...ready to tackle our biggest problem – *MENTAL HEALTH?*”<sup>35</sup> The Canadian government was also clearly concerned about mental illness. At a speech to the University of Toronto’s School of Hygiene in 1960, Director of Health Services for the Department of National Health and Welfare K. C. Charron called mental illness “the largest single special medical and hospital problem in Canada.”<sup>36</sup>

The belief that mental health was a problem of national proportions spurred the development and expansion of mental health disciplines in Canada, particularly psychology and psychiatry.<sup>37</sup> Along with the development of professional organizations like the Canadian Psychiatric Association and publications like the *Canadian Psychiatric Association Journal*, this era witnessed the development of psychopharmaceuticals which could be prescribed by psychiatrists or any medical doctor.<sup>38</sup> Prior to the use of pharmaceuticals, psychiatrists employed methods on the mentally ill which were neither effective nor popular, such as insulin comas, shock treatment without anesthetic, and lobotomies.<sup>39</sup> With the development of pharmaceuticals like chlorpromazine and lithium, however, which seemed to improve even the worst cases of schizophrenia, drugs were often the cure of choice for many mental health and medical practitioners.<sup>40</sup>

The development of mental health disciplines and psychopharmaceuticals had gendered, raced, and classed consequences, and psychology and psychiatry have been

critiqued as normalizing disciplines which upheld and produced status-quo subjectivities. Gleason, for example, argues that Canadian psychologists advocated the nuclear family form for normal psychological adjustment. For psychologists of the era, a childhood spent happily ensconced in a nuclear family of a stay-at-home mother, a breadwinning father, and a brother or sister was the precursor to a psychologically balanced adult life. Though psychologists claimed such a happy family life was normal, it was not by any means common. As Mary Louise Adams has argued in *The Trouble With Normal*, one was almost as likely to encounter such phenomena as working mothers, divorced parents, homosexuality and immigrant families as a “typical” white, middle-class, heterosexually-centred nuclear family with correct gendered divisions of labour during the period. In fact, Adams claims, the “traditional” nuclear family was actually produced *through* the very discourses which warned of its breakdown.<sup>41</sup>

If the production of the nuclear family occurred through narratives of its own demise, then mental health experts were complicit in its manufacture. Psychologists, Gleason shows, claimed that they could halt the decay of the nuclear family. Experts in the field could supposedly repair already-existing nuclear families weathering the threats of “mothers’ paid employment, marriage breakdown, divorce, and juvenile delinquency.”<sup>42</sup> Mental health practitioners also claimed they could teach immigrants to assimilate into Canadian society by helping new-comers to establish their own nuclear families – or approximations thereof.<sup>43</sup> Psychologists could ostensibly help families

become nuclear only by discovering what, or who, was wrong with them; implementing a number of tools of their trade, these mental health professionals could identify and weed out abnormality with the use of psychological testing and evaluation. Of primary interest, Gleason argues, were children. If children were abnormal in some way, something had supposedly gone wrong in the family, and psychologists took it upon themselves to “[instruct parents]...on how to cultivate normalcy in themselves and their children.”<sup>44</sup> But while psychologists were keen to “instruct parents,” mothers were their primary target. Within the context of the Canada’s patriarchy, “[f]ar more so than men, women were pathologized with psychological discourses regarding the family. They were interpreted as prone to parental pathologies such as overmothering, undermothering, nagging and selfishness.”<sup>45</sup>

Phyllis Chesler made similar claims regarding the pathologization of women in 1972 in her classic book, *Women and Madness*, adding that women were not only thought to spread mental illness through bad mothering, but were also more likely to be diagnosed with it.<sup>46</sup> Based on interviews conducted with women clients of male psychotherapists and psychiatrists through the 1950s and 1960s, Chesler’s text is an invaluable historical source which provides both a critique of psychiatry and psychotherapy and a description of their normalizing practices over the two decades. *Women and Madness* demonstrates two things: that women in the 1950s and 1960s were over-classified as psychiatrically disturbed and were therefore over-prescribed

psychopharmaceuticals, and that mental illness itself was coded “feminine” at this time. Chesler argues that normative feminine personalities were considered psychopathic inasmuch as they were supposedly emotional, nurturing, hyper-relational, and dependent – all characteristics which were considered ill in and of themselves in that men, purportedly, did not have them. At the same time, women who rejected their gender roles, who were highly rational, unemotional, and uninterested in men and children, were also labeled as emotionally disturbed.

In Chesler’s words:

*What we consider ‘madness,’ ...is either the acting out of the devalued female role or the total or partial rejection of one’s sex-role stereotype.* Women who fully act out the conditioned female role are clinically viewed as “neurotic” or “psychotic.” When and if they are hospitalized, it is for predominantly female behaviors such as “depression,” “suicide attempts,” “anxiety neuroses,” “paranoia,” or “promiscuity.” Women who reject or are ambivalent about the female role frighten both themselves and society so much so that their ostracism and self-destructiveness probably begin very early. Such women are also assured of a psychiatric label and, if they are hospitalized, it is for less “female” behaviors, such as “schizophrenia,” “lesbianism,” or “promiscuity.” “Promiscuity,” like “frigidity,” is both a “female” and a “non-female” trait: either can it mean a flight into or a flight from “femininity.”<sup>47</sup>

Women were thus caught in an impossible situation, according to Chesler. Due to the fact that femininity was itself considered an emotional pathology, women could be categorized as mentally ill because they were women. On the other hand, those women who rejected their gender roles were also psychopathologized because they were too manly.

In the Canadian context, psychiatrists developed similar gendered meanings of mental illness, as Marina Morrow notes. Citing Chesler's work, Morrow argues that in Canada, too, the standard of mental health was masculine, and those who exhibited feminine behaviour – women and gay men – were deemed mentally ill. While feminist critiques like Chesler's led to an eventual shift in psychiatric diagnoses in the 1970s, Morrow notes that some mental illnesses, such as depression and anxiety, remain feminized in Canada to this day.<sup>48</sup>

From the early post-war period to 1970, then, women had to negotiate a plethora of extremely difficult catch-twenty-twos which, though reproduced by psychological and psychiatric disciplines, were upheld by popular, government and medical sources, and were adopted as common-sense discourses. Whilst performing their reproductive labour, women were to be nurturing without being smothering, caring without being nagging, sexually available without being promiscuous, meticulous without being neurotic, concerned without being anxious, and unexcitable without being depressed. Most importantly, women were to be in the home at all times, ready, willing, and available to

provide their domestic labour to their children and husbands. Such a frustrating, and frightening, conundrum was an inflection of misogyny, and was a mechanism by which patriarchy contained women within stifling gender roles.

While Gleason's and Chesler's accounts of psychology and psychiatry point to the patriarchal dynamics of mental health and illness in the period under study, mental health discourse was also bound tightly to capitalism, as definitions of women's emotional wellness were partially determined by the degree to which women took up their reproductive roles in the private sphere. For example, Betty Friedan, commenting on the popular belief that domestic responsibilities provided women with a sense of well-being and happiness, railed against the notion that women could find emotional fulfillment whilst scrubbing the floor or doing the dishes in 1963's *The Feminine Mystique*. Friedan famously argued that the psyches of women were not well, but exhibited a "problem that [had] no name" that resulted from their suffocating roles as housewives and mothers.<sup>49</sup> Friedan insisted that the fact that housewives were "taking tranquilizers like cough drops" was a socio-cultural, not a psychodynamic, phenomenon.<sup>50</sup>

Those women who eschewed traditional gender roles by leaving the private sphere to work for wages were constructed by mental health professionals as selfish at the very least and mentally unbalanced at most.<sup>51</sup> While women working for wages were thought to be primarily immigrant and working-class in the post-war period to the mid-

1960s, and psychological and psychiatric cures were often aimed at these women,<sup>52</sup> middle-class mothers also worked throughout the early post-war period.<sup>53</sup> Middle-class women working for wages were increasingly notable as time passed, as numbers of middle-class women with jobs outside the home grew. As I discussed above, by the 1967 Royal Commission on the Status of Women in Canada, the popular press was reporting that middle-class women were mobilizing for access to and equality in the paid labour force, often by demanding a means to control their reproductive capacities.<sup>54</sup> Mental health discourses from the early post-war years and into the late 1960s peddling the supposed superiority of middle-class normalcy and the nuclear family must therefore be understood to have not only been directed at working-class and immigrant populations, but also at middle-class women who were challenging prescribed gender roles by working outside the home and, eventually, imaginatively and materially rearranging their reproductive embodiments through fights for birth control and legal abortions. Narratives of obesity as a psychopathology were part of this discursive milieu whereby definitions of mental health and illness helped position unpaid housewifery as the norm for white, middle-class women by reasserting dominant gender roles, despite the fact that a growing number of so-called normative women worked for wages outside of the home.

Though obesity was listed in neither the 1952 nor 1968 *Diagnostic and Statistical Manual (DSM)* as a mental illness in and of itself (the two *DSMs* published over the period in question),<sup>55</sup> medical literature, the popular press, and government publications

indicate that obesity was often understood as a psychopathology. Given the climate in which psychiatric and psychological discourses were increasingly used both to explain and to “fix” a plethora of social ills, it is not surprising that obesity, a supposedly growing blight to the national body, was caught up in the fervour. As a type of mental illness, obesity functioned in a similar ways as the universal category of mental illness.

Emotional obesity was organized in discursive texts in such a way that served to cordon off the normal from the abnormal, existing in tandem with discourses of motherhood, the nuclear family, and femininity to performatively abject the racialized and working-class from dominant definitions of Canadian womanhood and to produce the normal Canadian woman as white, middle-class, and as a stay-at-home wife and mother. Like the feminized and feminizing discourses of mental illness described by Chesler and Gleason, emotional obesity pathologized and reprimanded the too-manly women who failed in their reproductive labour, who either refused to return to the home after World War II, or who left the home over the 1960s. At the same time, narratives of emotional obesity both relied upon and fetishistically rendered women’s bodies as distinctly reproductive and, hence, as pathologically “too-feminine.”

Thus, as I will show, obesity became a fetishistically arranged feminized and embodied psychopathology through its association with reproductive labour and, in particular, with the biological and Cartesian over-emotionalism which supposedly rendered women most suitable to private sphere labour. As a feminized and Cartesian

embodiment, obesity became coded as the abject and, given that processes of abjection are central to the animation and cohesion of the dominant subject,<sup>56</sup> the performative production and attempted removal of abject feminized obesity from the social body helped re-establish the patriarchal power of the dominant male subject. This occurred through two primary discourses. First, as evident in the work of psychoanalysts such as Hilde Bruch, as well as in concerns about women's feeding of their husbands and children, obesity became something that women, as failed mothers, gave to their families. Second, diet drug advertisements along with the literature associated with weight loss clubs for women demonstrate that obesity was articulated as a women's condition, associated with the feminine body and biological processes, and regarded as a distinctly feminine abject embodiment which women were required to shed through various dieting plans.

### **Women as contagions of obesity: Reproductive labour, Hilde Bruch, and the "Kitchen Demon"**

In *Dr. Spock Talks With Mothers: Growth and Guidance*, first published in 1954, the now-legendary Dr. Benjamin Spock "weighed in" on the obesity conversation, noting in a section called "The Thin Child and the Fat One" that "[o]vereating may result from emotional factors in the individual, ... whether child or adult."<sup>57</sup> Spock continued: "There is the person who has never developed much independence or initiative but, like a baby,

continues to gain his main security from eating and being cared for by others. And there are quite a few people who notice that whenever life presents disappointments – in friendships or romance or work – their appetites and their weights go up.”<sup>58</sup> Within the context of “talking to mothers” about the “thin and fat child,” it is clear that Spock rested blame for the emotionally obese child squarely on the shoulders of mothers.

Dr. Spock was not alone in his mother-blaming. The immediate post-war period through the 1950s witnessed the development of a discourse which positioned women, particularly mothers, as contagions of obesity. Although this discourse continued into the 1960s (and longer),<sup>59</sup> the articulation of women as contagions of obesity was particularly potent in the fifteen years immediately following World War II, due in part to its relationship with two other post-war narratives of psychopathology. The post-war popularity of psychological explanations for childhood behaviour provided the context for understanding obesity in children as a mental health problem, a psychosomatic response to the trauma inflicted by a bad mother. Obesity as a feminized contagion was also due to the post-war proliferation of new, “scientifically-produced,” pre-packaged, pre-prepared, readily-available and internationally-traded food, which mothers and wives had to learn to prepare and serve in appropriate portions. Mastering the modern food was a logical and rational task that, due to their own supposed tendency to eat emotionally and compulsively, women were said to rarely master. To help women, as mothers and housewives, become less of a threat to the bodies of their families, advice was made

available by psychologists, medical doctors and researchers, newspapers and magazines, public health workers, and nutritionists. Dr. Hilde Bruch, a German émigré living in the United States, was one of the most influential post-war educators of this ilk.

### ***Hilde Bruch***

In Sander Gilman's words, Hilde Bruch "[shaped]...[t]he debate about the nature of obesity,"<sup>60</sup> and it is because of Bruch's enormous influence on conversations about obesity that I focus on her work here. Bruch's theories of obesity not only helped to associate obesity with the reproductive and therefore to code obesity as feminine, but also provided mental health practitioners and lay people, especially mothers, a means by which to abject feminized fat. Perhaps most remembered for her work on anorexia, captured in her best-selling 1978 book *The Golden Cage*,<sup>61</sup> Bruch got her start in obesity. In 1957, Bruch released the seminal *The Importance of Overweight*, a culmination of prior articles published in journals throughout the 1940s,<sup>62</sup> which both signalled and created the post-war understanding of obesity as a feminized behavioural problem. *The Importance of Overweight* was the result of observations Bruch had made over the course of two studies conducted on two different groups of overweight children and their mothers. The first study, which ran from 1937 to 1940, was funded by the Josiah Macy, Jr. Foundation and carried out in the Vanderbilt Clinic and in Babies Hospital in New York City.<sup>63</sup> Subjects of the study were lower-middle- and working-class children from

two to thirteen years of age referred by schools or physicians. Over half of these children were Jewish immigrants from Eastern Europe. Twelve percent were of Western European descent, mainly Irish; twelve cases were from southern Europe, mainly Italian; and another twelve cases were African American children.<sup>64</sup> The second study occurred in Bruch's subsequent years of private psychoanalytic practice and the subjects were primarily middle- and upper-class children and teenagers whose ethnicity was generally not specified.<sup>65</sup> In total, Bruch examined two-hundred-and-twenty-five children and teens.<sup>66</sup>

In her biography about Bruch, Bruch's daughter-in-law Joanne Hatch Bruch speculates that Hilde Bruch's behavioural perspective on obesity stemmed from her own issues with overweight. Called "die dicke" (German for "that fat one") by her brothers, Hatch Bruch claims that "Hilde had no difficulty understanding the source of unwanted pounds. They came from eating too much, from food, plenty of it, of all variety, and in her own case, a special craving for chocolate."<sup>67</sup> Whether or not Hatch Bruch is correct, it may be that Bruch's own weight struggles contributed to Bruch's contradictory outlook on fat. At times, echoes of present-day fat activists ring in Bruch's words in *The Importance of Overweight*. Arguing that the medical and popular cures of her time, including drug therapy and dieting, were too general to be useful, Bruch speculated that all individuals might have a set-point from which it would be physically and psychologically unhealthy to deviate.<sup>68</sup> Moreover, Bruch bristled against Western society's sexist and

unrealistic beauty standards for women, arguing a number of times in her book that social pressures which caught women in “this culturally induced dilemma between the two roles of being a mother and being attractive”<sup>69</sup> led to the psychic break-down of many women in Bruch’s practice. Yet *The Importance of Overweight* was at its heart an indictment of fat, a text which vituperatively articulated fat as a pathology borne from emotional imbalance.

Believing obesity to be a much more complicated condition than most people tended to suppose, a large portion of *The Importance of Overweight* was a critique of up-to-that-point traditional bio-medical responses to obesity, and in particular to the diagnosis of glandular malfunction handed out with abandon to obese children by physicians throughout the 1930s. Of all glandular disorders, the most common diagnosis, Bruch argued, was Froehlich syndrome. In Froehlich syndrome the growth of fat on children is accelerated by a tumour near the pituitary gland, which simultaneously causes the delay of puberty.<sup>70</sup> While Froehlich syndrome was diagnosed with such frequency to be a “matter-of-fact” disorder in fat children,<sup>71</sup> Bruch maintained that in the vast majority of overweight children the problem was not glandular, and that Froehlich syndrome was often misdiagnosed. Indeed, in the children she studied, puberty was not, in fact, delayed. If anything, the obese children Bruch saw displayed advanced physiological development, a phenomenon which cast doubt on diagnoses of endocrine malfunction in obese children.<sup>72</sup> In sitting down and talking to these developmentally-advanced fat

children, Bruch discovered that the problem was not in the glands, but in the psyche.

Emotional problems were supposedly causing fat children to eat compulsively.

For Hilde Bruch, the claim that fat children ate too much was not a simple one. Compulsive eating in children was complicated – so complicated that Bruch, a medical doctor, undertook the study of psychoanalysis in order to understand it better.<sup>73</sup> Bruch became convinced that fat children's inability to curb over-eating was a symptom of the mother/child relationship. In the context of an unsuccessful mother/child relationship, two often simultaneous phenomena, she argued, could happen. First, compulsive eating and eventual obesity could develop as a coping mechanism, a way in which a child's angst-ridden relationship with an incompetent mother was sublimated. Second, a child's obesity could also be caused by the mother whose own anxieties and insecurities caused her to overfeed the child. The common denominator in both types of cases was, of course, a bad mother.

Although Bruch's study was divided along class lines, mothers were universally suspect and blamed for children's obesity in almost all case histories related in *The Importance of Overweight*. In reading the text, one becomes aware of Bruch's distinct dislike for the mothers she encountered, many of whom, through their supposedly unreasonable and hysterical insistence upon the glandular causes of their children's obesity, impeded psychoanalytic treatment.<sup>74</sup> Bruch's mothers, who were often and importantly fat or formerly fat themselves, stifled the emotional and psychic development

of their children, and while obese children were physically more mature than normal children, they were emotionally stunted, often exhibiting psychopathic and schizophrenic tendencies.<sup>75</sup> Bruch maintained that such emotional immaturity on the part of fat children was due either to a weak bond between the child and an absent, uncaring mother or, alternately, an overpowering bond between a smothering mother and her child. In both cases, the child failed to develop a strong, separate identity for him or herself.

In the case of an absent mother, the child took up compulsive eating as a way to make him or herself noticed by the mother, or ate to fill the hole left in the wake of his or her mother's abandonment. Mainly, though, Bruch concentrated upon the domineering, over-controlling mothers she claimed to have encountered throughout her research. In Bruch's cases, mothers were so overbearing and infantilizing that the children had no chance to separate themselves from maternal influence. Bruch's distaste for the smothering mothers in her study, whom she described at one point as "parasitic,"<sup>76</sup> was obvious in passages like the following, which described her interaction with mothers attending sessions with their children:

The first observation that struck me as indicating disturbed behavior, with nothing that could be possibly related to glandular dysfunction, was the fact that fat children would sit down on the only chair in the clinic office, which was usually taken by the mother. If the mothers were invited to sit down, they would insist on the child's sitting while they themselves remained standing. Another behavior

item, also involving the mother, was the fact that many of these children were unable to dress themselves without aid, even those ten years of age and older.

...Still another feature, again pointing to disturbed psychological relations, was expressed in the fact that whenever a question was directed toward the child, it was answered by the mother, who would not let the child say one word without at least prompting or correcting him.<sup>77</sup>

Children's displays of inhibited development were not limited to Bruch's office, as Bruch noted that "[i]nquiry into living habits" of the children "revealed that inability to do things for themselves extended to practically every aspect of the children's daily life."<sup>78</sup>

In such cases of suffocating mothers, through which Dr. Spock's words cited above regarding the "babied" overweight child gain particular salience, children could not learn to grow up and, as a result, languished in a state of co-dependence and prolonged infancy. The child demanded that the mother satisfy each and every one of his or her whims, just as an infant would. If the child wanted such food as candy and cakes, s/he would aggressively insist upon, and receive, them. The child might also use compulsive eating as an oral crutch, assuaging with food the frustrations and anxieties which resulted from an undeveloped sense of identity. Whatever the case, one senses that, for Bruch, the soft, contoured lines of flesh on the fat body represented the similarly pliable and ineffective ego which refused to dislodge itself from the mother.

Bruch noted that improper gender identifications seemed to accompany fat children's emotional maladjustment. One can understand Bruch's perception of gender normalcy to be similar to that of other mental health professionals of the time,<sup>79</sup> for if the child in Bruch's office expressed desire to fulfil his or her proper gender role within a heterosexual coupling and the nuclear family, then treatment for his or her obesity was possible. To be sure, in follow-up to her original cases, both recorded in *The Importance of Overweight* and in 1974's *Eating Disorders*,<sup>80</sup> the adult acceptance of proper gender roles within a heterosexually centred nuclear family was germane to sustained weight loss.

The case history of Leo, recounted in *The Importance of Overweight* and supplemented in *Eating Disorders*, provides a good example. When he was nine years old, Leo weighed ninety-eight pounds and, according to the case history, "was rated the most inactive child in our group."<sup>81</sup> Leo's mother was "neurotic" and emotionally immature as she, her henpecked husband, and Leo still lived with the mother's parents in "rather crowded quarters in a neighbourhood that was above their economic level."<sup>82</sup> The mother, who had lost a baby previous to Leo and who often confused the dead baby with the living child, was over-protective of her son.<sup>83</sup> The result was an obese boy with a serious psychosis. In a moment of self-reflection, the mother realized the error of her ways and sent Leo to summer camp, which Bruch attributes to Leo's eventual success because "he found out that he could survive without his mother."<sup>84</sup> By the time *Eating*

*Disorders* was published in 1974, Leo lived far away from his mother and was of “normal” weight. He was a professor of mathematics, and was married with his own children who had normal eating habits, despite Leo’s mother’s attempts to overfeed her grandchildren while visiting.<sup>85</sup>

Leo was successful at fulfilling his masculine role as provider and father within the context of a nuclear family. Similarly, in another case cited by Bruch, Wanda became successful both at weight maintenance and at reproductive tasks. Wanda arrived in Bruch’s office at the age of seventeen. Wanda, unlike Leo, was the child of new-moneyed parents and her mother, who constantly travelled from spa to spa, more-or-less ignored Wanda. As the result of her mother’s disengagement, Wanda developed an abnormal and sexually-charged fascination with her older brother, whom she wanted both to be and to admire. Wanda also took up compulsive eating in response to feelings of acute abandonment,<sup>86</sup> and developed psychotic behaviour. Wanda “walked for hours by herself, grimaced, took on bizarre postures, twirled around, and was always mumbling to herself.”<sup>87</sup> Bruch’s therapy concentrated on detaching Wanda’s identity from that of her brother, a therapeutic technique which had seemed to work by 1974, at which point Wanda had ceased her compulsive eating, had “maintained a stable weight,” and was married with two children.<sup>88</sup>

In contrast to Leo and Wanda, who both succeeded at weight loss and heterosexuality, Matteo was a boy whom Bruch categorized as belonging to the

“mammoth class” of obesity.<sup>89</sup> His mother, an Italian immigrant, expressed her desire to smother her son through over-feeding him and the rest of the family, a phenomenon Bruch claimed to have witnessed in many immigrant and lower-class families whose mothers had experienced starvation during World War I or the Depression. In such cases, mothers resolved the tensions and traumas of war and poverty through the bodies of their children.<sup>90</sup> Matteo was a dismal failure both at heterosexual masculinity and weight loss. He did not secure paid employment and was also rejected from the army “because he was so huge.”<sup>91</sup> Further, Matteo did not obtain a wife or girlfriend, disgusted as he was by girls. On a follow-up call from his family in 1953, Matteo’s sister told Bruch the unhappy news that her brother’s fat had consumed him, and he had died weighing four-hundred-and-fifty pounds because “[h]e had pneumonia and he was too fat to fight it.”<sup>92</sup>

Linking as she did “normal” weight with “normal” sexuality and gender roles, it is surprising to note Bruch’s emphatic contention that fat children, and in particular fat boys, were not “homosexual.”<sup>93</sup> Because obesity had been and continued to be attributed with glandular malfunction, sexual deviancy caused by hormonal imbalance was often piggy-backed with male body fat. The sexual deviancy of fat boys and men could supposedly be so severe that it was popularly believed that many fat boys possessed a perverted desire to become pregnant.<sup>94</sup> Bruch, however, found no inherent correlation between sexual pathologies and boys’ body fat: “The concern about the sexual adequacy of fat men is so common that it is rather surprising that there are so few overt sexual

deviations. In the group of fat boys who have been followed over 30 years, there was only one who became a transvestite...[and] amazingly few...practicing homosexuals.”<sup>95</sup> Even in these “few” cases of homosexuality and one case of “transvestism,” Bruch maintained that the abnormal behaviour was not the result of an imbalance of hormones but of a neurotic mother. It was the mother, spurred by the erroneous social contention that fat boys were homosexual, who fussed over the child’s psychological and physiological sexual development. It was the mother who sought out glandular treatment for children’s fat believing that the sexual organs had developed improperly.<sup>96</sup>

While Bruch associated heteronormalcy and healthy weight in her descriptions of the success or failure of treatment, she also drew connections between children’s fat and the gender roles taken up (or not) by *parents*. In almost all cases, the mother in question was obviously unsuccessful in her reproductive role as a mother, and had either abandoned her child or, more likely, smothered her or him. In many cases, Bruch found that such mother-neurosis was due to a genuine lack of “maternal instinct,” noting that “[i]n more than 50 per cent of the cases, it was stated that the pregnancy was unwanted.”<sup>97</sup> In some cases, this lack of desire to have a child may have been due to economic hardship. In at least three cases, however, each describing the fat children of upper-middle-class families, mothers resented any interruption to their successful careers.<sup>98</sup>

While mothers of Bruch's fat children failed in their reproductive roles, fathers also failed in their productive tasks as provider and head of household. The fathers of fat children that Bruch described were emasculated by their wives, often playing what Bruch called a "subordinate role" in the family.<sup>99</sup> When it was mentioned, the paid work of fathers was somehow suspect. In one case, the father was successful but unstable in his productive work, requiring the family to move from place to place in search of a better job, causing the child to tame the anxieties of continuous relocation through compulsive eating.<sup>100</sup> In three cases, the father encountered economic hardship, either by choice or due to bad luck, which resulted in downward mobility.<sup>101</sup> Here, the child became fat to express his or her resentment about the loss of class status. In two other cases, the father's paid productive role was usurped by his wife, causing an imbalance of power in the marriage. In one family, the wife made more money than the husband,<sup>102</sup> and in the other, the father made an "adequate living," but was "overshadowed" by the more successful business of his wife's family of origin.<sup>103</sup> The confusion of gender roles precipitated by fathers' productive inadequacies was particularly problematic in the treatment of obese boys, who ostensibly required a strong, independent, and powerful patriarchal figure with whom to identify in order to break psychic bonds with the mother and to lose weight.

Bruch's theories of gender, sexuality, class, race, and fat are the ones I want to take away from her discussion of obesity in *The Importance of Overweight*, for it is these that are most important in understanding Canadian anti-obesity rhetoric. Bruch associated

fat with gender and sexual abnormality, as obesity generally accompanied some sort of deviance from the traditional productive and reproductive gender roles of women and men respectively. Even though she denied easy solipsism between sexual “malfunction” and obesity, Bruch’s tendency to associate body fat with fathers unable to provide and protect and mothers unable to mother implied that deviancy from traditional masculine and feminine roles created obesity. Bruch’s success stories also made this assumption, since those clients who were able to lose and maintain a normal weight had always adopted the proper gender roles in the context of the heterosexual nuclear family.

In addition, Bruch equated fatness with femininity. Although she denied that fat boys were naturally feminine, and vehemently worked to disengage male fat from homosexuality, her contention that obese boys were unnaturally attached to their mothers necessarily feminized them. Moreover, Bruch’s general claim that fat was a psychosomatic result of a bad mother, who either forced food into their children or created neurotic children who overate themselves, feminized fat by positioning women as contagions of obesity. Further, while Bruch disassociated obesity from such biological conditions as Froehlich syndrome, Bruch helped to connect obesity to female biology by narrating women’s irrationality as the cause of obesity, and made well-worn Cartesian conflation of women with biologically derived over-emotionalism, therefore coding obesity as a feminine and abject sexual characteristic.

Obesity was also, for Bruch, a classed phenomenon. By 1974's *Eating Disorders*, Bruch had developed a sharper understanding of the relationship between class and excess fat, going so far as to claim that obesity was most "commonly associated with poverty and lower-class status."<sup>104</sup> In *The Importance of Overweight*, class differences were certainly more tempered, but they did exist. For example, the phenomenon in which mothers over-fed fat children because they had experienced the trauma of hunger was specific to working-class and lower-class families. The obesity created in children by class de-mobility, meanwhile, was particular to an upper- or middle-class family who had somehow lost their money and status. All classes of children, however, were susceptible to the smother-mother, or to mother-abandonment.

Bruch's class analysis was implicitly tied to ethnicity and race. As it does in Freud's work,<sup>105</sup> the spectre of the racialized "primitive" haunts *The Importance of Overweight*, particularly in relation to the immigrants and lower-/working-class mothers of the study. Bruch, noting that "Africans" prefer large women, related the story of an American nurse serving in World War II who was too fat to be attractive in the United States. In North Africa, however, she was found quite desirable and was pursued by a well-to-do local man.<sup>106</sup> Bruch argued that a "similar primitive desire for fatness" was evident in the poor immigrants in her early study who had often suffered from economic hardship and a lack of food.<sup>107</sup>

Bruch did not go as far as to name obesity as a racial characteristic, however, or to claim it a biological condition to which some races were predisposed. Indeed, according to Sander Gilman, in emphasizing the behavioural causes of obesity, Bruch specifically and intentionally set out to counter the notion, prevalent in Germany during Bruch's medical education there, that Jewish people possessed a biological predilection to fat.<sup>108</sup> In arguing, however, that specific experiences which created obesity were endemic to subjects of her study, over half of whom were immigrants of primarily Eastern European and Jewish descent, Bruch did, in fact, partially collapse obesity not only with femininity, but with a racialized femininity.

Despite Saukko's argument that Bruch's equation of obesity with immigrant bodies was highly salient in the United States,<sup>109</sup> this association between immigrant as well as working-class bodies and obesity was not popular in the Canadian texts under study. Other aspects of Bruch's psychoanalytic approach to obesity, however, were influential in Canada, and helped to re-establish patriarchal power by fetishistically rearranging women's bodies through the performative abjection of obesity. This abjection and fetishism occurred through the recitation of Cartesian understandings of femininity in discussions about obesity, in which women, and often mothers, were over-determined as emotional and irrational contagions of obesity.

Between 1956 and 1969, Bruch was referenced in two separate articles of the Department of Health and Welfare's Nutrition Division publication *Nutrition Notes*. In an

anonymous 1963 review article in *Nutrition Notes* titled “A Study in Frustration: The Diagnosis and Treatment of Obesity,” the writer lamented that the “simple approach to the simple treatment of obesity” had been “unfortunately confounded” by the psychic approach to obesity pioneered by Bruch.<sup>110</sup> The same observations about Bruch and her “confounding” analysis were made in another anonymous article, published in the February, 1964, edition of *Nutrition Notes*.<sup>111</sup> Rodger, McFedridge, and Price also cited Bruch’s 1940s publications in their *Canadian Medical Association Journal* article, and noted that Bruch’s study on maternal smothering and deprivation pointed to the necessity of a behavioural, and not biological, outlook on obesity.<sup>112</sup> Because Bruch proved that “mental factors contribute to the development of obesity,”<sup>113</sup> these three researchers studying the effect of a weight loss program on obese subjects found it necessary to incorporate psychotherapy into their research design.

While *Nutrition Notes* and Rodger, McFedridge, and Price cited Bruch directly, Bruch’s ideas are evident in other sources although Bruch herself was not always mentioned. For example, the Metropolitan Life Insurance Company of Canada pamphlet, *How to Control Your Weight*, printed in 1958 and again in 1966 as *Four Steps to Weight Control*, was clearly inspired by Bruch’s work when arguing: “Sometimes it takes some digging...to uproot possible emotional troubles which may cause a person to crave a great deal more food than he really needs. ... Some of us eat too much when we’re bored or restless – for want of something better to do. Others may, without realizing it, eat to

relieve these feelings. And for a few people, *food seems to fill an 'emotional gap' – becomes a makeshift substitution for something lacking in their lives – helps to compensate for a sense of insecurity or a feeling of being unloved.*”<sup>114</sup>

Although it is unclear here whether the “emotional gap,” “sense of insecurity,” and “feeling of being unloved” that the insurance company claimed caused compulsive eating were the result of bad mother-craft, mother-blaming is more than evident in an October 25, 1955, *Globe and Mail* article penned by staff members of the Women’s College Hospital in Toronto. Echoing Bruch though not mentioning her work, the authors assured mothers of obese adolescent girls that their daughters probably did not have a glandular disorder, and implored mothers not to “ever let your child feel that she is different from other girls,” or to over-react emotionally to their daughters’ plight. “Remember,” the writers noted, “your worrying and fussing are reflected in the child, and she may eat excessively as an escape. ...”<sup>115</sup>

Bruch’s understandings of obesity were also evident in discussions of food and feeding, where the over-emotional, neurotic mother met concurrent anxieties regarding housewives’ incapacity with modern foods. Through discourses which positioned them as emotionally ill-equipped to handle the new and scientific ways of preparing food, women were once again characterized as contagions of obesity whose emotional shortcomings as wives and mothers threatened the well-being of families.

### *The “Kitchen Demon”*

The post-war era witnessed a dramatic change in food production. While food was something Canadians once grew and prepared themselves, Canadians were quickly becoming dependant upon the pre-packaged, often frozen foods that were readily available in the ever-increasing numbers of supermarkets popping up all across Canada.<sup>116</sup> The “progress” in food production, consumption, and preparation processes which made more food more easily available came together with discourses of mother-blame and emotional obesity to render obesity not only a distinctly modern problem, but also, once again, a feminized one. In order to understand how the subject-position of the over-emotional wife and mother, along with performative processes of abjection and the fetishistic rearrangement of bodies, became attached to obesity through discourses of modern food and food preparation, it is first necessary to outline how the outstanding shifts in food trade, marketing, preparation, and consumption that occurred post World War II were understood in relation to the supposedly worsening Canadian obesity problem.

A 1955 *Maclean's* magazine exposé on the food habits of Canadians by Sidney Katz provides an example of how obesity discourse was paired with worries expressed about new, modern foods. Composed of two articles called “A Report on Eating” and “Are we Eating Too Much?”<sup>117</sup> Katz’s report described the shifts in Canadian food production and consumption, and the worrisome changes to the Canadian body which

resulted. Katz wrote of Canadians' all-season access to greater amounts of foods from all parts of the world – a new international trade in foodstuffs which was becoming increasingly necessary to Canadians, who were leaving their farms in droves and moving to urban centres. Moreover, since, according to Katz, Canadians were economically better off than ever before, the volume of food bought by Canadians was increasing. In shiny, newly-built supermarkets, Katz recounted, “sales of twenty or thirty dollars have become routine” and, Katz noted in a shocked tone, “one supermarket cashier recalls watching a customer stagger off with ninety-five dollars worth of groceries.”<sup>118</sup> As a result of these new foods, Katz argued, and the ease with which one could procure them, “two million” Canadians were fat.<sup>119</sup>

Increases in both food availability and choice therefore elicited a concern that, given the post-war excess of availability and the newness of much of the food, Canadians would not know how to eat properly, consequently becoming obese.<sup>120</sup> Although concerned with malnutrition due to lack of vitamins and minerals in the best tasting offerings of the new food, many argued that one of the major problems with the ever-increasing amount of food made available to Canadians was that people were simply eating too much of it. This phenomenon was called “over-nutrition” by some.<sup>121</sup>

Over-nutrition was particularly important to the state, evidenced by the federal Nutrition Division's interest in the topic. In addition to the Division's Civil Service Obesity Study, with reference to which I opened the chapter, the Division invested other

monies in studying over-nutrition in Canada. For example, and as noted in chapter 1, the Nutrition Division's L. B. Pett conducted a height/weight survey of 22 000 Canadians. With G. F. Ogilvie, Pett described his study in detail in a 1956 volume of the American journal *Human Biology*. In the article, Pett and Ogilvie connected the height/weight survey directly to the problem of over-nutrition in Canada and the United States. "Both population groups," the authors argued, "are endowed with an abundance of foodstuffs and are therefore exposed to the hazards of overnutrition."<sup>122</sup>

A number of texts in the popular press also linked post-war Canadian affluence to increased food and calorie consumption, and then to obesity and fat.<sup>123</sup> Popular diet and fitness expert Lloyd Percival's 1959 text *Physical Fitness for All the Family*, which will be further discussed in the following chapter, provides an example. In the document, Percival insisted that Canadians, who were "developing obesity in greater numbers,"<sup>124</sup> must learn how to make proper food choices given the modern availability of food. To his own question "What are the reasons?" for increased obesity, Percival answered: "Well, we believe that there are many. But one of the most significant is the fact that this is the age of salesmanship. And in the front ranks of the supersalesman are the food merchants, who are not only constantly developing new, mouth-watering and high caloriéd foods, but also are selling them in well-nigh irresistible packages and through highly organized advertising campaigns."<sup>125</sup> Percival then went on to provide diet charts and menus,

complete with recommendations of low-calorie, often brand-specific foods such as Beehive Corn Syrup which, of course not coincidentally, was thanked as a sponsor.

Percival's technique of publishing diet and slimming advice was a popular one, for even as the new foods could cause obesity, the answer was not, in the main, to stop eating them entirely. Writers argued that over-nutrition was a problem attributable to Canadians' unfamiliarity with the new food, and not necessarily to the food itself. Thus, popular figures like Percival, along with public health and government agents, believed that education was key to good health, as Canadians had to be taught how to make the right choices when deciding what new foods to buy. As shown in articles published by the *Canadian Journal of Public Health*, public health teachers, doctors, nurses, and state agents all began to concern themselves with this anti-obesity nutrition education.

J. E. Monagle, for example, continued his fight against obesity following the failed Civil Service Obesity Study, arguing for anti-obesity education in his address to delegates at the annual Canadian Public Health Association meeting in 1965. In his presentation, later published by the *Journal*, Monagle called over-nutrition, "a matter of major public health concern,"<sup>126</sup> and argued that, as a problem of individual food choice, obesity could be fixed by intrepid local public health workers and educators. Nutrition education, in Monagle's opinion, had failed to face the modern Canadian problem of increasing food choice and new food production methods, and for far too long had stressed under-nutrition: "[Obesity] would appear to warrant significant priority in public

health programs, yet how many *local* health services include an active approach to obesity control? One is aware of very few. Is this perhaps verification that nutritionists have indeed emphasized under-nutrition at the expense of adequate programs directed towards over-nutrition?”<sup>127</sup>

Nutrition education for the purposes of slimming was not gender neutral. The fact that obesity and overweight were addressed in the Nutrition Division pamphlet *Healthful Eating*, a publication intended for housewives, demonstrates that, much like more general projects designed to inform Canadians about the new food,<sup>128</sup> anti-obesity projects were targeted at wives and mothers. Calling obesity a “recognized...hazard to health,” which “increases the tendency to diseases such as diabetes, gallstones, heart disease, high blood pressure, and ‘stroke,’” *Healthful Eating* provided a menu plan, which “[cut] down the quantity of food eaten without omitting any of the important food groups,” encouraging, in particular, the elimination of “bread alternates” like pasta, along with sugars, and cream-based foods with high fat content.<sup>129</sup> By the illustrations of women cooking and shopping for food appearing throughout the pamphlet, *Healthful Eating* made it clear that it was the mother’s job to ensure no member of her family, including herself, was victim to the health hazards of over-nutrition. Further, the fact that the pamphlet included a meal preparation plan for women to follow indicated the Nutrition Division’s belief that left to their own devices, women were not feeding their families properly, and were, in fact, feeding them too much.

Similar depictions of potentially over-feeding wives and mothers were printed in the popular and medical presses, both of which dispensed advice on what to do about the problem. In the *CMAJ*, W. A. Chochrane noted that excessive feeding of infants, particularly of bottled and strained foods, might have such “disastrous” effects as food allergy and excessive fatness.<sup>130</sup> Chochrane argued that breastfeeding would reduce such problems of over-feeding. So, too, did Dr. Albert Royer in the *Canadian Nurse*.<sup>131</sup> Arguing that “[o]ur greatest problem is quantitative overfeeding,”<sup>132</sup> Royer proposed breastfeeding as the solution to the obesity caused by infant over-feeding. Due to the fact that “the majority of mothers become upset because they think that their children do not eat enough,”<sup>133</sup> Royer also insisted that the answer to obesity was baby-regulated breastfeeding, for the “breast-fed infant is nursed when he is hungry and for as long as he wants, without regard to quantity.”<sup>134</sup>

Popular publications also expressed concern and gave advice about the feeding of families who were at the mercy of feminine forces which, in Lloyd Percival’s terms, were downright demonic. While I will discuss Lloyd Percival’s publications in greater detail in the following chapter, it is important to note here Percival’s attention to obesity-causing housewifery. In *Physical Fitness for All the Family*, Percival described “The Kitchen Demon,” a “wife and mother who pride[d] herself on her cooking, on her special recipes and special desserts,”<sup>135</sup> and who required guidance in order to keep her husband and family from becoming “super-fatty.”<sup>136</sup> Percival provided such instruction, helpfully

printing a list of low-calorie foods and their caloric values which, if prepared properly, could turn the kitchen demon into “a pearl beyond price.”<sup>137</sup> In an instalment of her regular advice column in *The Globe and Mail*, “Mrs. Thompson Advises,” Elizabeth Thompson gave the same counsel to one “kitchen demon” that Percival gave to his readers. Thompson answered the woman’s query about slimming her son: “You might study your family menus. If you pride yourself on being a good cook, you may have to revise your methods slightly by eliminating the extra butter in the vegetables, the whipped cream topping, the rich sauces and gravies. Do what you can to control the meals you serve him and you’ll be his ally.”<sup>138</sup>

Over-feeding and over-eating were thus associated with women, and obesity with the feminine abject, because of the gendered division of labour aligning women with the reproductive tasks of shopping for food, cooking, and feeding. Over-feeding was also feminized because it was seen as a twofold problem of irrationality and psychopathology, both of which were predicated by Cartesian discourses of feminine (over-)emotionalism. For example, though not citing Bruch, Sister Saint-Hilaire, in a *Canadian Nurse* article titled “Emotions and Poor Food Habits,” clearly drew upon much of Bruch’s thinking regarding childhood obesity and over-feeding. Listing a number of handy emotional “rules” to remember whilst feeding a child, Saint-Hilaire argued that in order to avoid obesity, it was particularly necessary that the mother keep in mind that a child’s developmental stage might cause him or her to feel less hungry. A mother “who does not

know how to cope with his demands,”<sup>139</sup> and who forced food upon the child, would raise an obese child who ate compulsively. A mother who herself was “emotionally starved” and therefore “pour[ed] out love upon their children in the form of food” was doing the child no favours;<sup>140</sup> the child would learn to use food “as a sedative to give temporary solace”<sup>141</sup> and to “[maintain] psychological equilibrium,”<sup>142</sup> just as the mother did.

In an article printed in the *Canadian Journal of Public Health* called “Suppose Tommy Won’t Eat,” Mrs. G. T. Haig wrote of over-emotional mothers, whose psychic problems caused them to over-feed their children. Laden with words like “tension,” “anxiety,” and “stress,” Haig referred often to the mother’s neurotic mental state. So anxious, wrote Haig, were mothers to ensure Tommy “eat up all his vegetable, that they want to stuff it down his throat, ignoring his own wishes.”<sup>143</sup> Forced over-feeding was a problem, Haig continued, because it not only created an “anxious and cross mother,” but also an “emotionally upset” Tommy.<sup>144</sup> Wishing to avoid emotionally-wrought mealtimes which threatened to become “a battleground of tenseness and struggle,”<sup>145</sup> Haig urged mothers to allow young children to regulate their own feeding and feeding schedules. Children, at least, could be guided by their hunger and not by their mothers’ feeding neuroses.<sup>146</sup>

Throughout *Gatekeepers*, Iacovetta has argued that bad cookery and mothercraft were closely related to immigrant women, that the ideal Canadian housewife was white, middle-class, and born in Canada or England, and nutritionists’ advice pamphlets would

depict this ideal by positioning the cookery techniques of white, middle-class housewives as enviable.<sup>147</sup> One would therefore expect emotional over-feeding and over-nutrition to be a problem associated primarily with immigrant, racialized, and working-class populations. When copious eating was discussed in relation to those who were not regarded as established Canadians or as middle class, however, the emotional aspects of over-nutrition were often not discussed.<sup>148</sup>

A 1955 *Maclean's* article by Dorothy Sangster provides an example of the fact that emotional eating was rarely tied to racialized Canadians.<sup>149</sup> Titled "No Wonder Italians Like to Eat," the text was accompanied by a photograph of an Italian family of five sitting down to a feast of pasta, smoked meats, olives, bread, wine, and pizza. The mother at the centre of the photograph, at whom the family all gazes gratefully, had apparently prepared the ridiculously large meal.<sup>150</sup> Though Italians might indeed have "liked to eat," at no time in the article was this ethnic group included in the categories of emotional obesity or general obesity. Sangster did not once propose any emotional reasons or neurotic tendencies that would cause the mother to over-feed her family, nor was the word "obesity" mentioned. In fact, if anything, the article focused on the degree to which Italian food had infiltrated the stomachs and emotions of "ordinary middle-class" Canadians,<sup>151</sup> who associated Italian food with heterosexual romance. A similar sentiment is expressed by Katz in his *Maclean's* article, "A Report on Eating." Not only did the hyper-availability of food in supermarkets allow for emotional eating and feeding,

but so, too, did the wide variety of restaurants which offered, Katz declared, such “foreign” and delectable dishes as “chicken paprikas or sweet-and-sour spareribs.”<sup>152</sup> The Western European whiteness of Katz’s over-eater is suggested here, given that these dishes were not “foreign” to the racialized peoples with whom they were associated.

In the main, then, articles about emotional over-nutrition were generally aimed at and were about the middle class, despite the fact that Bruch had laid the groundwork for a racialized and working-class emotional obesity. The fact that discourses of emotional over-eating were generally centred on the middle class is exemplified by Katz’s “A Report on Eating.” Though in stating that more Canadians than ever before could afford more and better food Katz seemed to be addressing the universal Canadian, it is clear that the article is mainly concerned with middle-class subjects, particularly when speaking of emotionalism. Noting that Canada’s new over-abundance of food had caused eating to “become a subject” for psychiatrists,<sup>153</sup> Katz continually referred to the “psychodieretics” of over-eating “plump businessmen” and housewives who, unfortunately, if “over thirty are notoriously poor dieters.”<sup>154</sup> Using armchair psychology, Katz blamed the middle-class housewife for her husband’s fat, particularly within an acrimonious relationship. If he had an “unhappy,” “stupid” or “nagging” wife, a husband might eat to “calm his nerves,” as one businessman did “after quarrelling with his wife.”<sup>155</sup> In such a situation, it was a man who ate because he was anxious, but it was a bad marriage with an irrational, depressed woman that drove the man in question to such a practice.

Similarly, in the context of a discussion of the middle-class heterosexual couple, Katz also blamed women for children who ate too much. Citing an article written by Bruch in collaboration with Touraine, Katz argued: “The mother is often guilty of over pampering and over-protecting her child. ...In the case of one eleven-year old boy who weighted 170 pounds, the physicians advised strict adherence to a thousand-calorie-a-day diet. After the child lost five pounds the anguished mother phoned the doctor. ‘You’re starving the boy,’ she complained. ‘I’m taking him off his diet.’”<sup>156</sup> Thus, Katz applied Bruch’s study of smother-mothers and obese children to show that emotional over-feeding was a concern, primarily speaking, to “ordinary” middle-class Canadian families.

In sum, discussions about obesity in general were a part of what Vosko describes as the “ideology of domesticity,”<sup>157</sup> and warned post-war middle-class women that if they had left the home to work during World War II, they had better have returned to the domestic sphere so that they might learn to cook properly for their families. *Emotional* obesity showed that, even if they were performing their reproductive tasks, women could always do better with their husbands and, especially, their children; there was never a dull moment on the emotional home front. As Bruch’s work ostensibly proved, the acceptance of the gendered division of labour was imperative for women and men, though especially for women, as the devastating blight of childhood obesity was always lurking, ready to throw the normal, nuclear family into emotional turmoil given any failure the mother might make. Bruch and other nutrition educators warned that a woman unsure of her role

as mother, or who did not accept this role whole-heartedly, could take out her emotional frustration on her children through over-feeding. The unhappy, unfulfilled mother could also cause children to over-feed themselves.

As an affect contagion passed by women, then, emotional obesity worked as a fetishistic reprimand. In particular, anxieties about obese children punished women who failed to adapt to their post-war roles as wives, and, due to ideas about women's Cartesian over-emotionalism, fetishistically re-established them as biologically best-suited to the reproductive sphere. Discourses of emotional obesity also, to use Adams's logic, performatively produced the nuclear family as normal by hailing its demise, as emotional obesity discourse and depictions of childhood obesity almost always denied the presence of women in the public sphere by representing the middle-class, nuclear family form as both ubiquitous and normal. But while contagious obesity served to position women as housewives whose reproductive labour was necessary to the health of their families, emotional obesity was mobilized in another, more subtle way in the 1960s, to position women as inherently biological beings whose embodied labour reproduced the species itself.

**Women as diseased: Reproductive bodies, Cartesian Dualism, and the performed abjection of obesity**

During the 1960s in particular, and through narratives of emotional obesity, fat became strongly and more obviously conflated with the biology of the female body. That is, not only did women *make* fat on others' bodies, but women *were* fat. Like conversations about contagious obesity which also feminized fat, the discourse in which women were the obese spilled over from the immediate post-war years and the 1950s through to the 1960s, and it should not be imagined that it was limited to one decade. As I have noted throughout the chapter, obesity in the immediate post-war era and throughout the 1950s was indirectly and fetishistically connected to female biology through Cartesian discourses of emotionalism which proclaimed women as essentially emotional and as therefore predisposed to over-feed families – or to traumatize families into over-feeding themselves. While female biology and obesity were indirectly connected following World War II and through the 1950s, however, women's biological predisposition to fat became more explicit and direct over the 1960s.

In this section, I trace the biological collapse of women with obesity and specifically with emotional obesity in three sites: medical research, advertisements for diet pharmaceuticals appearing in the *CMAJ*, and literature associated with commercial diet plans. All three groups of literature were founded on the belief that women were, simply, fatter than men and were obese in greater numbers. In 1965, for example, Dr. Charlotte M. Young noted at a Canada-U.S. joint conference on nutrition sponsored by the Nutrition Society of Canada that: "the female of all ages (above 9 years) is on the

average fatter than the male.”<sup>158</sup> Young’s comments were not made in isolation.

Beginning in the 1950s and gaining momentum into the 1960s, many medical researchers noted that women not only possessed more body fat than men, but were also obese in larger numbers. Pett’s 1957 study of the heights and weights of 22 000 Canadians found that 23 percent of Canadian women were obese, compared to 13 percent of Canadian men.<sup>159</sup> The Metropolitan Life Insurance Company of Canada reported similar statistics in its 1966 pamphlet, *Four Steps to Weight Control*, in which 17 percent of men and 25 percent of women were said to be overweight.<sup>160</sup>

### ***Medical research***

Though, as noted in chapter 1, no one had as yet produced definitive research as to the general prevalence of obesity in the post-war era to 1970, and even as the statistical edge that women’s obesity supposedly possessed over men’s was not all that gaping, medical researchers ignored both of these facts and experimented on women almost exclusively in their obesity studies. Logistically speaking, it is hard to say why this gender imbalance might have existed in medical literature. Women may have volunteered themselves for experiments, particularly those carried out in “obesity clinics” like the one housed at the University of Toronto, sponsored in part by the Nutrition Division and supervised by Dr. Barbara McLaren.<sup>161</sup> It may also have been that women’s family doctors referred them to such clinics. Whatever the situation, it was women’s bodies upon which medical

knowledge of obesity was founded, since, particularly in the 1960s, an unbalanced proportion of subjects in obesity studies were women.<sup>162</sup>

Conflations between fat and female physiology were bolstered by the argument, made by many, that fat more easily accrued to women's bodies because of pregnancy. The problem was that women often gained what was deemed to be too much weight while pregnant, which they failed to lose afterward.<sup>163</sup> For example, in a 1966 article in the *CMAJ*, Beaton argued that the extra fat that women's bodies collected during the first stages of pregnancy was necessary to lactation. Under normal circumstances, he maintained, the simple act of breastfeeding would cause women to lose excess pounds spontaneously. Since, however, the "modern" North American woman chose to feed their newborns "artificially," "the physiologically normal tendency to deposit fat [was] detrimental because the woman complete[d] the reproductive cycle with a net increase in body fat."<sup>164</sup> Positioning obesity in pregnant women as a distinctly modern and North American problem, opposite to Bruch's primitivization of fat, Beaton guessed that it was "probable that in the developing countries where lactation may be prolonged, the fat store will be used up during the complete reproductive cycle."<sup>165</sup> Echoing Beaton's concerns, Best advocated the prescription of weight loss pharmaceuticals for women who gained over twenty pounds during their pregnancies.<sup>166</sup>

Such biological essentialism on the part of the medical profession, which over-determined women's reproductive embodiments with the problem of obesity, was

expanded to include women's psychic make-up. Psychiatric experiments regarding obesity were also conducted with women subjects. In a 1967 *Canadian Psychiatric Association Journal*, for example, Sletten et al. reported the results of a study conducted on twenty-one obese "but otherwise physically healthy" patients of a psychiatric hospital.<sup>167</sup> The patients, who "volunteered" for the study, were placed on drastic fasting regimes, and were "hungry, anxious, irritable and unhappy during the first 48 hours" but, in the end "became calm, pleasant and happy."<sup>168</sup> Many patients were also thinner. All of them were women. Writing in the same journal, Dr. F. W. Hanley described his experiment with a group of obese subjects. Titled "The Treatment of Obesity by Individual and Group Hypnosis," the article argued that, given "the prevalence of obesity in our society today," which he construed as "a challenge to the profession," psychiatric techniques would prove helpful to weight loss.<sup>169</sup> In his experiment, Hanley combined two such techniques, hypnosis and group therapy, and proposed that their combined effects proved conducive to "individual or group treatment."<sup>170</sup> Here, Hanley might have rephrased his sentence to argue that his methods were effective to individual or groups of *women*, as it was "six to eight females ages 21-44" on whom his experiment was performed.<sup>171</sup>

In medical texts connecting fat to women's reproductive bodies, then, women were fat because they were over-emotional, and, at the same time, ontologically fat due to their distinctive reproductive make-up. Given that women were ubiquitously fat in

medical research, women were also always-already irrational and over-emotional, two Cartesian characteristics that have traditionally helped to portray women as reproductive labourers. In this way, the biological conflation of fat with the feminine and the subsequent abjection of obesity were instances whereby women's bodies were fetishistically rearranged and reattached to their "traditional" biologies. Medical discourses of emotional obesity which biologically and ontologically partnered middle-class women with un- and under-paid private sphere labour reverberated beyond the medical community, and can be better demonstrated with a close and more concrete look at two of the instruments by which fat was abjected from women's bodies both in and out of the medical literature - diet drugs and diet programs. I turn to an in-depth analysis of these two discursive sites in the following sub-sections, wherein I show that the femininity of excess fat was re-established not only by conversations *about* it, but also in the abjection *of* it.

### ***Diet drug advertisements***

The marketing of drugs for emotional obesity was part of the more general explosion of commercial psychopharmaceuticals in the period which, as Chesler and Friedan have noted,<sup>172</sup> had gendered consequences. Specifically, Freidan's 1963 publication *The Feminine Mystique*, which was very popular in Canada,<sup>173</sup> demonstrated how "pep pills" and tranquillisers were over-prescribed to white, middle-class housewives over the course

of the 1950s and early 1960s. The pills, Freidan argues, served to keep women in the home by numbing them to their “problems with no name.”<sup>174</sup> This drugging of women through pharmaceuticals described by Friedan, a phenomenon also captured in the 1966 novel *The Valley of the Dolls*,<sup>175</sup> was part of a larger historical pattern by which the mostly male medical establishment exerted control over women’s bodies that, as noted earlier, feminists of the 1960s were beginning to resist through such publications as McGill’s *Birth Control Handbook* and *Our Bodies, Our Selves*, as well as through the RCSW.<sup>176</sup>

Within the context of a growing challenge to the medicalization of women’s bodies, and with the concurrent explosion of psychopharmaceuticals, diet drug advertisements in the *CMAJ* proliferated. I found the number of advertisements for diet drugs, or anorexiant, in the pages of the *CMAJ* to be striking.<sup>177</sup> Even more arresting than the volume of these diet drug ads was their resemblance to advertisements for tranquillisers and anti-depressants which were contained in the same journal.<sup>178</sup> Ads for tranquillisers and anti-depressants often ran in the pages adjacent to or on the backside of diet drug ads, and not only did both talk about calming anxieties and regaining control, but they both almost always featured a listless- or distraught-looking white woman. The woman was sometimes pictured in the doctor’s office staring at the doctor with pleading eyes, sometimes depicted in the home, staring into space. Reading the text of the diet drug ads, however, explains the visual similarities, as it becomes clear that diet drugs

were marketed not only as appetite suppressants, but also and at the same time as anti-depressants and anti-anxiety drugs.

The most popular diet drug was amphetamine, what is now more widely known as speed. At first, in the 1950s, diet drug companies such as Smith Kline and French, which produced Dexadrin, marketed their drugs primarily as appetite suppressants. By the 1960s, diet drugs that promised both relief from appetite and its underlying psychic causes really hit their stride, and drugs such as Desbutal Gradumet, which combined amphetamine for depression and weight loss, and barbiturates for anxiety, were marketed. For the perfect example of the combined anorexiant, anti-anxiety, and anti-depressant drug advertisement, I turn to the 1962 ad for the diet drug Desbutal Gradumet from which this chapter takes its title. In the ad, a well-made-up white woman stared sadly at the camera. Under her ran the text “This is the Face of Obesity.” According to the text: “It is a sad face. And each time she looks in the mirror she feels more depressed. At times, there are even tears. She doesn’t draw the attention that is so important to a woman, and the latest fashions aren’t to be found on the size 40 rack. Is it any wonder then that her problem is an emotional one as well as a physical one? If this patient is to be really helped, all aspects of the obesity syndrome must be treated.”<sup>179</sup> The ad went on to explain that Desbutal Gradumet was a combination of Desoxyn, “to curb the appetite and lift the mood,” and Nembutal, “to calm the patient.”

Similar claims were made in a 1966 advertisement for Ambar #2 Extendtabs. A white teenaged girl sat frowning, fat and lonely, at a school dance, only able to observe the heterosexual revelry unfolding around her. The text underneath this sad scene read: “She tried to lose weight – but her emotions won’t let her. She becomes irritable and depressed when she doesn’t eat, and anxious when she considers her future. So each time she gives up. ‘What can I do?’ she asks when she visits your office. ‘How can I ever stay on a diet and lose weight?’”<sup>180</sup> The text continued, noting that Ambar, which was “formulated to specifically meet both the physical and emotional needs of the *woman* who is trying to lose weight,” both suppressed the appetite and “provid[ed] a gentle psychic lift to improve mood.”<sup>181</sup>

While the ads I describe here for Desbutal Gradumet and Ambar implied connections between compulsive eating and underlying psychic problems, some advertisements made this link much more obvious. An ad for Ionamin from 1966 pictured a white woman, thin, staring longingly at an enormous banana split. Above her head ran the words: “Former Food Addict...and Still Susceptible.” The text, quoting a British medical textbook, and highlighting the problem of compulsive eating, continued: “Addiction to food, like alcoholism, is often a symptom of psychological maladjustment.”<sup>182</sup>

An ad for Biphetamine-T from the 1967 *CMAJ* featured a scowling, white, middle-aged fat woman standing in a circle drawn on the floor around her. She was

surrounded by words: “Overeating,” “Hyperinsulinemia,” “Satiety Lack,” “Anxiety-Tension-Depression.”<sup>183</sup> The text explained that “Biphetamine-T can help your patients escape from the vicious cycle of obesity.”<sup>184</sup> The ad noted “recent work” which proved that “once a person has become obese, a physiologic and psychologic [*sic*] chain of events is established that tends to make the condition self-perpetuating.”<sup>185</sup> Quoting *Medical Science*, and associating the “cycle of obesity” with compulsive eating, the ad read under the subtitle “Psychologic pressures and dieting”: “Since food reduces tension and imparts a sense of well-being, emotional disturbance predisposes to overeating. Many resort to food in order to fulfil some emotional need not otherwise satisfied. This may explain why ‘dieting with its attendant psychological pressures and its withdrawal of the stabilizing influence of food may precipitate mild or even severe depression.’<sup>186</sup>

For the most part, the diet drug advertisements I found in the *CMAJ* featured women, women’s silhouettes, or mannequins which were in the shape of women’s torsos, including two types of drugs produced specifically for women and “women’s needs.”<sup>187</sup> Indeed, of the sixty-four ads drawn on for this chapter, thirty-two pictured women exclusively (50 percent), fourteen featured men exclusively (23 percent), six depicted both men and women (9 percent), and twelve had neither men nor women in the ads (19 percent).

In the instances in which men were pictured in ads that cited mental health problems as causes of obesity, the men featured became feminized by the image. An ad

for Eskatrol, for example, included the text: “psychic security?: Food is a source of psychic security for many people who overeat. It offers them a feeling of comfort, particularly when they are tense or anxious. Unfortunately, overeating usually leads to overweight.”<sup>188</sup> Pictured above the words was a white man, fat, wearing a suit and tie and sitting on a plush chair. He held on to a giant fork which rested upright in between his legs, placed so exactly in the manner of an erect penis that the viewer was encouraged to assume that the fat man was castrated by his compulsive desire for food.

Diet drug ads had implicit raced and classed overtones, as well, depicting the gendered division of labour associated with the middle-class nuclear family. The women pictured in them were always white, always well-dressed, and, if doing anything at all, were always performing such reproductive tasks as shopping for food and clothes or taking care of children. Women were generally not depicted performing paid labour.

By the end of the 1960s, diet drug advertisements began to peter out in the *CMAJ*. In surveying the journal I found a sharp drop in frequency around 1969. Not coincidentally, in that same year the *CMAJ* published the Canadian Medical Association’s (CMA’s) statement to the Government of Canada Commission of Inquiry into the Non-Medical Use of Drugs, known as the LeDain Commission.<sup>189</sup> In its statement, and in the wake of what the WHO called a “world-wide epidemic” of amphetamine use, and given reports that hippies were apparently procuring their mothers’ weight loss drugs for recreational purposes,<sup>190</sup> the CMA recommended that both

government and physicians “should reconsider the therapeutic indications for amphetamines and like substances.”<sup>191</sup> Although amphetamines were connected to psychosis and addiction as early as 1965 in the Canadian press,<sup>192</sup> and Bruch warned of these same problems with the drugs in 1957 in *The Importance of Overweight*,<sup>193</sup> it was not until 1972 that the Government of Canada followed the CMA’s recommendation and disallowed the prescription of amphetamines with two exceptions: narcolepsy and hyperactivity in children.<sup>194</sup> It is important to note, however, that new types of diet drugs, which were claimed by drug companies to be less addictive, continued to be sold and prescribed after 1972.<sup>195</sup>

That feminized diet drug advertisements proliferated in the *CMAJ* until 1969 speaks to the degree to which pharmaceuticals were used to contain and restrain women’s bodies in the period. It is also of interest to note that, although psychiatrists could have prescribed Biphedamine-T or Desbutal Gradumet, and although these drugs claimed to cure various psychopathologies, I did not find one diet drug advertisement in the *Canadian Psychiatric Association Journal* for the time period in question. This is the partial result of the fact, I think, that visits to family doctors were much more common for women than interactions with psychiatrists, who were often located in the psychiatric wards of general hospitals or in provincial mental institutions.<sup>196</sup> Additionally, and perhaps less pragmatically, the greater control that general practitioners, as opposed to psychiatrists, exerted over the fat on women’s bodies makes sense, given that medical

researchers had declared women's fat as a reproductive necessity. Physicians' (over-) prescription of diet drugs thus fit the well-worn pattern of a paternal medical system usurping and contorting women's reproductive functions. Moreover, because of the feminist challenge to medical management of these reproductive capacities, one might understand the surge of diet drug ads and prescriptions as a reification of such medical authority. Through this re-establishment of authority, diet drugs quite literally changed the biology – the very chemistry – of women's bodies to reassert dominant power relations and gendered divisions of labour, and in their depiction of white, middle-class housewives, to normalize white, middle-class, nuclear family living. As such, diet drug advertisements can be regarded as fetishistic performatives, arranging women's bodies through discussions about obesity that reasserted gendered and raced processes of capitalist accumulation.

### ***Diet programs***

When it came to describing fat as an emotional disorder of the feminine or feminized body, doctors were positioned, and positioned themselves, as the *medical* authority. They were not, however, the *only* authority. The 1950s and, even more so, the 1960s witnessed an exponential growth in non-medical weight loss organizations. Of these, Overeaters Anonymous, Taking Off Pounds Sensibly (TOPS) and Weight Watchers became three of the most popular. These clubs, which essentially offered group therapy using the

principles of behaviour modification,<sup>197</sup> maintained that diet drugs were not the answer to the compulsive eating that caused obesity. If anything, diet drugs simply treated the symptom. Overeaters Anonymous, TOPS, and Weight Watchers were predicated on the notion that compulsive eating was a sign of some sort of emotional trouble – generally loneliness, boredom, insecurity, or feelings of inadequacy. To get to the root of her obesity problem, then, one had to “talk it out.” One had also to go on a strict diet. Because of their focus on emotional eating and psychopathological obesity, these clubs became heavily feminized.<sup>198</sup>

Although it was not the first group of its kind – TOPS was established in 1948 by American housewife Esther Manz<sup>199</sup> – Weight Watchers was by far the most successful and well-known weight loss group based on behavioural modification principles. Because of its popularity and significance to discourses of diet and femininity in Canada, I concentrate my discussion on Weight Watchers. Though TOPS existed in Canada during this time, only Weight Watchers garnered serious coverage in *The Globe and Mail*,<sup>200</sup> and while Overeaters Anonymous began in California in 1960,<sup>201</sup> it was not established in Canada until 1977.<sup>202</sup>

Like TOPS, Weight Watchers was started by a self-proclaimed FFH or Formerly Fat Housewife.<sup>203</sup> In her autobiography, *The Story of Weight Watchers*, however, Weight Watchers’s founder Jean Nidetch, whose background was Jewish working-class, admitted that economic circumstances compelled her to work for wages at various times

throughout her marriage.<sup>204</sup> Nidetch began fighting fat, “mankind’s biggest enemy,”<sup>205</sup> with her Weight Watchers program in 1962. It was in that year that Nidetch called up six fat women friends and invited them over to her house for coffee. She figured it would be easier if the seven of them could try Nidetch’s latest diet, prescribed by the New York City Department of Health Obesity Clinic and conceived by a Dr. Joilliffe, together. The group met once a week to lend each other moral support. Nidetch recalled in her book: “I needed the girls. I needed to tell them about my difficulties. ...I’ve found that all overweight people have this tremendous desire to talk. Maybe we’re all ‘oral’ types – we have to eat or talk.”<sup>206</sup> All seven “girls,” including Nidetch, lost weight. Given Nidetch’s contention that she and her friends were “oral types,” it is perhaps appropriate that the success of Nidetch’s group was due to word of mouth. Eventually, the initially small gathering of Nidetch and her neighbours became overrun by women who heard of Nidetch’s program from a friend of a friend of a cousin of one of the original group members. Nidetch’s small group of six grew in time into Weight Watchers International, which today has over one million customers.<sup>207</sup>

Weight Watchers was founded in the premise that people got fat because they were compulsive eaters with emotional reasons for their eating habits. Diet drugs would not help fat people, nor would diets alone. As Nidetch argued in her *Weight Watchers Cookbook*, published in 1966, “[b]ecause you must learn new habits of eating, it is useless ...to take diet pills or appetite depressants of any kind. Why learn to use a crutch

when you can learn how to walk properly?”<sup>208</sup> To Nidetch, this chance to talk in combination with dieting was the key to successful weight loss. As a result of her conviction, Weight Watchers participants did not just pay for the Weight Watchers diet, which was in fact the diet of Dr. Joilliffe of the New York City Department of Health, they also participated in weekly group therapy. According to Nidetch: “It works. Compulsive eating is an emotional problem and we use an emotional approach to its solution. To me, this is just plain common sense. The biggest reason Weight Watchers is such a success is that fat people can finally talk freely, openly and honestly. We can reveal our real feelings to other people and those other people will understand.”<sup>209</sup> It is true, in part, that Weight Watchers was successful because it offered a chance for fat people to talk “freely, openly and honestly,” though certainly *not* without fear of judgement or ridicule.<sup>210</sup> What is more true, however, is that Weight Watchers was successful because of women.

Women bought the Weight Watchers program because the narrative of emotional eating not only appealed to them, but was tailored for them by the ever-more-business-savvy Nidetch. “In the beginning,” Nidetch related, “only women came to the classes. Housewives. ... Who else would try anything so unknown but a woman with a couple of hours to kill?”<sup>211</sup> Although careful to mention that men eventually joined Weight Watchers, and that there were male instructors and men’s chapters (along with special classes for children and teenagers),<sup>212</sup> Nidetch also noted that these classes were much

less “feminine,” their talk much more practical, rational, and “straight from the shoulder” than the women’s groups.<sup>213</sup>

Classes for men never did catch on – as of 1991, women composed 95 percent of all Weight Watchers International members.<sup>214</sup> The fact that Weight Watchers has historically attracted more women than men is not surprising given that, even in the 1960s when Nidetch organized the odd men-only class, Weight Watchers was marketed to women (though it is of interest to note the program’s continued solicitation of male customers with Weight Watchers’s newest on-line campaign, “Weight Watchers for men”<sup>215</sup>). The feminization of Weight Watchers of the 1960s was in part made evident by the release of the *Weight Watchers Cookbook*. The *Cookbook* was obviously intended for women who either wanted to lose weight themselves, or who, as contagions of obesity, were “tired of having a fat husband and a fat dog.”<sup>216</sup> Further, in Canada, where Weight Watchers was introduced in 1967 and set up shop in five provinces,<sup>217</sup> Weight Watchers was most definitely advertised to women. Of the eleven advertisements which ran for Weight Watchers in the *Globe and Mail* between 1967 and 1969, ten were printed in pages that were designed for women; the ads were surrounded by articles on Estonian needle-point and paper bridal gowns.<sup>218</sup> In addition, fifteen ads were placed by Weight Watchers Toronto in the classifieds section of the *Globe and Mail* between 1967 and 1969, all under the heading “Women’s Column.”<sup>219</sup>

Weight Watchers, and groups like it, both made and relied upon discourses which positioned women as over-emotional subjects who could, at any moment, take out their emotions on a piece of cake – or an entire cake, for that matter. Thus, a gendered analysis of diet groups reveals that Cartesian logic characterizing women as inherently emotional underpinned diet programs like Weight Watchers, as publications assumed the femininity of the mentally unbalanced, over-emotional, obese compulsive eater. It is also notable that Weight Watchers, in particular, marketed itself as a program in which housewives were interested, therefore lending it an aura of middle-class femininity. Additionally, although it is admittedly difficult to say from a representational analysis who, exactly, attended the meetings, Weight Watchers did formulate itself around the persona of Formerly Fat Housewife Jean Nidetch. Though she herself was Jewish and of a working-class background, pictures of the white-skinned founder with bleached blonde hair and wearing a long, white, expensive-looking evening gown were used on all Weight Watchers pre-prepared frozen foods, publications, and in some advertisements over the first decade of the group's existence. The Weight Watchers tradition of using white-looking women to sell their products continues in the contemporary moment, with Sarah Ferguson, Duchess of York, acting as a more recent celebrity spokesperson.<sup>220</sup>

Like diet drug advertisements, then, diet programs not only produced body fat as a feminine embodiment to be abjected (through the dieting plans, themselves), but also discursively redeployed “traditional” definitions of the gendered division of labour that

rested in white, middle-class, nuclear-family normalcy. Further, as diet programs helped to ease a gendered “tension in values” through denial,<sup>221</sup> re-establishing the “ideology of housewifery” identified by Vosko by claiming that normative women were in the home when, by the 1960s, they were entering the public sphere in greater numbers than ever before,<sup>222</sup> diet plans like Weight Watchers fetishistically mobilized women’s bodies as over-emotional and ontologically suited to private sphere labour.

As is made evident by diet groups like Weight Watchers, as well as by diet drug advertisements and medical research, the compulsive and pathologized eating associated with obesity was a feminizing narrative. The feminization of emotional obesity was possible only because women were already over-determined, as Gleason and Chesler argue,<sup>223</sup> with psychological pathology which, in turn, was due to the collapse of women with the reproductive sphere. Within the context of the 1960s, in which the partnering of women’s biological distinctiveness and reproductive labour became legitimately questioned by otherwise-normal women, discourses positioning women as emotionally obese re-articulated women as housewives and mothers, and also reiterated white, middle-class women as biologically and essentially different from white, middle-class men. Women, as Cartesian bodies, were highly susceptible to fat because of their reproductive capacities and ability to become pregnant. These same biological capacities produced women as more emotional than men, and as a group of bodies in greater need

of such tools of fat abjection as diet drugs and commercial diet plans which were said to alleviate the psychic trauma that caused compulsive eating.

In that emotional obesity not only articulated but constructed sex differences and, with them, the imagined borders between public and private spheres, emotional obesity can be understood to have operated performatively and fetishistically, re-establishing normative power relations through the imagination and then repeated discursive assertion of sex distinctions. Representations of emotionally obese white, middle-class women in Canadian writers citing Hilde Bruch, texts about new foods and over-nutrition, medical research, and literature concerned with the abjection of body fat through diet drugs and diet programs, implied that women's bodies and the emotions attached to them were inherently different from men's. Discourses of emotional obesity thus arranged normative women's bodies in such a way that helped to reassure dominant Canadians that the rumours of the white, nuclear family formation's demise and, in particular, the gendered division of labour on which it centred, were highly exaggerated.

## **Conclusion**

I suggest that psychopathologized fat helped to alleviate the gender crisis spurred by white, middle-class, heterosexual women's challenge, which eventually became a feminist challenge, to the biologically-based barring of women from the public sphere. It is therefore fitting that feminists began to interrupt discourses of emotional obesity over

subsequent decades. Because it was a narrative seemingly exclusive to women, feminists and fat activists had, by the 1970s and 1980s, articulated a response to the notion that fat was a psychic disorder and a sign of deep-seated emotional issues. Some, like Suzie Orbach, were sympathetic to the notion that obesity was an emotional pathology.<sup>224</sup> In her (in)famous 1978 book *Fat is a Feminist Issue*, Orbach appropriated the notion to feminist ends, arguing that compulsive eating, and hence fat, were unconscious responses to women's disempowerment, a "symbolic... 'Fuck you!'" to the patriarchy.<sup>225</sup>

Other feminists rejected the notion that fat stood for any emotional disorder or psychic imbalance at all, and argued that such a narrative hurt those to whom it was addressed most: women. Writings which made such an argument were collected in a special 1989 edition of *Women & Therapy* edited by Laura S. Brown and Esther D. Rothblum. Brown and Rothblum stated in the editorial statement: "In this collection of articles, we challenge the notion that fat equals pathology. Additionally, we aim to disconnect the issues of food intake and eating disorders from those of weight. Our perspective is that being fat is simply one variant of human size, not an indication of disordered eating. ..."<sup>226</sup>

Thus, feminists disagreed as to whether or not fat might in fact be a signifier for the emotional pathology of women. While they differed, feminist responses to the psychological and psychiatric understandings of fat as a psychic disorder were both, in their disparate ways, what Foucault calls a "reverse discourse."<sup>227</sup> In *Fat is a Feminist*

*Issue*, Orbach attempted to expropriate the discursive category and vocabulary of emotional obesity in the name of feminist politics, while Brown and Rothblum rejected the discourse outright. As reverse discourses, Orbach and Brown and Rothblum are useful inasmuch as they point to the fact that emotional obesity, by the 1970s and 1980s, possessed enough common-sense currency to provoke feminist resistance.

The emotional pathology of obesity was not always common sense, however, and I argue that it is important to explore the history of the category of emotional obesity – to demonstrate emotional obesity as an effect of power, not a simply observable or classifiable psychic phenomenon. While tightly aligned, obesity and psychopathology can become unglued by tracing the history of the discourse of emotional obesity, and by exploring and exposing the gendered, raced, and classed dynamics which enabled the discourse to emerge. I have done so here, showing that in the post-war period to 1970, the psychopathologization of obesity became conflated with a normative femininity which was being challenged by women who worked for wages, and by feminists who were in the process of detaching the category of “women” from the reproductive sphere and from reproductive embodiments.

Hinged to femininity and reproductive labour through discourses of emotionalism, obesity in the period in question came to represent women’s doomed departure from the ideal white, middle-class nuclear family form. As such, discourses of emotional obesity participated in the containment and reattachment of women in and to the home by acting

as a regulatory measure, encouraging women to “do better” in their roles as housewives and domestic labourers. Emotional obesity also produced women as over-emotional Cartesian bodies who, with their distinct biologies and predisposition to the irrational, were simply fated to undertake reproductive labour in domestic space(s).

I therefore contend that the performative emergence of feminized emotional obesity, and the abjection of body fat which resulted from it, operated fetishistically. Despite a dearth of statistical evidence “proving” women’s affiliation to obesity, women’s bodies were discursively and fetishistically rearranged by worries about childhood obesity and over-feeding mothers that relied on Cartesian notions partnering women with an essential irrationality, by medical research on obesity that almost exclusively used women as subjects, and by literatures associated with the pharmaceutical and commercial abjection of body fat which positioned women as ontologically obese. In this way, emotional obesity helped to manage a gender crisis by re-articulating women’s bodies as essentially and biologically reproductive, and by solidifying the gendered, racialized, and imagined border between private and public spheres through denying, disavowing, containing, or condemning slippages between public and private realms.

Given that fat was a feminized embodiment that women could potentially pass to their families and, by extension, to their husbands, it is clear that not only women but men were said to be developing obesity in the post-war era to 1970. Indeed, the following

chapter reveals that government agents, insurance companies, and writers in the medical and popular presses were anxious about what they believed to be an exponential growth of fat on the bodies of white, middle-class men. In chapter 4, I explore the discursive effects of the fat man, and inquire: “What happened when men ‘caught’ feminized fat from women?”

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<sup>1</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, “Nutrition Division” series, volume 926, file 386-1-7, “Nutrition Division: Foods: Civil Service Obesity Study,” letter from E. L. Davey to J. E. Monagle, 21 October, 1960; Library and Archives of Canada, Department of Health and Welfare fonds, RG 29, “Nutrition Division” series, volume 926, file 386-1-7, “Nutrition Division: Foods: Civil Service Obesity Study,” letter from J. E. Monagle to E. L. Davey, 23 January, 1961.

<sup>2</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, “Nutrition Division” series, volume 926, file 386-1-7, “Nutrition Division: Foods: Civil Service Obesity Study,” “The Tentative Views on a Proposed Study on Obesity using volunteer Subjects from the Civil Service,” n.d.

<sup>3</sup> Library and Archives Canada, Health and Welfare fonds, “Nutrition Division” series, RG29, volume 926, Box 232, File 386-1-7: “Nutrition Division: Foods: Civil Service Obesity Study,” letter to Dr. M. Martin from J. E. Monagle, 10 June 1963.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Josephine Lowman, “Tensions May Cause Overeating,” Why Grow Old, *The Globe and Mail*, January 28, 1956.

<sup>7</sup> Ibid.

<sup>8</sup> Marvin Schiff, “Probe Mental Health of Too-Fat Patients,” March of Medicine, *The Globe and Mail*, April 30, 1964.

<sup>9</sup> Ibid.

<sup>10</sup> *The Globe and Mail*, “Obesity, Emotions Said Closely Tied,” September 18, 1964.

<sup>11</sup> Lowman, “Tensions May Cause Overeating”; Schiff, “Probe Mental Health of Too-Fat Patients”; *The Globe and Mail*, “Obesity, Emotions Said Closely Tied.”

<sup>12</sup> Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999).

<sup>13</sup> Jana Evans Braziel, “Sex and Fat Chics: Deterritorializing the Fat Female Body,” in *Bodies Out Of Bounds: Fatness and Transgression*, ed. Jana Evans Braziel and Kathleen LeBesco (Berkeley: University of California Press, 2001); Cecilia Hartley, “Letting Ourselves Go: Making Room for the Fat Body in Feminist Scholarship,” in Braziel and LeBesco, *Bodies Out Of Bounds*, 60-73; Le’a Kent, “Fighting Abjection: Representing Fat Women,” in Braziel and LeBesco, *Bodies Out Of Bounds*, 130-152; Kathleen LeBesco, “Queering Fat Bodies/Politics” in Braziel and LeBesco, *Bodies Out Of Bounds*, 74-90.

<sup>14</sup> Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1989); Denise Riley, *Am I That Name? Feminism and the Category of “Women” in History* (London: Macmillan, 1988).

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- <sup>15</sup> Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington, IN: Indiana University Press, 1994), 14.
- <sup>16</sup> Martin, *The Woman in the Body*.
- <sup>17</sup> Leah F. Vosko, *Temporary Work: The Gendered Rise of a Precarious Employment Relationship* (Toronto: University of Toronto Press, 2000), 80.
- <sup>18</sup> Vosko, *Temporary Work*; for a discussion of the discourse of domesticity in the popular press and in social welfare projects, see: Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006).
- <sup>19</sup> Pat Armstrong, *Labour Pains: Women's Work in Crisis* (Toronto: Women's Educational Press), 52.
- <sup>20</sup> Marina Morrow, "Our Bodies Our Selves in Context: Reflections on the Women's Health Movement in Canada," in *Women's Health in Canada: Critical Perspectives on Theory and Policy*, ed. Marina Morrow, Olena Hankivsky, and Colleen Varcoe (Toronto: University of Toronto Press, 2007), 43-4.
- <sup>21</sup> *Ibid.*, 42.
- <sup>22</sup> Royal Commission on the Status of Women in Canada, *Report of the Royal Commission on the Status of Women in Canada*, Forence Bird, Chair (Ottawa: The Commission, 1970), 11.
- <sup>23</sup> *Ibid.*
- <sup>24</sup> See: Enakshi Dua, "Beyond Diversity: Exploring the Ways in Which the Discourse of Race Has Shaped the Institution of the Nuclear Family," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press, 1999), 237-60; bell hooks, *Feminist Theory: From Margin to Center*, 2<sup>nd</sup> ed. (Cambridge, MA: South End Press, 2000).
- <sup>25</sup> Jane Arscott, "Twenty-Five Years and Sixty-Five Minutes After the Royal Commission on the Status of Women," *International Journal of Canadian Studies* 11 (1995): 44-5.; Annis Mary Timpson, "Royal Commissions as Sites of Resistance: Women's Challenges on Child Care in the Royal Commission of Status of Women in Canada," *International Journal of Canadian Studies* 20 (1999): 123-50.
- <sup>26</sup> Royal Commission on the Status of Women in Canada, *Report*, 3.
- <sup>27</sup> *Ibid.*, 18. Here the Commission quotes Margaret Fuller.
- <sup>28</sup> Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press, 1990).
- <sup>29</sup> Barbara M. Freeman, *The Satellite Sex: The Media and Women's Issues in English Canada, 1966-71* (Waterloo, ON: Wilfrid Laurier University Press, 2001).
- <sup>30</sup> Freeman, *The Satellite Sex*, 20-1. For a discussion of "choice" in the Commission's discussion of child-care, see: Timpson, "Royal Commissions as Sites of Resistance."
- <sup>31</sup> George S. Stevenson, "Mental Health Hazards in Later Life," *Canadian Nurse* 55, no. 5 (1959): 414-6.
- <sup>32</sup> J. Arthur Melanson, "Progress in Public Health in Canada," *Canadian Journal of Public Health* 47, no. 7 (1956): 273.
- <sup>33</sup> "Fighting the Quiet Disaster," *Canadian Nurse* 62, no. 6 (1966): 57.
- <sup>34</sup> *Ibid.*
- <sup>35</sup> *Ibid* (author's capitals). See also Noreen Philpott, "The Public Health Nurse and Mental Hygiene," *Canadian Nurse* 56, no. 3 (1960): 223-226.
- <sup>36</sup> K. C. Charron, "Present Challenges in Public Health," *Canadian Journal of Public Health* 51, no. 3 (1960), 88. For similar sentiments by a state official, see: J. W. Monteith, "Nursing and the National Health Program," *Canadian Nurse* 54, no. 9, (1958): 820-23.
- <sup>37</sup> Gleason, *Normalizing the Ideal*; William J. Pankratz, "The History of the Canadian Psychiatric Association, 1951 to 2001," in *Psychiatry in Canada: 50 years (1951 to 2001)*, ed. Quentin Rae-Grant (Ottawa: Canadian Psychiatric Association, 2001), 29-48.
- <sup>38</sup> A. G. Awad, "Psychopharmacology Research in Canada – 50 Years of Progress," in Rae-Grant, *Psychiatry in Canada*, 201-10.

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- <sup>39</sup> Ibid., 201.
- <sup>40</sup> Ibid.
- <sup>41</sup> See Tyler May's *Homeward Bound* for a similar discussion in the American post-war context. Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books: 1988).
- <sup>42</sup> Gleason, *Normalizing the Ideal*, 7.
- <sup>43</sup> Gleason, *Normalizing the Ideal*; Iacovetta, *Gatekeepers*.
- <sup>44</sup> Gleason, *Normalizing the Ideal*.
- <sup>45</sup> Ibid., 13.
- <sup>46</sup> Phyllis Chesler, *Women and Madness*, 25<sup>th</sup> anniversary ed. (New York: Four Walls Eight Windows, 1997).
- <sup>47</sup> Ibid., 93 (author's italics).
- <sup>48</sup> Marina Morrow, "Women's Voices Matter: Creating Women-Centred Mental Health Policy," in Morrow, Hankivsky, and Varcoe, *Women's Health in Canada*, 355-79.
- <sup>49</sup> Betty Friedan, *The Feminine Mystique* (New York: Adell Books, 1963), 11-27.
- <sup>50</sup> Friedan, *The Feminine Mystique*, 26; Adamson, Briskin and McPhail argue in *Feminist Organizing for Change* that Friedan's text, describing the trials of American middle-class women, was extremely popular in Canada. Nancy Adamson, Linda Briskin and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988), 41.
- <sup>51</sup> Gleason, *Normalizing the Ideal*, 71.
- <sup>52</sup> Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1999), 27.
- <sup>53</sup> Joan Sangster, "Doing Two Jobs: The Wage Earning Mother," in *A Diversity of Women: Ontario, 1945-1980*, ed. Joy Parr (Toronto: University of Toronto Press, 1995), 98-134.
- <sup>54</sup> Freeman, *The Satellite Sex*.
- <sup>55</sup> American Psychiatric Association., *Diagnostic and Statistical Manual of Mental Disorders* (Washington: American Psychiatric Association, 1952); American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 2<sup>nd</sup> ed. (Washington: American Psychiatric Association, 1968). See page 9 of Greenland, Griffin and Hoffman, "Psychiatry in Canada from 1951 to 2001" (n. 20), for a discussion of the use and influence of the *Diagnostic and Statistical Manual* by and on Canadian psychiatrists. Cyril Greenland, Jack D. Griffin, and Brian F. Hoffman, "Psychiatry in Canada from 1951 to 2001," in Rae-Grant, *Psychiatry in Canada*, 1-16.
- <sup>56</sup> Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. L.S. Roudiez (New York: Columbia University Press, 1982), 13.
- <sup>57</sup> Benjamin Spock, *Dr. Spock Talks With Mothers: Growth and Guidance* (New York: Crest Books, 1961), 35.
- <sup>58</sup> Ibid.
- <sup>59</sup> In a small pilot study of WHO policy, I determined that women are commonly cited in WHO literature as those who buy and prepare food for the family and to whom obesity education should therefore be aimed. See World Health Organization, *Diet, Nutrition and the Prevention of Chronic Disease*, WHO Technical Report Series (Geneva: World Health Organization, 2003), [http://www.who.int/hpr/NPH/docs/who\\_fao\\_expert\\_report.pdf](http://www.who.int/hpr/NPH/docs/who_fao_expert_report.pdf) (accessed September 22, 2008); World Health Organization, "Malri's Story: Facing Obesity," World Health Organization, <http://www.who.int/features/2005/chronicdiseases/en/index.html> (accessed September 22, 2008).
- <sup>60</sup> Sander L. Gilman, "Obesity, the Jews and Psychoanalysis," *History of Psychiatry* 17, no. 1 (2006): 63.
- <sup>61</sup> Hilde Bruch, *The Golden Cage: The Enigma of Anorexia Nervosa* (Cambridge, Mass.: Harvard University Press, 1978).

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- <sup>62</sup> Hilde Bruch, "Obesity in Childhood: III; Physiologic and Psychologic Aspects of the Food Intake of Obese Children," *American Journal of Diseases in Children* 59 (1940): 739-81; Hilde Bruch, "Obesity in Childhood and Personality Development," *American Journal of Orthopsychiatry* 11 (1941): 467-75; Hilde Bruch and G. Touraine, "Obesity in Childhood," *Psychosomatic Medicine* 2, no. 2 (1940): 141-206.
- <sup>63</sup> Gilman, "Obesity, the Jews and Psychoanalysis," 63.
- <sup>64</sup> Hilde Bruch, *The Importance of Overweight* (New York, Norton, 1957), 113, 114, 192.
- <sup>65</sup> *Ibid.*, 113.
- <sup>66</sup> Hilde Bruch, *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within* (New York: Basic Books, 1973), 136; Bruch, *The Importance of Overweight*, 113.
- <sup>67</sup> Joanne Hatch Bruch, *Unlocking the Golden Cage: An Intimate Biography of Hilde Bruch* (New York: Gurze, 1996), 109-10.
- <sup>68</sup> Bruch, *The Importance of Overweight*, 13, 68.
- <sup>69</sup> *Ibid.*, 264.
- <sup>70</sup> *Ibid.*, 20.
- <sup>71</sup> *Ibid.*
- <sup>72</sup> *Ibid.*, 115.
- <sup>73</sup> Hatch Bruch, *Unlocking the Golden Cage*, 119-20, 187-90.
- <sup>74</sup> Bruch, *The Importance of Overweight*, 118, 119, 123, 175, 177, 190, 206.
- <sup>75</sup> *Ibid.*
- <sup>76</sup> *Ibid.*, 268.
- <sup>77</sup> *Ibid.*, 188-9.
- <sup>78</sup> *Ibid.*, 189.
- <sup>79</sup> Adams, *The Trouble with Normal*; Gleason, *Normalizing the Ideal*.
- <sup>80</sup> Bruch, *Eating Disorders*.
- <sup>81</sup> Bruch, *The Importance of Overweight*, 220.
- <sup>82</sup> *Ibid.*
- <sup>83</sup> Bruch, *Eating Disorders*, 145.
- <sup>84</sup> *Ibid.*
- <sup>85</sup> *Ibid.*
- <sup>86</sup> Bruch, *The Importance of Overweight*, 279-81.
- <sup>87</sup> Bruch, *Eating Disorders*, 188.
- <sup>88</sup> *Ibid.*, 189.
- <sup>89</sup> Bruch, *The Importance of Overweight*, 81.
- <sup>90</sup> *Ibid.*, 39-40, 100, 194, 208.
- <sup>91</sup> *Ibid.*, 84.
- <sup>92</sup> *Ibid.*, 85.
- <sup>93</sup> I use the term "homosexual," here, as opposed to gay or queer because this is the term used by Bruch.
- <sup>94</sup> Bruch, *The Importance of Overweight*, 262. Pregnancy fantasies were also something with which fat girls were attributed. Of course, it was less of a problem for girls to wish for a baby, and was certainly not a sign of lesbianism.
- <sup>95</sup> *Ibid.*, 235-6.
- <sup>96</sup> *Ibid.*, 271.
- <sup>97</sup> *Ibid.*, 195.
- <sup>98</sup> *Ibid.*, 119, 205, 252.
- <sup>99</sup> *Ibid.*, 195.
- <sup>100</sup> *Ibid.*, 201.
- <sup>101</sup> *Ibid.*, 225, 253, 282.

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- <sup>102</sup> Ibid., 205.
- <sup>103</sup> Ibid., 294.
- <sup>104</sup> Bruch, *Eating Disorders*, 14.
- <sup>105</sup> See Eng's *Racial Castration* for a discussion of the primitive in Freud. David L. Eng, *Racial Castration: Managing Masculinity in Asian America* (Durham and London: Duke University Press, 2001).
- <sup>106</sup> Bruch, *The Importance of Overweight*, 43.
- <sup>107</sup> Ibid., 39.
- <sup>108</sup> Gilman, "Obesity, the Jews and Psychoanalysis," 64.
- <sup>109</sup> Paula Saukko, "Fat Boys and Goody Girls: Hilde Bruch's Work on Eating Disorders and the American Anxiety about Democracy, 1930-1960," in *Weighty Issues: Fatness and Thinness as Social Problems* ed. Jeffrey Sobal and Donna Maurer (New York: Aldine De Gruyter, 1999); see also: Herndon, "Collateral Damage from Friendly Fire?"
- <sup>110</sup> Canada, "A Study in Frustration: The Diagnosis and Treatment of Obesity, Part II," *Nutrition Notes* 19, no. 9 (1963): 101.
- <sup>111</sup> Canada, "Psychological Factors in Obesity Control," *Nutrition Notes* 20, no. 2 (1964): 13.
- <sup>112</sup> D. E. Rodger, J. McFetridge, and E. Price, "The Management of Obesity," *Canadian Medical Association Journal* 63, no. 9 (1950): 256.
- <sup>113</sup> Ibid.
- <sup>114</sup> Metropolitan Life Insurance Company of Canada, *How to Control Your Weight* (Ottawa: Metropolitan Life Insurance Company of Canada, 1958), 6 (my italics).
- <sup>115</sup> Staff of the Women's College Hospital, "Understanding Attitude Important in Dealing with Obesity of Adolescents," *The Globe and Mail*, October 28, 1955.
- <sup>116</sup> Franca Iacovetta and Valerie Korinek, "Jell-O Salads, One-Stop Shopping and Maria the Homemaker: The Gender Politics of Food," in *Sisters or Strangers? Immigrant, Ethnic, and Racialized Women in Canadian History*, ed. Marlene Epp, Franca Iacovetta and Frances Swyripa (Toronto: University of Toronto Press, 2004), 190-230.
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- <sup>119</sup> Katz, "Are We Eating Too Much?," 15.
- <sup>120</sup> Helen C. Abell, "Social and Cultural Aspects of Malnutrition," *Canadian Journal of Public Health* 49, no. 3 (1958): 115-9; Juanita H. Archibald, "Some Comments on Nutrition Education," *Canadian Journal of Public Health* 41, no. 5 (1950): 193-5; M. T. Doyle, M. C. Cahoon and E. W. McHenry, "The Consumption of Recommended Foods by Children in Relation to Sex, the Use of Sweet Foods, and Employment of Mothers," *Canadian Journal of Public Health* 44, no. 7 (1953): 259-61; David Grewar and Grace Linney, "Nutritional Disturbance in Infancy," *Canadian Nurse* 50, no. 4 (1954): 268-73; The Ontario Interdepartmental Nutrition Committee, "Progress Report for 1949-50," *Canadian Journal of Public Health* 41, no. 12 (1950): 503-7; L. B. Pett, "Nurses and Nutrition," *Canadian Nurse* 46, no. 9 (1950): 734-35; L. I. Pugsley, "Food Additives," *Canadian Journal of Public Health* 50, no. 10 (1955): 403-10.
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- 58, no. 11 (1967): 520-1; Jean F. Webb, "Maternal Nutrition and Perinatal Mortality," *Canadian Journal of Public Health* 47, no. 11 (1956): 482-4.
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- <sup>123</sup> *The Globe and Mail*, "The Accent is on Eating: An Editorial in the Buffalo Courier-Express," June 12, 1950; *The Globe and Mail*, "Blame Poor Diet for Overweight Among Children," October 29, 1954; *The Globe and Mail*, "Form of Malnutrition: One Fifth of Canadians Said too Fat," June 19, 1953; *The Globe and Mail*, "Too Much Food?: Fat? Don't Blame Your Glands," June 23, 1955.
- <sup>124</sup> Lloyd Percival, *Physical Fitness for All the Family* (Winnipeg: Harlequin, 1959), 91.
- <sup>125</sup> Ibid.
- <sup>126</sup> Monagle, "Nutrition and Health – A Critical Evaluation," 490.
- <sup>127</sup> Ibid.
- <sup>128</sup> Iacovetta, *Gatekeepers*; Iacovetta and Korinek, "Jell-o Salads, One-stop Shopping and Maria the Homemaker."
- <sup>129</sup> Canada, *Healthful Eating* (Ottawa: Queen's Printer, 1963), 43, 45.
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- <sup>131</sup> Albert Royer, "Problems in Infant Feeding," *Canadian Nurse* 58, no. 11 (1962): 991-2.
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- <sup>133</sup> Ibid.
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- <sup>139</sup> Sister Saint-Hilaire, "Emotions and Poor Food Habits," *Canadian Nurse* 61, no. 12 (1962): 962-4.
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- <sup>141</sup> Ibid., 963.
- <sup>142</sup> Ibid., 962.
- <sup>143</sup> Haig, "Suppose Tommy Won't Eat," 16.
- <sup>144</sup> Ibid.
- <sup>145</sup> Ibid.
- <sup>146</sup> Ibid., 17.
- <sup>147</sup> Iacovetta, *Gatekeepers*, 137-8.
- <sup>148</sup> See Canada, *Healthful Eating*.
- <sup>149</sup> Dorothy Sangster, "No Wonder Italians Like to Eat," *Maclean's*, January 1, 1955, 16-17, 23, 26.
- <sup>150</sup> The food had in fact been prepared by a professional caterer, as Sangster noted on page 23 of her article.
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- <sup>152</sup> Katz, "A Report on Eating," 86.
- <sup>153</sup> Ibid., 11.
- <sup>154</sup> Katz, "Are We Eating Too Much?," 95.
- <sup>155</sup> Ibid., 94-5.
- <sup>156</sup> Ibid., 94.
- <sup>157</sup> Vosko, *Temporary Work*, 80.
- <sup>158</sup> Charlotte Young, "Body Composition and Body Weight: Criteria of Overnutrition," *Canadian Medical Association Journal* 93, no. 17 (1965): 903. See also: R. J. Shephard, C. Allen, O. Bar-Or, C.T.M. Davies, S. Dere, R. Hedman, K. Ishii, M. Ianeke, J.R. LaCour, P.E. di Prampero and V. Seliger, "The Working

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Capacity of Toronto Schoolchildren: Part II," *Canadian Medical Association Journal* 19, no. 100 (1969): 705-14.

<sup>159</sup> Library and Archives Canada, Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 298, file 286-206, part 2, letter from Miss Macbeth to E. Smith, October 11, 1963.

<sup>160</sup> Metropolitan Life Insurance Company of Canada, *Metropolitan Life's Four Steps to Weight Control* (Ottawa: Metropolitan Life Insurance Company of Canada, 1966), 1.

<sup>161</sup> McLaren, "Nutritional Control of Overweight"; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 298, box 232, file 286-2-6, part 2 "Nutrition Services, Foods Enquiries and Suggestions from Schools, Colleges, Universities, etc.," letter from Barbara A. McLaren to J. E. Monagle and attachments, 23 June, 1962.

<sup>162</sup> For studies on obesity featuring a larger number of women than men, see: G. Chirstakis, "Community Programs for Weight Reduction," *Canadian Journal of Public Health* 58, no. 11 (1967): 499-504; Editorial, "Some New Views on Obesity," *Canadian Medical Association Journal* 83, no. 25 (1960): 1328; S. S. B. Gilder, "The London Letter: Frequent Meals and Obesity," *Canadian Medical Association Journal* 94, no. 25 (1966): 1321-2; F. W. Hanley, "The Treatment of Obesity by Individual and Group Hypnosis," *Canadian Psychiatric Association Journal* 12, no. 6 (1967): 549-551; B. E. Hazlett, "Long-Term Anorexigenic Therapy in Obese Diabetic Patients," *Canadian Medical Association Journal* 85, no. 23 (1961): 677-81; D. Hirsch and W. I. Morse, "Emotional and Metabolic Factors in Obesity," *Canadian Journal of Public Health* 51, no. 11 (1960): 450-455; W. Leith, "Experiences with the Pennington Diet in the Management of Obesity," *Canadian Medical Association Journal* 84, no. 25 (1961): 1411-1414; H. LeRiche, "A Study of Appetite Suppressants in a General Practice," *Canadian Medical Association Journal* 82, no. 9 (1960): 467-70; W. Harding LeRiche and A. Casmia, "A Long-Acting Appetite Suppressant Drug Studied for 24 Weeks in Both Continuous and Sequential Administration," *Canadian Medical Association Journal* 97, no. 17 (1967): 1016-20; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 298, box 232, file 286-2-6 part 2 "Nutrition Services, Foods Enquiries and Suggestions from Schools, Colleges, Universities, etc.," letter from Barbara A. McLaren to J.E. Monagle and attachments, 23 June, 1962; A. Martel, "Predulin (Phenmetrazine) in the Treatment of Obesity," *Canadian Medical Association Journal* 76, no. 2 (1957): 117-20; McLaren, "Nutritional Control of Overweight"; W. I. Morse and J. Sutard Soeldner, "The Non-Adipose Body Mass of Obese Women: Evidence of Increased Muscularity," *Canadian Medical Association Journal* 90, no. 12 (1964): 723-35; M. Resnick and L. Joubert, "A Double-Blind Evaluation of an Anorexiant, a Placebo and Diet Alone in Obese Subjects," *Canadian Medical Association Journal* 97, no. 17 (1967): 1011-5; W. Sletten, Gloria Viamontes, Derec D. Hughes, and Bernard Korol, "Total Fasting in Psychiatric Subjects: Psychological, Physiological and Biochemical Changes," *Canadian Psychiatric Association Journal* 12, no. 6 (1967): 553-8; M. Verdy, "Fasting in Obese Females I: A Study of Thyroid Function, Tests, Serum Proteins and Electrolytes," *Canadian Medical Association Journal* 98, no. 23 (1968): 1031-33; M. Verdy and J. Chaplain, "Fasting in Obese Females II: Plasma Renin Activity and Urinary Aldosterone," *Canadian Medical Association Journal* 98, no. 23 (1968): 1043-7.

<sup>163</sup> G. H. Beaton, "Some Physiological Adjustments Relating to Nutrition in Pregnancy," *Canadian Medical Association Journal* 95, no. 12 (1966): 622-9; B. D. Best, "Toxaemias of Pregnancy: Diagnosis and Management," *Canadian Medical Association Journal* 77, no. 5 (1957): 505-11; W. A. Cochrane, "Overnutrition in Prenatal and Neonatal Life: A Problem?," *Canadian Medical Association Journal* 93, no. 17 (1965): 893-9; S.J. Peel, "Diabetes and the Gynaecologist," *Canadian Medical Association Journal* 92, no. 23 (1965): 1195-1202; non-medical sources made the same argument. See: Canada, *Healthful Eating*, 47-8; Metropolitan Life Insurance Company of Canada, *Four Steps to Weight Control*, 3-4.

<sup>164</sup> Beaton, "Some Physiological Adjustments Relating to Nutrition in Pregnancy," 625.

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- <sup>165</sup> Ibid. The conflation of obesity with “modern” societies is discussed in detail in chapter 5 of this dissertation.
- <sup>166</sup> Best, “Toxaemias of Pregnancy.”
- <sup>167</sup> Sletten et al, “Total Fasting in Psychiatric Subjects,” 553.
- <sup>168</sup> Ibid., 554.
- <sup>169</sup> Hanley, “The Treatment of Obesity by Individual and Group Hypnosis,” 551.
- <sup>170</sup> Ibid.
- <sup>171</sup> Ibid., 550.
- <sup>172</sup> Chesler, *Women and Madness*; Friedan, *The Feminine Mystique*.
- <sup>173</sup> Adamson, Briskin and McPhail, *Feminist Organizing for Change*, 41.
- <sup>174</sup> Freidan, *The Feminine Mystique*, 25-6.
- <sup>175</sup> Jacqueline Susann, *Valley of the Dolls* (New York: B. Geis Associates, 1966).
- <sup>176</sup> For discussions of the medical control of women’s bodies as it relates to patriarchal power structures see: Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California, 1993); Martin, *The Woman in the Body*; Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988).
- <sup>177</sup> My comments, here, are based on sixty-four advertisements for diet drugs which I analyzed. All were printed in the *CMAJ*.
- <sup>178</sup> Along with their anti-anxiety and anti-depressant cousins, the diet drug market developed in the context of what Boyd, on page 45 of “Women, Drug Regulation, and Maternal/State Conflicts,” calls the “pharmaceutical revolution of the 1950s.” This “revolution” was neither race- nor gender-neutral. As Boyd notes, while the 1950s witnessed an explosion of pharmaceuticals which were easily legalized due to their association with Western science and medicine, those drugs that were associated with racialized and colonized populations, often derivatives of plants grown in third-world countries, were and continue to be criminalized. At the same time, Boyd argues that the criminalization of plant-derived drugs was and is used by governments to manage marginalized populations residing within the borders of Western/Northern countries, who are often associated with the use of plant-based drugs. Though Boyd concentrates on the regulation of white women and racialized women and men using criminalized drugs, the prescription of legal drugs by doctors and psychiatrists for mental illness must also be considered a means of control. Legalized drugs, generally synthetic drugs produced by pharmaceutical companies, were historically and continue to be used on gendered and racialized populations as a means of control. Susan C. Boyd, “Women, Drug Regulation, and Maternal/State Conflicts,” in Morrow, Olena Hankivsky, and Colleen Varcoe, *Women’s Health in Canada*, 327-54.
- <sup>179</sup> *Canadian Medical Association Journal*, Advertisement, 87, no. 19 (1962): 27.
- <sup>180</sup> *Canadian Medical Association Journal*, Advertisement, 94, no. 12 (1966): 645.
- <sup>181</sup> Ibid. (original italics).
- <sup>182</sup> *Canadian Medical Association Journal*, Advertisement, 94, no. 15 (1966): 14.
- <sup>183</sup> *Canadian Medical Association Journal*, Advertisement, 96, no. 20 (1967): 10-11.
- <sup>184</sup> Ibid.: 11.
- <sup>185</sup> Ibid.: 10.
- <sup>186</sup> Ibid.: 11.
- <sup>187</sup> *Canadian Medical Association Journal*, Advertisement, 95, no. 12 (1966): 645; *Canadian Medical Association Journal*, Advertisement, 95, no. 12 (1966): 17-20.
- <sup>188</sup> *Canadian Medical Association Journal*, Advertisement, 91, no. 2 (1964): 47.
- <sup>189</sup> J. Burns, “Osgoode Law Dean Heads Federal Drug Investigation,” *The Globe and Mail*, June 14, 1969. In his June 14, 1969 piece of *The Globe and Mail*, Reg Whitaker argued that the WHO concern regarding recreational drug use had less to do with what the WHO requested of member nations, and more to do with

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what the United States demanded of the WHO. Whitaker, who noted that the LeDain report was decidedly "liberal" in its perspective, worried that the United States government's anti-drug stance would dampen any progressive drug legislation the Canadian Government might choose – or not choose – to implement. As Boyd's article "Women, Drug Regulation, and Maternal/State Conflicts" demonstrates, Whitaker's premonitions proved accurate. Reg Whitaker, "The Overlooked Aspects of the LeDain Report," *The Globe and Mail*, June 14, 1969; Boyd, "Women, Drug Regulation, and Maternal/State Conflicts."

<sup>190</sup> Canadian Medical Association, "Non-medical Use of Drugs with Particular Reference to Youth," *Canadian Medical Association Journal* 101, no. 13 (1969), 808.

<sup>191</sup> Ibid.

<sup>192</sup> A. Warson, "Barbiturates and Pep Pills: The Growing Problem of a Necessary Evil," *The Globe and Mail*, March 29, 1965; D. Spurgeon, "The Dangers of Pep Pills," *The Globe and Mail*, February 26, 1966.

<sup>193</sup> Bruch, *The Importance of Overweight*, 357.

<sup>194</sup> N. Hartney, "Federal Curb on Amphetamines Sets Precedent," *The Globe and Mail*, March 13, 1972.

<sup>195</sup> B. F. Hoffman, "Letter to the Editor," *Canadian Medical Association Journal* 116, no. 9 (1977): 351.

<sup>196</sup> See Donald Wasylenki's work, "The Paradigm Shift from Institution to Community" in the Canadian Psychiatric Association's *Psychiatry in Canada: 50 Years*. Describing the "desinstitutionalization" of psychiatric care on pages 95-7, Wasylenki argues that, beginning in the early 1960s, psychiatric care for the mentally ill made a major shift from provincial institutions to psychiatric wards in general hospitals. While the mentally ill had been placed in general hospitals to some degree previous to 1960, this post-1960s transfer of care involved many patients, and represented a significant change in health policy regarding mental illness. The transition in mental health policy was due, in part, to the community mental health movement of the 1960s, whose advocates believed that the mentally ill should be treated like the physically ill – not as outcasts to be segregated from the community in locked buildings, but as members of the community who, like any other community member, might require the services of a hospital from time-to-time. Deinstitutionalization was advocated by psychiatrists associated with the Canadian Mental Health Association, whose 1964 brief to the Hall Commission, *More for the Mind*, was a major influence of the government's decision to provide greater funding to psychiatric services in general hospitals via the Canada Health Act. Donald Wasylenki, "The Paradigm Shift from Institution to Community," in Rae-Grant, *Psychiatry in Canada*, 95-110. See also: Pierre Beausejour, "Advocacy and Misadventures in Canadian Psychiatry," in Rae-Grant, *Psychiatry in Canada*, 138; Cyril Greenland, Jack D. Griffin and Brian F. Hoffman, "Psychiatry in Canada from 1951 to 2001," in Rae-Grant, *Psychiatry in Canada*, 7-8; Ian Hector, "Changing Funding Patterns and the Effect on Mental Health Care in Canada," in Rae-Grant, *Psychiatry in Canada*, 60.

<sup>197</sup> Jane Ogden, *Fat Chance: The Myth of Dieting Explained* (London: Routledge: 1992), 39-48.

<sup>198</sup> In her article in the *Canadian Journal of Public Health*, Mrs. Cornacchia of TOPS Toronto made it clear that TOPS was a club for women, continuously referring to TOPS members as "girls." Because of its association with Alcoholics Anonymous, Overeaters Anonymous has traditionally been a more palatable group for men, and men have held prominent positions within the organization. As described in *Beyond our Wildest Dreams*, a history of Overeaters Anonymous by founder and housewife Rozanne S., however, Overeaters Anonymous was at its inception in the early 1960s exclusively for women. Chapter five of *Beyond our Wildest Dreams*, "Male Call!," relates the contentious "man debates" which occurred between group members regarding a potential male presence in OA. Mrs. A. Cornacchia, "A Layman's View of Group Therapy in Weight Control," *Canadian Journal of Public Health* 58, no. 11 (1967): 505-7; Rozanne S., *Beyond our Wildest Dreams: A History of Overeaters Anonymous as Seen by a Cofounder* (Rio Rancho, New Mexico: Overeaters Anonymous, 1996). For a discussion of the confluences amongst masculinity, alcoholism, and Alcoholics Anonymous see Craig Heron, "Rediscovering the Alcoholic," in *Booze: A Distilled History* (Toronto: Between the Lines, 2003), 351-70.

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- <sup>199</sup> "Tops to Hold Annual Meeting," *The Globe and Mail*, April 4, 1963. For discussion of TOPS in Canada see: Cornacchia, "A Layman's View of Group Therapy in Weight Control," 505; Elizabeth Thompson, Mrs. Thompson Advises, *The Globe and Mail*, October 6, 1960, 29.
- <sup>200</sup> Jo Carson, "Admitting You're Fat is Half the Battle," *The Globe and Mail*, December 19, 1968; Edna Hampton, "Diet Success Story: 7 Years and 72 Pounds Later," *The Globe and Mail*, April 23, 1969; Joann Walker, "Soft Drink Basting for Apples Part of Weight Watchers Diet," *The Globe and Mail*, March 7, 1968.
- <sup>201</sup> Rozanne S., *Beyond Our Wildest Dreams*, 14.
- <sup>202</sup> L. Redman, Member Services Manager, World Services Office, Overeaters Anonymous, in personal email communication with the author, March 14, 2008.
- <sup>203</sup> Jean Nidetch, *The Story of Weight Watchers*, as told to Joan Rattner Heilman (New York: New American Library, 1970), 9.
- <sup>204</sup> *Ibid.*, 55-6.
- <sup>205</sup> Jean Nidetch, *Weight Watchers Cookbook* (New York: Hearstside Press, 1966), 13.
- <sup>206</sup> Nidetch, *The Story of Weight Watchers*, 90.
- <sup>207</sup> Weight Watchers, "History," Weight Watchers Canada, <http://www.weightwatchers.ca/about/his/history.aspx> (accessed February 7, 2008).
- <sup>208</sup> Nidetch, *Weight Watchers Cook Book*, 10.
- <sup>209</sup> Nidetch, *The Story of Weight Watchers*, 128.
- <sup>210</sup> In chapter 14 of Nidetch's *The Story of Weight Watchers*, an "actual transcript" of a Weight Watchers meeting is provided. The transcript records members being chided, challenged, and humiliated for gaining weight and eating "illegal" foods.
- <sup>211</sup> Nidetch, *The Story of Weight Watchers*, 154.
- <sup>212</sup> Nidetch, *Weight Watchers Cookbook*, 13.
- <sup>213</sup> Nidetch, *The Story of Weight Watchers*, 155.
- <sup>214</sup> B. Presley Noble, "All About Weight-Loss Programs; Crash Is Out, Moderation Is In, And Diet Companies Feel the Pinch," *New York Times*, November 24, 1991, <http://query.nytimes.com/gst/fullpage.html?res=9D0CE3DF1739F937A15752C1A967958260> (accessed on February 7, 2008).
- <sup>215</sup> Weight Watchers, "Weight Watchers: About," Weight Watchers Canada, <http://www.weightwatchers.ca> (accessed May 28, 2009).
- <sup>216</sup> Nidetch, *Weight Watchers Cookbook*, 14.
- <sup>217</sup> *The Globe and Mail*, "Three Canadians Win Gairdner Award for Research," August 30, 1969; Walker, "Soft Drink Basting of Apples Part of Weight Watchers Diet."
- <sup>218</sup> *The Globe and Mail*, Advertisement, September 12, 1967; *The Globe and Mail*, Advertisement, November 27, 1967; *The Globe and Mail*, Advertisement, April 1, 1967; *The Globe and Mail*, Advertisement, June 24, 1968; Advertisement, *Globe and Mail*, October 14, 1968, 18; *The Globe and Mail*, Advertisement, November 9, 1968; *The Globe and Mail*, Advertisement, November 16, 1968; *The Globe and Mail*, Advertisement, November 14, 1968; *The Globe and Mail*, Advertisement, July 31, 1969; *The Globe and Mail*, Advertisement, August 5, 1969; *The Globe and Mail*, Advertisement, August 19, 1969.
- <sup>219</sup> *The Globe and Mail*, Classifieds, October 12, 1967; *The Globe and Mail*, Classifieds, October 29, 1968; *The Globe and Mail*, Classifieds, November 2, 1968; *The Globe and Mail*, Classifieds, November 6, 1968, 49; *The Globe and Mail*, Classifieds, November 9, 1968; *The Globe and Mail*, Classifieds, November 12, 1968; *The Globe and Mail*, Classifieds, November 18, 1968; *The Globe and Mail*, Classifieds, November 19, 1968; *The Globe and Mail*, Classifieds, November 20, 1968; *The Globe and Mail*, Classifieds, November 22, 1968; *The Globe and Mail*, Classifieds, November 22, 1968; *The Globe and Mail*, Classifieds, November 25, 1968; *The Globe and Mail*, Classifieds, November 26, 1968; *The Globe and Mail*, Classifieds, November 27, 1968; *The Globe and Mail*, Classifieds, November 28, 1968; *The Globe*

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and Mail, Classifieds, November 29, 1968; *The Globe and Mail*, Classifieds, November 30, 1968; *The Globe and Mail*, Classifieds, December 2, 1968.

<sup>220</sup> See the Weight Watchers publication *Dieting With the Duchess* by Sarah, Duchess of York. Sarah Mountbatten-Windsor, Duchess of York, *Dieting with the Duchess: Secrets & Sensible Advice for a Great Body*, with Weight Watchers (New York: Simon & Schuster, 1998).

<sup>221</sup> Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 185.

<sup>222</sup> Vosko, *Temporary Work*, 80.

<sup>223</sup> Chesler, *Woman and Madness*; Gleason, *Normalizing the Ideal*.

<sup>224</sup> See also Milman's discussion of Overeaters Anonymous in *Such a Pretty Face*. Marcia Millman, *Such a Pretty Face: Being Fat in America* (New York: Norton, 1980), 28-48.

<sup>225</sup> Susie Orbach, *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss* (New York: Paddington Press, 1978), 48.

<sup>226</sup> Laura S. Brown and Esther D. Rothblum, "Editorial Statement," in *Fat Oppression and Psychotherapy: A Feminist Perspective*, eds. Laura S. Brown and Esther D. Rothblum (New York: The Hawthorn Press, 1989), 2.

<sup>227</sup> Michel Foucault, *The History of Sexuality*, vol. 1, trans. Robert Hurley (1978; repr., New York: Vintage, 1990), 101.

## Chapter 4

### What to Do With the “Tubby Hubby”?: Fitness and Men’s Fat in Cold War Canada

In the previous chapter, I argued that, in Canada from the early post-war years to 1970, obesity was feminized through discourses that positioned women both as obese and as contagions of obesity. This chapter expands upon the contention that obesity was a feminized construct in medical, popular, and government texts by studying concerns about obese Canadian men or, as *Globe and Mail* columnist Josephine Lowman called them, the “tubby hubbies.” While feminists who study the fat body generally concentrate their analyses on women,<sup>1</sup> as Sander Gilman and Peter Stearns have pointed out,<sup>2</sup> it is impossible to ignore concerns about men’s fat in a study of the Canadian post-war era to 1970. In the era, the increasing weight of men was a central theme in popular, medical, and state representations of obesity, as well as in insurance company publications, and any serious historical inquiry regarding perceptions of body fat in the years in question must therefore detail and explicate anxieties about these “tubby hubbies.”

The “tubby hubbies” made their first appearance on March 13, 1952, on the front page of *The Globe and Mail* where a new serial by Josephine Lowman was announced: the “Tubby Hubby Diet.” The “Tubby Hubby Diet,” which ran every few days until July 8 and then again in 1953 and 1954, pronounced obesity as a “top killer”<sup>3</sup> and as “one of [Canada’s] top national health problems.”<sup>4</sup> The “Tubby Hubby Diet” was new territory for this women’s columnist. As the accompanying illustrations made explicit,<sup>5</sup> Lowman’s

serial targeted fat, white, heterosexual men. Yet, even as Lowman spoke *of* men, she continued to speak *to* women, as the following titles attested: “Slim Him 7 to 12 Pounds in just 12 Short Days,” “Don’t Let Him On Scales Until 12 Days are Over,” and “Doesn’t Need to Know that He’s on a Diet,”<sup>6</sup> thus demonstrating that men were targets of anti-obesity regimes, too, but in such a way that positioned women’s housewifery techniques as both the cause of men’s fat and the answer for it. The “Tubby Hubby Diet” was therefore part of a discourse discussed in chapter 3 which claimed that the emotional or unscientific cookery techniques of wives and mothers were responsible for the obesity of their husbands. Given that the previous chapter discussed women’s position as obesity contagions in detail, however, in this chapter I will focus more comprehensively on the discourses surrounding “tubby hubbies” as they specifically related to ideas about men, dominant masculinity,<sup>7</sup> and men’s bodies.

The “Tubby Hubby Diet” reveals the palpable concerns about men’s fat that existed during the era under study. In the years directly following World War II and through the 1960s – the early Cold War era – report after report surfaced claiming that Canadian men were increasing in weight and losing their muscle mass. Given to them by women, men’s encroaching fat, and subsequent deteriorating muscle mass, was ostensibly exacerbated by ever-increasingly sedentary jobs in which men were required to sit at their desks all day. Although wives may have made men fat, women were not always charged with slimming their tubby hubbies through their cookery techniques, as

men, themselves, were often held responsible for “curing” their own feminine fat. The era therefore witnessed a veritable explosion in physical fitness regimes, tests, research, and legislation which were designed to help men harden up their “flabby” bodies. Within national physical fitness campaigns such as federal fitness legislation, shape-up home regimes, and reports on medically supervised physical fitness tests, white, middle-class men working desk jobs were of special concern.

To note concerns about male obesity in the era under study does not negate the arguments of the previous chapter, in which I maintained that fatness was over-associated with women and female ontology. Rather, a study of “tubby hubbies” builds upon the suggestions and themes of chapter 3, and demonstrates that fat on men and the abjection of it only strengthened the association of obesity with women. Much like women’s obesity, then, the performative reiteration of excess fat on men and the abjection of it through physical fitness regimes, plans, legislation, and schemes, helped to reify the racialized and classed sexual distinctions between women and men that, under threat, partially and in turn founded anxieties about Canada’s “tubby hubbies.”

Though the previous chapter demonstrated how obesity associated with women fetishistically arranged the bodies of “the Other” in order to redeploy the power of the dominant male subject and to deny or downplay the collapse of private and public spheres, this chapter demonstrates how the body of *the normative male subject* was reimagined through obesity discourse to reify *his own* dominance. I argue that physical

fitness legislation, regimes, and tests for men reasserted normative masculinity and, along with it, the commonality of the white, middle-class nuclear family, thus providing a partial cure for raced and gendered social upheavals in Cold War Canada.<sup>8</sup>

In this chapter, in which I pay particular attention to the militarized context of the Cold War in Canada, I maintain that fat on men, coded as feminine by Cartesian philosophies of sex and gender as I have shown, was abjected through physical fitness regimes, and mobilized fetishistically to delimit and redefine normative power regimes and dominant identities that were being strained or erased altogether by a crisis of white, middle-class masculinity precipitated by threats of nuclear war and the perceived breakdown of the nuclear family form. Fat on men and men's resulting lack of physical fitness, often referred to as men's "softness," was said to be interfering with men's abilities to participate in and defend capitalist democracy. Unhealthy bodies meant more sick days in the paid work force, and also cast serious doubt upon Canadian men's ability to defend their nation both as soldiers and as civilians in case of an all-out atomic war. While fat impeded men's abilities to produce goods for and defend their nation, that same fat, standing in for the feminine, was fetishistically put to work, and the abjection of it helped to re-establish patriarchal power and assuaged anxieties regarding a crisis of white, middle-class masculinity. Additionally, I argue that male obesity, and in particular the attempted containment and removal of it through physical fitness legislation, tests, and regimes, symbolically rearticulated the normalcy of whiteness, and constructed

Canada as a Western nation within an international, Cold War capitalist context and (a sometimes reluctant) American ally. Worries about national fitness were thus highly gendered, raced, and classed, articulating unease not only with Canadians' inabilities to do push-ups, sit-ups, and sprints, but also with Canada's international position as a Western, capitalist democracy.

To begin, I provide a general outline of the chapter's theoretical implications. I then elaborate on the historical context of physical fitness discourse, and discuss the worries about Canadians' physical fitness expressed by the Canadian popular press, medical press, and by state agents which frame my analysis. Next, I look more closely at the gender, race, and class dynamics of physical fitness discourse, and demonstrate how fitness legislation, regimes, and tests positioned obesity as a white, middle-class male problem that was particularly endemic in white collar workers experiencing an epidemic of cardiovascular disease. Here, I discuss fitness regimes, tests, and legislation which applied to men *and* women, as women's fitness concerns complemented and reified the notion of men's atrophying muscles and accumulating "softness," and because physical fitness regimes and tests designed for women were also and in part organized as a response to the crisis of middle-class masculinity of this era. Last, I explore the reasons for the worry about fat on white, middle-class men, and take up feminist understandings of Cartesian Dualism, performativity, abjection, and fetishism to assert that physical fitness discourse, and specifically as it applied to the removal of fat from the bodies of

men, helped to re-establish dominant power regimes and to re-materialize borders between men and women, public and private spheres, and normative white Canadians and Canadians of colour who, though not always immigrants, were imagined as such.<sup>9</sup>

### **Theorizing male body fat**

By partnering theories of male body fat with feminist theories of Cartesian Dualism, performativity, abjection, and fetishism, the chapter is unique to fat scholarship.

Throughout the chapter, I draw upon materialist theories of the abject, such as those of Robyn Longhurst and Karen Shimakawa described in chapter 2,<sup>10</sup> which consider processes of abjection to be performative reassertions not only of coherent normative identities, but of dominant social structures. I show how the abjection of male body fat not only banished a Cartesian and, hence, feminine type of embodiment from the bodies of men and from the public sphere as a whole, but also expelled racialized bodies from the category of “Canadian” through physical fitness regimes, plans, and legislations that ignored Aboriginal peoples and immigrants. I also employ Eng’s and McClintock’s rethinking of fetishism,<sup>11</sup> and in particular rely on McClintock’s description of the fetish as a crisis manager by which the labour of Cartesian Others can be disavowed through an imaginative rearrangement of the body.

Additionally, this chapter draws on theories and histories of male body fat that were described in chapter 2, and in particular on those which contextualize anxieties

about male obesity in a time of (potential) war. Writers argue that male body fat carries a representational burden, and work on fat men has explored the links among male fat, capitalist production, and militarization. In tracing fat men on television from the 1950s to the 1990s, for example, Jerry Mosher argues that the women's movement of the mid-to-late twentieth century, and the accompanying rise of women working for wages, solicited "increasing numbers of soft-bodied males" on the airwaves.<sup>12</sup> Thus, "the fat and flaccid male body," Mosher maintains, "proved to be a handy visual metaphor for the impotence of patriarchal power and masculinity under siege."<sup>13</sup>

Mosher's notion that male body fat represents failed masculinity in patriarchal capitalism is echoed by Monaghan, who regards men's current slim-down regimes as a means by which masculinity is recaptured both by individual men and by society at large.<sup>14</sup> As Monaghan states: "the collective fight against...feminizing fat seeks to maintain masculine status at a collective and macro-social level while, somewhat paradoxically, simultaneously threatening it, and promising to recoup it, at an individual and micro-interactional level."<sup>15</sup> Though not making direct links to any specific military campaign and male body fat, throughout his book, titled *Men and the War on Obesity*, Monaghan metaphorically characterizes men's slim-down projects and anti-obesity medicine as "militarized" attacks in a "war" against obesity, participation in which allows men to reclaim their masculinity. Here Monaghan aligns himself with other writers who have made connections among militarization, war, and obesity. Schwartz, for example,

claims that obesity was problematized during World War I, when fat people were regarded as unpatriotic drains on scant food resources.<sup>16</sup>

In Canada, particularly in the early Cold War years, discussions of male obesity arose in the midst of some major challenges to normative white masculinity which were founded in two related anxieties that circulated during the Cold War era. First, concern proliferated regarding the possible if not probable attack on Canadian cities by communist Russia from which men would have to protect the nation.<sup>17</sup> Not everyone was confident that male citizens were up for such a military challenge. Second, and as discussed in the previous chapter, anxieties were expressed about the supposed breakdown of the nuclear family form, which, in relation to a discussion of men and masculinity, was tied to what Mary Louise Adams has named a “crisis of middle-class masculinity.”<sup>18</sup> The crisis of masculinity had a three-fold cause, and was rooted in economic shifts that required middle-class men to perform more “relational” or service-based labour, increasing numbers of women working for wages, and an influx of Eastern European immigrants who challenged the supposed universality of Western European whiteness in Canada.<sup>19</sup> This xenophobia was increasingly directed at immigrants of colour as Canadian immigration laws were “liberalized” in the 1960s and, as Thobani argues, “[t]he liberalization of the Trudeau era...enabled people of colour to make advances in accessing the educational and occupational opportunities previously denied them,” thus creating “new forms of intimate contact” between dominant white Canadians

and Canadians of colour.<sup>20</sup> Below, I explore these anxieties about racialized gender relations, and the crisis of white, middle-class masculinity that emerged concurrent with the Cold War, as they related to worries about male body fat as expressed through physical fitness discourse. To do so, I first outline the production of physical fitness concerns in Canada during this time, and then discuss the economic and political context which underlay them.

### **Historical context: Regulating fitness in state legislation, at-home regimes, and fitness tests**

Sport historians have noted the increased interest in physical fitness in the Canadian post-war period which, as such programs as *ParticipACTION* suggest, extended well into the 1970s and 1980s.<sup>21</sup> In the period under study, growing numbers of physical fitness programs were intimately related to obesity concerns. According to the popular and medical presses and to state agents, Canadians of the period were not only fat, they were also sadly out of shape. The lack of physical fitness, both in terms of muscle mass and physical endurance, was said to be so widespread in Canada that it constituted nothing short of a national problem. In 1953, for example, Lloyd Percival, whose physical fitness plans and research I discussed in the previous chapter and in greater detail below, articulated physical fitness in nationalist terms when titling his *Maclean's* magazine article "Our Flabby Muscles are a National Disgrace."<sup>22</sup> Similarly connecting overweight

and ill-defined musculature to the nation, a 1960 *Globe and Mail* editorial declared Canada “a nation of flabby, overweight weaklings.”<sup>23</sup> The Canadian medical press was also concerned with the nation’s lack of physical fitness. The editor of the *Canadian Medical Association Journal (CMAJ)* wrote in a 1961 editorial: “There is considerable evidence that Canadians are forfeiting the physical, mental and social pleasures which may be obtained from participation in physical exercise and sports.”<sup>24</sup>

Worries about the nation’s physical fitness gave rise to a whole host of programs, tests, and regimes, implemented or sold on a national scale, with the purpose of shaping up Canada. I focus on three such types of programming: state fitness acts, at-home physical fitness regimes, and physical fitness tests, the latter two of which often overlapped. In tracing the histories of these acts, tests and regimes, I demonstrate both how physical fitness was a nationalist and nationalized issue, and that discourses of Canada’s fitness levels were closely tied to state, medical and popular conversations about obesity.

### ***Physical fitness and the Canadian state: The physical fitness acts***

Canadian sport historians writing about the post-war period discuss the 1961 *Act to Encourage Fitness and Amateur Sport*,<sup>25</sup> or the *Fitness and Amateur Sport Act*, as one of the most significant moments in contemporary Canadian sport.<sup>26</sup> Indeed, it is obvious that the 1961 act had deep effects in Canada, particularly on amateur sport programs which

could finally access a substantive amount of federal funds after years of lobbying. Sport historians, however, pay less attention to the government's concern with the mass fitness of the nation and the role of the 1961 *Fitness and Amateur Sport Act* in addressing the fitness of all Canadians, not just of athletes. Worries regarding national fitness were more than evident in government correspondence concerning the 1961 act, the press coverage of the act's implementation, and also in the medical research which was both derived from and paid for by the act.

The *Fitness and Amateur Sport Act* had a long, arduous history, beginning with the implementation and eventual repeal of the first *National Physical Fitness Act* of 1943, officially titled *An Act to Establish a National Council for the Purpose of Promoting Physical Fitness*.<sup>27</sup> This 1943 act was a partial response to a pre-war physical fitness campaign undertaken by the League of Nations in the late 1930s. The Health Committee of the League of Nations had become interested in physical fitness and physical education and, as a member of the League, Canada was asked to co-operate in a scheme to "shape up" its slothful and over-fed member countries as early as 1937.<sup>28</sup> The Health Committee of the League of Nations, spurred by the report of the Committee of Nutrition, therefore recommended that "National Committees on Physical Fitness should be constituted" in member countries.<sup>29</sup> Though the League's suggestion met with a rather cool response on the part of Canada's Minister of Pensions and National Health, who argued that "medical authorities are not all agreed as to the beneficial results accruing

from such a national programme,”<sup>30</sup> subsequent Department of Pensions and National Health officials referred to the League’s request as pivotal in the implementation of the 1943 *National Physical Fitness Act*.<sup>31</sup>

Though the *National Physical Fitness Act* was in accordance with the League of Nations schemes, it was also the result of war-time concerns about the physical fitness of the nation, and was thus initially referred to as the “National War Fitness Bill.”<sup>32</sup>

Canada’s campaign in World War II which, though eventually successful, revealed a disturbing fact about the fitness of the nation: 44 percent of army recruits called up for duty were proved unfit for immediate service, or were of a “C-3” classification.<sup>33</sup> The figure of 44 percent reverberated in the popular and medical presses, and was generally accompanied by a call for federal government intervention.<sup>34</sup>

In such narratives of the 44 percent rejection rate, obesity played a small role.<sup>35</sup> State agents, and the Armed Forces itself, considered being overweight and/or obesity as a factor in rejection, as demonstrated in the instruction booklet for the medical examination of recruits. Providing a height/weight chart, the booklet stated that “[w]eight above the standard is not disqualifying, unless sufficient to constitute obesity.”<sup>36</sup> Armed Forces concerns about obesity were tepid, however. In an April 21, 1942, memo, H. H. Christie, Supervisor of Medical Services, outlined standards for weight-based rejections, along with those for hernia, flat feet, lack of visual acuity, poor oral conditions, tachycardia, and mental defects. Christie wrote: “The question of obesity, which after all

is merely an excess of fatty tissue, must in the last analysis be left to the judgment of the examining physicians or Board. ...Men under certain conditions may be perfectly healthy and capable of extreme exercise, and still be carrying a certain amount of excess fat. ... Those young men who are obviously so obese that the examining physicians considers that a faulty metabolism is responsible, [however,] should not be categorized higher than 'C1'.”<sup>37</sup>

Obesity, then, was “merely an excess of fatty tissue,” and was not always regarded as a valid reason for rejecting a potential recruit, though obesity in excess was a problem for recruiters as it was thought to be disability that would slow men down and impede their ability to fight. Far more concern was expressed, though, about the lack of musculature and physical ability of recruits due to malnutrition, a result, according to the editor of *The Globe and Mail*, of “cramping poverty” in some cases. For the middle- and upper-classes, however, under-nutrition indicated an “ignorance of the proper principles of nutrition.”<sup>38</sup>

In response to the worries sparked by the recruit rejection rates, and the subsequent calls for government to do something about them, the 1943 *National Physical Fitness Act* was devised by the government of William Lyon Mackenzie King. In a 1943 article in the *Canadian Journal of Public Health*, J. J. Heagerty, Director of Public Health Services of the Department of Pensions and National Health, directly linked the concern with recruit rejection to the implementation of the act. Heagerty stated: “The need...for a

program of physical fitness has been brought home to us by the war, and it is one that could be organized quickly.”<sup>39</sup> According to Heagerty, the object of the 1943 *National Physical Fitness Act* was to “promote the physical fitness of the people of Canada through the extension of physical education;...to train teachers, lecturers and demonstrators; and to organize sports and athletics on a nation-wide scale.”<sup>40</sup>

The act allowed for the federal dispensation of a total of \$225 000 to provinces that, after agreeing voluntarily to sign on to the act, were charged with financing fitness and sport programmes in their provinces.<sup>41</sup> The act also set aside \$250 000 of government monies to establish and maintain an inter-provincial Council on Physical Fitness, whose job was to promote national fitness through individual choice. The National Fitness Council, made up of supposedly apolitical experts in health and physical fitness appointed by the Director of the Council, was a dispensary, or “clearing house,” for educational material about fitness, and also for moneys for sports clubs, facilities and leadership training.<sup>42</sup> Through such distribution, it was intended that Canadians would have easier access to, and be able to learn more about, sporting activities of their choosing. Indeed, one of the most successful undertakings of the Council was the collection and publication of a large number of how-to films, books, and pamphlets about physical fitness and sport, which could either be loaned or gifted to any Canadian.<sup>43</sup>

While malnutrition was cited as a greater problem than obesity during World War II and therefore was one of the primary driving forces in the establishment of the

*National Physical Fitness Act*, eclipsing the League of Nations' concerns about over-eating in member nations, by the early 1950s troubles with post-war fitness were beginning to be almost ubiquitously linked to "over-nutrition" and an increase of fat on Canadians. Indeed, the 44 percent rejection rate began to be re-imagined in this time as a problem of obesity, as a *Maclean's* article by Lloyd Percival attested.<sup>44</sup> Referring to Canada as a "C-3" nation, Percival, who had just finished a battery of nation-wide physical fitness tests on men, women and children, found that a surprising number of Canadians were getting fat. Percival found that: "Near the bottom of the list statistically, but deserving a position at the top for its menace to national health was the incidence of overweight. This is one fitness factor that has a direct link with health and longevity. Thirty-nine percent of the people quizzed were overweight. One out of every three was more than ten percent heavier than he should be - the danger line recognized by doctors."<sup>45</sup>

Due to this growing worry about fat, the *National Physical Fitness Act* was brought into question, and its ability to solve the physical fitness problem doubted. In essence, the problem of the act, according to both newspaper commentators and to those involved with the National Council on Physical Fitness, was its lack of funds.<sup>46</sup> It would take more than \$225 000 to solve the never-before-seen sloth of flabby post-war Canadians.

The *National Physical Fitness Act* was repealed in 1954.<sup>47</sup> Some delighted in its demise. On June 17, 1954, for example, the editor of *The Globe and Mail* argued that a democratic government had no place in an individual's physical fitness regime, calling the repeal of the act "a mercy killing."<sup>48</sup> Others, like two *Globe and Mail* sports columnists Jim Vipond and former "lady" athlete Bobbie Rosenfeld, disagreed, each feeling the repeal was short-sighted and ill-advised.<sup>49</sup> Both of these writers continued to push for a national body to fund the physical fitness of Canadians, post-1954.

On March 30, 1956, in her column "Sports Reel," for example, Rosenfeld heralded the 1956 birth of the Canadian Amateur Sports and Physical Fitness Development Service, instituted by Lloyd Percival. The privately funded organization more or less mirrored the defunct National Council on Physical Fitness, and therefore comprised a national committee which would distribute funding and educational material to interested citizens and promising athletes. Otherwise known as CASPFDS, some commentators believed that the Service, though possessing a moniker that "cannot easily be pronounced," was necessary in a country whose federal government had "allowed [the act] to die."<sup>50</sup> But while interest in a national physical fitness council and act was sustained throughout the 1950s by lone agents like Rosenfeld and Vipond, public support for a new *Physical Fitness Act* was such by the early 1960s that the government of the time, headed by John Diefenbaker, felt fully confident introducing the *Fitness and Amateur Sport Act* to parliament. The upsurge in public support was in large part a result

of discourses linking the sedentary lifestyles of Canadians to a growing “obesity problem.”

Like the 1943 act, and according to Canadian sport history writers, the re-institution of a physical fitness act in 1961 was also due to international prodding. At an increasing number of such international meets as the Olympic Games and hockey’s World Cup, Canadian athletes were fairing poorly. On their ever-growing numbers of television sets, Canadians watched their athletes be consistently defeated at the hands (and other body parts) of athletes from the Soviet Union.<sup>51</sup> At the same time, state officials like Prime Minister John Diefenbaker were beginning to recognize the potential importance of sport in nation-building projects. In an era when the Canadian press, medical press, and state agents were struggling to articulate an independent Canadian identity, sport seemed a perfect vehicle with which to institute a sense of “Canadian-ness.” Government architects of the *Fitness and Amateur Sport Act* imagined that, in rallying around their athletes during international competitions, Canadians could develop a sense of national pride, unity, and identity.<sup>52</sup>

The 1961 act was also the partial result of an invited British intervention, however, demonstrating that the popular press, medical community, and the state were rather ambiguous in their desires to sever imperial ties. While Canadians’ growing interest in international sport and the failures of Canadian athletes in international competition were important catalysts in the ascension of the 1961 *Fitness and Amateur*

*Sport Act*, support for a second national fitness act increased in the medical and popular presses and in the offices and backrooms of various state officials after one fateful Royal Visit.

In 1959, the Canadian Medical Association (CMA) made an unlikely choice of presidents, appointing The Duke of Edinburgh to the post. The Duke, Prince Philip, was many things. He was not, however, a medical doctor. Despite his lack of medical training, Philip accepted the position of the Head of the CMA at a joint meeting in Toronto between the CMA and the British Medical Association, delivering a speech that would prove infamous. In it, Philip decried the softness of Canadians, which he blamed on a too-comfortable, increasingly sedentary modern lifestyle. Languishing in a state of “sub-health,” Canadians, Philip argued, “are not as fit as they might be.”<sup>53</sup> “...[L]ighter work, increased leisure, more sedentary occupation, altogether a higher standard of living and eating,” Philip opined, were making Canadians “soft.”<sup>54</sup> Quoting Assistant Director of the Physical Fitness Division, Dr. Doris Plewes, Philip argued that “Taken ‘en masse’ there is reason to believe that despite the generally lowered incidence of communicable diseases and the improved standards of living, [Canadians] lack the sturdiness and staying powers of our pioneers.”<sup>55</sup> Philip continued: “I do not believe that the average man or woman normally engaged in sedentary occupations has any idea of the number and variety of activities which are open to them. Some scheme, therefore, which exists to encourage participation in all sports and recreations, from archery to yachting, for all

ages and sections of the community, is absolutely essential to any modern community with a high standard of living. Such organisations exist, and when they get proper support and backing they can do a most valuable job.”<sup>56</sup>

Philip’s speech struck a chord with the medical and popular presses. It garnered front-page coverage in *The Globe and Mail*,<sup>57</sup> and a total of seventeen stories and letters about the speech in relation to Canadians’ lack of physical fitness and resulting “flabby” bodies were printed in the paper from 1959 and over the course of the 1960s.<sup>58</sup>

Meanwhile, in the medical press, the *CMAJ* ran an editorial both condemning and praising the speech. While S. S. B. Gilder, the editor at the time, resented the notion that doctors had to keep people from becoming “fat and lazy,” he agreed that something had to be done about Canadians’ “sub-health.”<sup>59</sup>

After Philip’s speech to the CMA, and the interest it sparked in the media and in medical circles, it became more and more palatable and politically savvy for the Canadian government to implement another physical fitness act. Indeed, during his introductory speeches to Parliament of the 1961 *Fitness and Amateur Sport Act*, Health and Welfare Minister J. Waldo Monteith made reference to Philip’s 1959 remarks.<sup>60</sup> Further, in a letter dated October 16, 1961, to Philip’s personal assistant Rear-Admiral Christopher Bonham-Carter, the Minister stated: “As you know, [Philip’s speech to the CMA] had a profound and far reaching effect in crystallizing the attitudes of Canadians on a problem of growing seriousness. I do not think it too much to say that the inspiration

for the legislation we have adopted can be traced directly to that auspicious occasion.”<sup>61</sup> Thus the implementation of the second act can be traced to Philip’s concerns about Canadians’ physical inactivity.

Like the 1943 act, the 1961 act established a National Council which distributed funds for educational and fitness programs. Unlike the 1943 act, the act of 1961 had much more money with which to work: \$5 000 000 that the Council could dispense to various amateur sport associations. Officials believed that by funding amateur sports agencies such as the Amateur Hockey Association and the Royal Canadian Legion’s track and field program, the act would improve Canadian athletes’ chances at international events. State agents also hoped that, inspired by their athletes’ physical prowess, everyday Canadians would be encouraged to take up activities such as skating or jogging.<sup>62</sup>

The federal government’s wish for the *Fitness and Amateur Sport Act* to inspire mass physical fitness was demonstrated by the federally funded Fitness Festival held at Toronto’s Canadian National Exhibition in 1962. Organized by the Fitness and Amateur Sport Division of the Department of Health and Welfare, the National Advisory Council on Fitness and Amateur Sport, the Ontario government, and the Canadian National Exhibition, the “major purpose” of the festival was described by Louis Cauz of *The Globe and Mail*: “...the festival is to focus national attention on better health through participation in leisure-hour physical activities.”<sup>63</sup> The festival’s theme, “choose your

way to fitness,”<sup>64</sup> was to “emphasize participation in fitness and sport”<sup>65</sup> not only to “some overweight types,”<sup>66</sup> but to Canadians in general, whose “national flabbiness” had been exposed by Prince Philip.<sup>67</sup> The festival included a parade, and a five-hour grandstand demonstration by gymnasts, square dancers, highland dancers, rugby and volleyball players, track and field stars, dog trainers, judo experts, and beauty queens from across Canada. Representatives from fitness, recreation and outdoor organizations also displayed their wares throughout the Exhibition grounds, interacting with the public and answering queries about their activities.<sup>68</sup>

The implementation of the 1961 act, then, shows the palpable and popular concern that existed regarding the physical fitness of Canadians. As I have demonstrated, worries about a national fitness problem were intimately connected to obesity, and, if fat can be considered to have been the abject as I argued in chapter 3 and will elaborate further in the forthcoming sections, fitness legislation was in large part organized as a state-funded process of abjection by which “excess” fat could be expelled from the nation. Physical fitness legislation was not the only mechanism for removing fat from the national body, however, as at-home physical fitness regimes and physical fitness tests arose during the era in question to calculate and contain the supposed problem of Canadian sloth.

### ***Physical fitness tests and regimes***

Alongside state legislation, a number of medically and self-administered fitness tests and home fitness regimes appeared in the post-war era to 1970. Related to the fact, as discussed in chapter 1, that Canadian identity was often formed with and against the culture and politics of the United States during the Cold War period, interest in fitness tests in Canada was spurred by the American Kraus physical fitness test. The Kraus physical fitness test, which was later referred to as the Kraus/Weber physical fitness test, was first reported in *The Globe and Mail* on September 9, 1955, in Bobbie Rosenfeld's "Sports Reel" column. In a study that tested the physical fitness of American and European youth, Dr. Hans Kraus with Ruth Prudden found that "57.9 per cent [of American children] failed one or more of six tests for muscular strength and flexibility while only 8.7 per cent of European children failed."<sup>69</sup> Aligning Canadian and American bodies and lifestyles, Rosenfeld noted that "[t]here is little reason to believe that the fitness average of the Canadian child is much different to that of the average American."<sup>70</sup>

In the United States, the Kraus results led to the establishment of a presidential council on youth fitness, culminating in the Presidential Fitness Test program of 1961.<sup>71</sup> The Canadian government eventually followed suit, establishing and sponsoring its own fitness testing. Fitness testing included the Canadian Physical Fitness Tests, administered circa 1957 by Doris Plewes, by then the Physical Fitness Consultant for the Department

of Health and Welfare. Plewes tested 60 000 Canadians, both children and adults, on a coast-to-coast trip,<sup>72</sup> and found the fitness of Canadians to be a “disappointment.”<sup>73</sup>

Under the auspices of the 1961 *Fitness and Amateur Sport Act*, the Canadian government also sponsored the fitness testing of 10 000 children across Canada from ages seven to seventeen, which was carried out by the Canadian Association for Health, Physical Education and Recreation (CAHPER) beginning in 1966.<sup>74</sup>

The CAHPER study, the object of which was to “establish national norms of physical performance for Canadian children and youth,”<sup>75</sup> tested Canadian children’s ability to perform such activities as the one minute speed sit-up, the standing broad jump, the shuttle run, the flexed arm hand, the fifty yard run, and the three-hundred yard run. The study also charted the heights and weights of children. Deciding that this first test did not accurately measure the true physical fitness of Canadian children, CAHPER undertook a second, “more scientific” test, again with the financial support of Fitness and Amateur Sport. For their second test, CAHPER researchers utilized the Physical Work Capacity (PWC) test popular with sports scientists in the 1960s. Using an exercise bike, or an ergometer, the researchers measured individuals’ ability to take up and transport oxygen during “maximal” work in relation to height and weight.<sup>76</sup> The results of the PWC study showed, through international comparisons to similar tests administered in Sweden and Los Angeles, that the physical fitness of Canadian children was “inferior to that of other groups studied.”<sup>77</sup> The study also concluded that Canadian weights and

heights were on par with those of Swedes, though below those measured in Los Angeles.<sup>78</sup>

Like the government of Canada, the medical establishment was interested in conducting fitness tests on Canadians. The *CMAJ* was a late-comer to fitness, and did not begin to publish articles about it in earnest, specifically as it related to overweight and obesity, until the 1960s. Before this point, as noted in the last chapter, the *CMAJ*'s articles regarding obesity were concerned mainly with food intake and diet drugs. With the advent of the seemingly scientific and objective PWC fitness test, however, and after Philip's speech to the CMA, interest was sparked in physical fitness and, specifically, in physical fitness tests.<sup>79</sup>

A 1965 *CMAJ* article by R. J. Shephard and M. Pelzer demonstrated the building medical interest in fitness. Shephard and Pelzer were both of the University of Toronto's Fitness Research Unit, one of the three government-sponsored fitness units in Canadian universities. The two researchers intended to "encourage and support research that will provide...normative data...[on] comprehensive normal standards of performance for the Canadian population."<sup>80</sup> Shephard and Pelzer used an exercise bike to measure the PWC of Canadians wandering through the grounds at the Canadian National Exhibition; specifically, their study was on "60 unselected male subjects ranging in age from 19 to 61 years."<sup>81</sup> Employing Metropolitan Life Insurance Company tables from 1959, the authors concluded that most of their subjects were overweight, and, not surprisingly (to them),

most of their subjects scored poorly on the PWC tests. Shephard and Pelzer argued, unlike the CAHPER study which found Canadians to be on par with Swedes, that: "...the present findings offer some support to those critics of North American civilization who contend that the urban population is overweight and has a poor working capacity relative to its counterpart in Europe."<sup>82</sup> The Canadian men's "European counterparts" referred to were Scandinavian office workers who had undergone similar tests.

Perhaps convinced by a plethora of fitness tests that they were fat, lazy, and out of shape, Canadians lapped up the physical fitness regimes available for purchase, many of which were designed by Lloyd Percival. Lloyd Percival was a Canadian fitness industry in himself. As host of a regular Canadian Broadcasting Corporation (CBC) radio program called *Sports College*, "Head Coach Lloyd 'Ace' Percival" dispensed fitness advice and broadcast physical fitness regimes throughout the 1950s. In the 1960s, Percival made the move to television, beginning a fitness show on Toronto's CFTO.<sup>83</sup> Encouraging Canadians to "keep fit, work hard, play fair, and live clean,"<sup>84</sup> Percival was particularly concerned with the musculature, endurance, posture and flexibility of increasingly sedentary Canadians. For example, noting that "we" lose flexibility in "our outer muscles and joints, and then our internal muscles such as our heart, kidneys and liver" as we get older, Percival provided his listeners with a number of exercises to regain their youthful agility in a January 21, 1950, broadcast of *Sports College*:

First of all, here's one. Sit on the floor with your legs straight out in front of you and then try to reach forward and grab hold of the sides of your feet without bending your knees. Another one would be to stand with your feet comfortably apart, bend your knees and lean forward and place the flat of your hands on the floor about six inches away from your toes. Then keeping the weight on the flat of your hands and keeping your hands flat, try to straighten your knees out. Another one would be to kneel on the floor with your knees and feet close together and then bend backwards to see if you can touch the back of your head on the floor. I'd be willing to bet that not one person in a thousand in our audience today could do all three of these.<sup>85</sup>

In addition to being the title of his radio program, Sports College was also the name of Percival's fitness research centre, which made money through "fees for testing and approving products...and from revenue earned by advertising of approvable products in Sports College publications."<sup>86</sup> Percival's publications generally took the form of one dollar "how-to" manuscripts and films, which have already been discussed briefly in this dissertation, including *Fitness Is Easy* and *Physical Fitness for All the Family*,<sup>87</sup> along with other titles such as *How to Keep Your Body Young* and *How to Keep Lean and Healthy*.<sup>88</sup> These publications were based on the evidence Percival gleaned from his own physical fitness tests. Carried out at Sports College, Percival's test results convinced him, and others, of the Canadian lack of fitness. The famous 1958 "Don Mills test" conducted

by Percival, for example, correlated higher weights and heights of residents of a Toronto suburb with their lower fitness test scores. Through a series of strength, endurance, and flexibility tests of children and adults in Don Mills, Percival concluded that Canadian children had “TV legs,” or a “lack of flexibility in the legs and lower back...traced to the long periods children spend sitting in front of television sets.”<sup>89</sup> The same sets of tests also detected a “high incidence of obesity” in the survey sample.<sup>90</sup> Luckily, obese Don Mills residents, and all Canadians, could purchase Percival’s fitness regimes which, along with “hardening up” Canadians and rendering them more flexible, were intended to help ever-flabby Canadians to lose weight.<sup>91</sup> Additionally, after 1963, Torontonians could purchase memberships to Percival’s new health club, the Fitness Institute, which is still in existence today.<sup>92</sup>

Percival’s were not the only fitness regimes available. The Royal Canadian Air Force (RCAF) was also involved in selling physical fitness regimes. Originally designed for RCAF personnel, the *5BX Plan for Physical Fitness* for men and the *XBX Plan for Physical Fitness* for women were graduated regimes intended to counteract the “[m]echanization, automation, and work-saving devices designed to make life easy” that were depriving Canadians of “desirable physical activity.”<sup>93</sup> The *5BX* provided charts to record one’s progression through increasingly strenuous activities, and illustrations and instructions for such exercises as the stationary run and “semi-spread eagle” jump which consisted of seventy-five stationary runs, a squat, and a jump in the air with the legs split

to each side. The *XXB* provided similar charts, demonstrating toe touching, leg raises, and arm circles. The *BX* programs became popular, and by 1962, well over 2 000 000 copies of them had been sold.<sup>94</sup> One copy of the *5BX* had been purchased by none other than John Wayne, as reported in a *Globe and Mail* interview with the actor.<sup>95</sup> The *BX* programs were also purchased by scores of ordinary Canadians, as well as by the armies and air forces of the United States, Australia, New Zealand, and Thailand, which used the plan to shape up their recruits.<sup>96</sup>

The Canadian government also showed interest in producing physical fitness guides, plans, and schemes for Canadians, including one advocated and popularized by Prince Philip himself. Called the Duke of Edinburgh's Award, Philip's scheme was initially designed for British youth to make good use of their leisure time, though some Canadian officials hoped to redevelop the Award for the Canadian populace. A gendered scheme that emphasized "public service" projects and "adventure" trips for both boys and girls, and physical fitness only for boys<sup>97</sup> and "design for living" or housewifery instruction solely for girls,<sup>98</sup> the Duke of Edinburgh's Award Scheme offered graduated bronze, silver and gold badges for youth between the ages of seventeen and twenty.<sup>99</sup> Advocated by federal Minister of Health and Welfare Walter Monteith, Philip's award scheme was to have been enshrined in the *Fitness and Amateur Sport Act* of 1961.<sup>100</sup> Though the scheme was eventually funded under the act, it was not legislatively earmarked for special funding as originally intended, but was given one of many grants

allotted for organizations advocating sports and fitness.<sup>101</sup> Asserting Canadian cultural independence, some considered the scheme too British for Canadian youth.<sup>102</sup>

Additionally, particularly problematic to Doris Plewes, a proven advocate of women's fitness and women's sport,<sup>103</sup> was the scheme's sole emphasis on physical fitness for boys. Plewes argued that any adoption of the Duke of Edinburgh Award by the government of Canada would require an "elimination of some of the differences between girls' and boys' projects and procedures. ..."<sup>104</sup>

While plans to write the Duke of Edinburgh's scheme directly into federal legislation fell through, the government did produce other fitness plans, including one called *Get Fit – Keep Fit*. Two booklets with the title *Get Fit – Keep Fit* were published by the Fitness and Amateur Sport Directorate in association with CAHPER and the CMA in 1967 and 1968, one directed at "young Canadians" and one at adults.<sup>105</sup> The *Get Fit – Keep Fit* guides implored Canadians to "accept [their] responsibility" to become physically fit,<sup>106</sup> and suggested a number of exercises that could "'inject' activity into...everyday life without changing into shorts or going near a gym."<sup>107</sup> For example, the *Get Fit – Keep Fit* plan for adults suggested Canadians "stand rather than sit...while dressing or undressing," and, after a bath, "place the towel behind [the] neck or back or under [the] foot and push hard against the towel."<sup>108</sup> *Get Fit – Keep Fit* for youths posited more strenuous activities, and provided a typical at-home fitness regime including sit-ups and squats for which the participant would most likely need to change into shorts.<sup>109</sup>

Like the *Fitness and Amateur Sport Act* of 1961, which was in large part a result of the belief that modern life was producing soft and flabby Canadians, fitness plans were designed to help the individual lose excess fat that had been gained by a sedentary lifestyle. For example, *Get Fit – Keep Fit* noted that “an over-abundance of fat imposes upon the individual physical limitations, discomfort, and the penalty of unattractiveness.”<sup>110</sup> Additionally, the pamphlet claimed that heart and kidney diseases were the result of excess fat which, in turn, was caused by the physical inactivity of everyday modern life. As the adult version of *Get Fit – Keep Fit* stated: “Living today in the time-saving, effort-conserving, push-button type of existence is vastly different from a generation ago. We eat mushy food, ride on balloon tires while sitting on two inches of foam rubber and two inches of flabby fat. Lack of physical activity has made us ‘soft.’ And, with all this, our working day has been shortened. We have more time for leisure pursuits – more time to be active.”<sup>111</sup> While Canadians may have had more time for leisure, they did not, the pamphlet intoned, take advantage of their “shortened” work days, instead becoming soft with a lack of physical activity.

Thus Canadians’ fat was in part blamed on a lack of physical fitness and, simultaneously, a lack of physical fitness was due to too much fat. Both physical inactivity and excess fat were attributed to Canadians’ increasingly sedentary lifestyle and the technological advances of modern life. The *Fitness and Amateur Sport Act* of 1961 and the physical fitness tests and personal fitness regimes which preceded and

succeeded it thus align with Gard and Wright's contention in *The Obesity Epidemic* that fat phobia stems, in part, from the "suspicious ambivalence" Western cultures hold about "modernization."<sup>112</sup> Indeed, a study of the fitness discourse of the post-war period to 1970 indicates that some Canadians of this era believed the process of modernization to be a double-edged sword. While Canada was regarded by many Canadians, as elaborated upon in chapter 1, as a young and modern nation that had been recently unfettered from Britain, and was prospering both economically and culturally, the "modern living" often associated with increased prosperity and the "push-button existence" derided by *Get Fit – Keep Fit* was said to be taking its physical toll on the increasingly obese bodies of Canadians. Physical fitness regimes, whether promoted by media personalities, the Air Force, or the state, were marketed as the saviour of Canadians, pulling them back from their sloth and into a healthy lifestyle of pull-ups, push-ups, and shuttle-runs more akin to the active and hearty life of their "pioneering" parents and grandparents.

The belief that physical fitness could solve all of modern society's ills was not, however, monolithic, and the popularity of fitness tests, regimes and legislation was tempered with mild scepticism. Some people doubted the role of exercise in fat reduction. Under an illustration of a white, fat man clad only in boxer shorts attempting (and failing) to touch his toes, Josephine Lowman stated in the "Tubby Hubby" column which opened this chapter: "Exercise won't save you, men, if you are greatly overweight. Join the Tubby Hubby Diet"<sup>113</sup> Similar sentiments were expressed by Georgeanna Smith in a

1957 *Globe and Mail* article called “Don’t Blame Your Glands: Obesity Usually Due to Overeating.” “Sorry,” Smith apologized, “but all the excuses, pills and hours in the gymnasium won’t shed those pounds. The only way to lose them is to cut down on food.”<sup>114</sup> While acknowledging that lack of exercise might cause weight gain, Smith maintained that “the local gymnasium has never solved the obesity problem,” and closed her article with tongue firmly in cheek: “...here is a simple exercise to practice. Sit down to a table loaded with all kinds of tempting rich food. Grasp the table with both hands and push your chair gently but firmly away. Then rise and walk proudly away from the table. It works wonders!”<sup>115</sup>

Also controversial was Canadians’ level of fitness as measured by the various fitness tests. The PWC tests, for example, were conceived because of the lack of reliability of “drill” or “performance” tests like the Kraus/Weber test which counted the number of push-ups or sit-ups, and timed fifty yard dashes a subject could complete.<sup>116</sup> As Gordon R. Cumming, an expert in PWC tests, put it: “...the scores in the performance tests depend considerably on skill and technique; in contrast, the efficiency of bicycle exercise is said to be about the same in experienced cyclists and novices,...so that the skill factor is eliminated. ...”<sup>117</sup>

Both the level of Canadian fitness measured through fitness tests, then, and the value of individual physical fitness regimes sold to “cure” these lagging fitness levels remained questionable – so much so that those who advocated and practiced regular

physical fitness regimes were sometimes considered “cranks, crackpots, quacks and exhibitionists.”<sup>118</sup> As the editor of *The Globe and Mail* said in a 1960 editorial, “someone seen cycling, running, or just determinedly walking down the street in a pair of shorts and a T-shirt is considered a figure of fun.”<sup>119</sup> Similarly, in the June 30, 1961, issue of *The Globe and Mail*, Zena Cherry, declaring her distaste for exercise regimes, wrote: “It’s so boring to exercise and I’ve always thought people who did it were as much faddists as vegetarians or nudists. ...”<sup>120</sup> Some commentators even doubted the necessity of physical fitness regimes altogether. Morton Hunt’s 1950 *Maclean’s* article dismissed personal physical regimes as “uncivilized” and “immature” pastimes,<sup>121</sup> beneficial only to professional athletes, “gym instructors, reducing experts, drill sergeants and dumbbell manufacturers.”<sup>122</sup> Hunt stated: “[Physical fitness regimes are] all right for professional athletes, but for the rest of us it’s crazy. You wouldn’t mistreat anyone else that way, why do it to yourself? For those over 40 violent exercise should be classified by law as a form of mayhem or attempted suicide.”<sup>123</sup>

Despite some scepticism regarding personal physical fitness plans, however, the general consensus in the texts that I studied was that Canadians were fat, slothful and out-of-shape, illustrating that discourses declaring obesity a national problem were by far more salient than any criticism of exercise. In the main, physical fitness regimes were therefore generally regarded as legitimate, if monotonous, pastimes throughout the post-war era to 1970. Indeed, personal physical fitness regimes were becoming so common

that the 1962 renovation plans for the West Block of parliament included an “exercise room.”<sup>124</sup> Additionally, while Health and Welfare Minister Judy LaMarsh replied to a reporter’s query that she did not do the *XX* because every time she lay on the floor to do sit-ups her dog licked her face, asking about the exercise regime of a public official had become, by 1964, the norm.<sup>125</sup>

**Of “missiles and muscles”<sup>126</sup>: Cartesian Dualism, performativity, abjection, fetishism, and the “tubby hubby”**

Even as physical “softness” was considered a national problem, and was therefore supposedly applicable to every Canadian, some Canadians more than others were singled out for concern. Chief among these “problem populations” were otherwise seemingly “normal” white, heterosexual, middle-class men who mainstream discursive agents anxiously noted were becoming soft because of their growing body weight. As a result, much of the conversation about lagging physical fitness I have described in this chapter was about and directed at this group of white, middle-class men.

Recalling the theoretical concepts of Cartesian Dualism, performativity, abjection and fetishism, I argue that worry about men’s “atrophying muscle” and “expanding potbellies” did not solely relate to men’s increased fat and decreased muscle mass. Indeed, as I have emphasized throughout this dissertation, the overall prevalence of obesity was not known at the time, despite the confidence with which a national obesity “problem”

was proffered in the texts under study. I therefore suggest that physical fitness concerns related to the “tubby hubby” were generated by and related to other social crises which were often implicitly or explicitly referenced in conversations about male obesity, and which were threatening the coherence of normative identities and the legitimacy of dominant power relations.

As I noted in chapter 2, McClintock and Eng propose that the fetish acts as a type of crisis manager for dominant subjects in moments of profound gendered, raced, and classed social tension. In particular, McClintock describes how fetishism allowed white, male, bourgeoisie subjects of the Victorian era to maintain fantasies of supremacy by cordoning off their reliance, both identificatory and economic, upon the Other through the psychic rearrangement of bodies. Applying McClintock and Eng to Cold War Canada, I suggest that the discursive practices of physical fitness helped solidify white, middle-class supremacy and autonomy through the re-imagination of bodies which had, for those who participated in fitness tests and regimes, very material effects. Different from the theories of fetishism suggested by McClintock and Eng, however, physical fitness discourses of the Cold War era in question did not re-materialize the body of the Other, but the body of the dominant subject.

As I demonstrated in chapter 3, fat was coded as feminine through Cartesian conflation of obesity with the reproductive labours and bodies of women in the post-war era to 1970. I therefore suggest that performative abjection of body fat from white,

middle-class men through physical fitness regimes and legislations helped to remove the feminine from the public sphere, the presence of which was beginning to threaten the coherence of the imagined border between public and private spaces, which was not just a gendered boundary, but a racialized and classed one, as well. Acting fetishistically, obesity on men, or more precisely the abjection of it, helped to ease anxieties about an impending war and the supposed break-down of the nuclear family form which was said to be caused by the feminization of the public sphere and changing immigration patterns. In the following sub-sections, I explore the connections among impending war, shifts to the nuclear family, changing immigration patterns, and concerns about white, middle-class men's obesity.

### *Impending war*

During the early Cold War period, and especially in the 1950s and early 1960s, the Canadian state took up a rhetoric of civil defence similar to that of the United States,<sup>127</sup> encouraging individual citizens to prepare themselves for nuclear war with the Soviet Union.<sup>128</sup> While a "C-3 nation" could win World War II, concern was that World War III would be very different, and the ostensible rise of Canadian softness seemed to demonstrate that the nation was not up for the challenge. *Globe and Mail* reporter James Senter connected the army's worries regarding the softness of the nation to a probable war, stating: "Army concern over the standard of physical fitness prevailing in this

country is a direct result of the increased need for mobility in this era of atomic war.”<sup>129</sup> Indeed, fears regarding Canadian’s abilities to fight World War III seemed validated by the Canadian army’s estimated recruitment rejection rate during the Korean conflict which, though not as high as World War II’s 44 percent, was 30 percent.<sup>130</sup> Referring to the “abhorrent” physical fitness of Korean armed forces rejects, the editor of *The Globe and Mail* made cryptic links between Canadians’ increasing fat and the potential fall of the nation, noting that “history deals harshly with nations which go soft.”<sup>131</sup>

It was said that the Russians, meanwhile, due to a reported lack of cars, a rural society, and a state-sponsored physical fitness program, were extremely fit, ready to compose an army of taut, fit civilians at a moment’s notice.<sup>132</sup> As Jim Vipond noted in his weekly sports column: “healthy athletes make healthy soldiers. Should a war break out, and let us hope it never will, Russia will be able to muster somewhere between 80 and 90 per cent of its manhood without fear of medical rejections.”<sup>133</sup> Similar sentiments were expressed by Lloyd Percival during one of his weekly *Sports College* radio shows. Percival said rather cryptically in a 1961 *Sports College* broadcast subtitled “Mr. 2000”: “If North American man is not in as good of shape say as our...uh...friends over in Europe, then this is going to have a very unfortunate result if this situation we’re living under now becomes either very intense or is sustained for some period of time, and this sets up some sort of a...war. Rudyard Kipling in a poetic commentary of the decline of

previous civilizations said, ‘one single simple reason in all cases, they fell because their people were not fit.’ Now this is something to think about.”<sup>134</sup>

Percival’s comments suggest that physical fitness regimes and testing, as well as fitness legislation, were tied to worries about war. So, too, was the *Fitness and Amateur Sport Act* of 1961. The fact that the 1961 act was launched as a Cold War project to shape up the lack-lustre bodies of potential soldiers was obvious in Prime Minister John Diefenbaker’s speech introducing the legislation. The speech was appropriately, and probably strategically, delivered at the opening of the Canadian Hockey Hall of Fame in 1961. As reported in *The Globe and Mail*, Diefenbaker opined in front of the new building’s doors: “The changes in the tempo of living have had profound effects on health. The shift...to a more sedentary existence...have raised new health and fitness problems.”<sup>135</sup> With the use of Cold War rhetoric, the Prime Minister added that “physical health [is] a powerful weapon in the contest between communism and freedom.”<sup>136</sup>

The passing of the *Fitness and Amateur Sport Act* in 1961 was significant not only in its intent to ready Canadians for war, but also for its signalling of the Canadian state’s full-hearted adoption of so-called Western democratic principles. The key component of the act was the insistence on personal choice of individual Canadians. The government would provide the funds and the guidance, but it was up to individual Canadians to “choose their way to fitness.” In the words of Minister of Health and Welfare Allan J. MacEachen in the Foreword to *Get Fit – Keep Fit*, physical fitness was

“a personal responsibility.”<sup>137</sup> In implementing the *Fitness and Amateur Sport Act*, the Government of Canada was in effect claiming that a “free state,” based on individual rights and choice, could produce the bodies it required for a Cold War. Riding on the fitness of Canadians, then, was not just the nation’s safety, but the very legitimacy of democratic ideology.

Similar ideological alignments between Canada and other democratic states of the Western world were made in relation to fitness regimes and tests by commentators who continuously compared the fitness of Canadians with that of American, Britons, and Scandinavians. In such instances, writers in the popular and medical presses implicitly and explicitly expressed anxieties that Canadians were either the same as or being “left behind” by other Westerners. As Bruce Kidd noted in 1968: “The Ottawa civil servant who skis on his lunch hour and the Vancouver businessman who jogs after work are the butts of jokes among their colleagues. ...By contrast, everybody skis in Sweden and most Californians swim in their own pools.”<sup>138</sup> In *The Globe and Mail*, Canadian physical fitness was frequently compared with the fitness levels of those residing in the United States, though Americans were not always said to be as fit as Kidd claimed. Fitness tests conducted on American bodies often served as stand-ins for Canadian data, and generally demonstrated the softness of Americans; if Americans were unfit, then obviously Canadians were too.<sup>139</sup>

Through physical fitness discourse, then, Canadians were akin to the Swedish, Americans and British, so much so that these countries served as litmus tests against which Canada measured its physical prowess in order for Canadians to be measured against other Western nation-states. These comparisons of the physical fitness of Canadians with other Westerners resonated in conversations about Canadian identity. If Canadians were close to the level of fitness in these countries, even to that of dismally out-of-shape Americans, then Canada was *like* other Western nations. If Canadian fitness standards were below those of other white nations, then Canadians had to continue to aspire to these other countries' fitness levels.<sup>140</sup> In both cases, Canadians were rhetorically or, perhaps more precisely, performatively aligned with the bodies of other Westerners.

As fitness discourse was often caught up in Cold War rhetoric that positioned Canada as a Western country committed to the fight against communism, and given that Canadians' supposed lack of physical fitness signalled the nation's waning military might, it is no coincidence that a great deal of fitness rhetoric was directed at men, who were charged with protecting the nation in case of war. In discussions which called for physical fitness in anticipation of a war, it was evident from the language employed that it was men's fitness, as potential soldiers, that was in question. Member of Parliament J. E. Brown, for example, was quoted in *The Globe and Mail* as comparing Russia's nation of "supermen" to Canada's nation of "jellyfish."<sup>141</sup> Speaking of military rejection rates in

1958, the editor of *The Globe and Mail* declared Canada's potential recruits an "effete people,"<sup>142</sup> obviously characterizing these rejected soldiers as male by derogatorily coding them as feminine. The spectacle of the normative man's supposedly atrophying muscle was thus sensationalized in the context of civil defence discussions, as it was argued that everyday male civilians would be required not only to fight in case of communist attack, but also to rebuild the nation during nuclear fall-out.

Physical fitness plans for endurance and especially for muscle-building during the Cold War period, then, were often regarded by state agents and writers in the medical and popular presses as a male domain, reflecting what theorists and sports historians argue more generally about the conflation of masculinity with physical fitness, and especially with muscle-building exercises.<sup>143</sup> Indeed, even though fitness may have been "for all the family," it is evident by Lloyd Percival's illustrations in *Physical Fitness for All the Family* and *Fitness Is Easy* of white men doing such muscle-building exercises as push-ups, sit-ups, chin-ups, and so on, that his regimes were in fact designed for the "hardening-up" of the man of the house.<sup>144</sup> As fat in this era was regarded as a feminine embodiment, fitness regimes designed to harden up men can be theorized of as tools for abjection, by which femininity could be jettisoned from the seemingly increasingly "effete" bodies of the nation's men in preparation for war.

Ironically, fitness plans for women perhaps best illustrate the contention that muscle-building and endurance exercises were targeted at men in order to abject their

feminine fat. As the Royal Canadian Air Force's *XBX* plan for women indicates, some interest was shown regarding physical fitness plans, tests and regimes for women. As M. Ann Hall argues, the 1961 *Physical Fitness and Amateur Sport Act* recognized women's sport, and for the first time provided federal government funding to women's amateur sports associations and women's physical fitness.<sup>145</sup> The National Council, for example, allotted funds to the YWCA for their employee, Eva Munro, to visit the country's many YWCAs and test the physical fitness of women.<sup>146</sup> Fitness for women, however, was advocated for very different reasons than it was for men.

Unlike those involving men, women were not encouraged to harden their soft bodies or to build muscle to fight a potential atomic or nuclear war, but were ubiquitously encouraged to become fit for the sake of their figures. For example, while the *5BX* for men purported that physical fitness was necessary to counteract the "physical deterioration" of the nation,<sup>147</sup> the *XBX* instead included a page-long section on how physical fitness could help appearance, thus implying that women's role was to look good, not to (re-)build the nation through physical might.<sup>148</sup> The "Your Appearance" section, which was not printed in the *5BX*, noted that the muscle toned through the *XBX* could "perform the same function as a girdle,"<sup>149</sup> pulling in the fat which accumulated on women's stomachs. "The *XBX*," the plan assured readers, was "designed to firm...muscles – not to convert [the participant] into a muscled woman."<sup>150</sup>

Similarly, *Get Fit – Keep Fit* for adults included a page titled “A Word of Advice for the Ladies.” On it, the state publication advised women that “[t]he contribution of exercise to figure improvement is of particular concern to women.”<sup>151</sup> Reassuring women that “[w]omen need not be overly concerned that they will develop big muscles” by exercising, the pamphlet encouraged women to undertake a “minimal daily exercise programme...[of] exercises for the abdominal area (leg lifts or sit-ups) and a brisk, 15 minute, walk.”<sup>152</sup>

The YWCA’s 1960 fitness LP for women called “Keep Fit” also steered women away from attempting to develop large, bulky muscles and toward toning a lithe, feminine figure.<sup>153</sup> Led by Dorothy Ball of the Ottawa YWCA, the “Keep Fit” program which was “not meant to be exhausting” involved no cardiovascular or muscular training, save in the abdominal area, and consisted mostly of stretching and flexibility exercises inspired by ballet. According to the record’s insert, such exercises were good for “figure control,” as “bulges and sag disappear” and the participant would notice “an improvement in the way [her] clothes fit. What could make a girl happier?”<sup>154</sup>

Thus, physical fitness discourse for women centred on rather superficial narratives of attractiveness and artifice, and lacked the heft of those for men, which were always attached to the very grave and pressing concerns of a nation’s failing masculinity, international politics and, if worse came to worst, war. These gender disparities relating to physical fitness were reflected in other ways, as well, as conversations about men’s

“softness” not only elicited concerns about men’s (in)ability to fight a war, but also their fitness to fulfil their roles as breadwinners and fathers within the normative nuclear family form, two concerns that were intimately related. Indeed scholars of the Cold War era have argued that the nuclear family was imagined as the “secret weapon” of the Canadian nation, the place, in the end, where democracy was spawned and the war would be won. In *The Trouble With Normal*, Mary Louise Adams describes this popular argument, proliferated by psychologists, the popular press, and state agents alike, that if everything was all right with the nuclear family, then everything was all right with the nation. Thus, as Adams writes, “the nuclear family came to operate as a symbol of safety – not just on the individual level, but on the national level as well.”<sup>155</sup>

The problem was that the normative nuclear family, which was ideally white, heterosexual, middle-class, and organized around the gendered division of labour, was said to be in trouble, as I noted briefly in chapter 3 – a worry that was partly elicited by what Adams calls a “crisis” of white, middle-class masculinity.<sup>156</sup> This crisis was the result of three phenomenon: women, including mothers, working for wages in the public sphere; the feminization of male labour; and an influx of immigration. Physical fitness regimes, plans, and legislation, for both men and, as I will show, for women, were pulled into and part of the anxieties about white masculinity and, relatedly, the nuclear family in Canada. Gendered conversations about Canadian fitness not only reflected worries about the supposed break-down of the nuclear family, but also helped to calm anxieties about

the normative family's demise through processes of abjection and fetishism that maintained fictitious gendered and racialized borders between public and private spheres. While abjection representationally expelled the feminized Other from the realm of the public with physical fitness regimes, plans, and tests, fetishism helped re-establish the white, middle-class Canadian subject's dominance through the embodied denial and disavowal of the importance of the racialized and gendered Other's paid labour to the economic health of the nation.

***Family problems: The feminization of the public sphere and changing immigration patterns***

The post-war period created and required an economy which evoked worries about the feminization of both men and the public sphere. This feminization created a serious challenge to the discourse of the gendered division of labour in which, as feminist historians argue, the nuclear family of this era was founded.<sup>157</sup> In part, the feminization of the public sphere was precipitated by women's waged labour. As discussed in the previous chapter, women during World War II had taken up the call of government and industry to fill previously male-dominated jobs, thus proving productive labour was not a "naturally" male phenomenon. Moreover, as Vosko notes,<sup>158</sup> the economy of the post-war period and beyond was shifting from an industrial-based to a service-based one, which brought with it a need for the cheap-yet-paid labour of women who continued to

participate in the labour force, although initially in smaller numbers and in different capacities than they did during the war.<sup>159</sup> Women did paid labour that men would not do because it was labelled “women’s work” and was poorly paid, even as it was also necessary to state and corporate growth. As Armstrong notes, the expansion of both the social welfare state and corporations was facilitated in part by women’s clerical labour.<sup>160</sup> As also outlined in chapter 3, women’s participation in paid labour, and particularly middle-class women’s paid work, grew throughout the 1960s with the feminist push for public sphere access.

While women were increasingly winning their own bread, thus creating a feminine presence in the purportedly masculine public sphere, the labour of men was also developing what was imagined to be a decidedly feminine character. According to Gleason and Adams, the concomitant post-war expansion of the social welfare and corporate bureaucracies created an explosion of white collar work for middle-class men.<sup>161</sup> White collar jobs at the civil service or in corporate offices were relational jobs requiring the “organization man.”<sup>162</sup> This new male worker had a feminized personality “concerned with the thoughts of others, tuned to the needs of others,” which was the “antithesis of the ‘rugged individualism’ that grounded...[ideals of] white, middle-class masculinity.”<sup>163</sup> This feminization of male labour was related to the concomitant feminization, or “effeteness,” as the editor of *The Globe and Mail* had put it,<sup>164</sup> of men’s increasingly less muscular bodies.

The Canadian government's nation-wide Sickness Survey, discussed in greater detail in chapter 5, had shown that more men were starting to take "disability" or "sick" days from paid work, a fact that commentators were beginning to relate to a lack of physical fitness.<sup>165</sup> Over and above any other type of men's labour, there was a palpable Cold War concern about the physical fitness of white collar workers, or businessmen, who, due to post-war shifts in labour, were increasingly required to carry out sedentary work sitting at desks. The concerns about insalubrious sedentary male office workers were reflected in a 1958 newsletter published by the Royal Bank of Canada, called the *Monthly Letter*: "Business men, alas, are among the world's worst practitioners of health habits. They may be able administrators, well-informed about company operations, excellent in work systems, and towers of strength in production, but they tend to be careless and thoughtless with regard to their own fitness. ..."<sup>166</sup>

Worries like these expressed by the Royal Bank were echoed in the popular press. In a 1959 article in the Financial Section, *The Globe and Mail* reported a growth in fitness clubs and classes designed exclusively for male businessmen.<sup>167</sup> This same article noted that some firms were beginning to require their male desk workers to take fitness classes. Similarly, a series of illustrations accompanying Sidney Katz's *Macleans* article, "Are We Eating Too Much,"<sup>168</sup> depicted a white man in a business suit sitting at his desk, attempting push-ups and puffing madly while climbing a set of stairs. Additionally, in a March 10, 1958, *Globe and Mail* pictorial, a line of white men were shown undertaking

various physical fitness tests for upper-arm and abdominal strength. The tests, conducted at the Central YMCA in Toronto, and to be repeated at YMCAs across Canada, “showed that those examined, like most Canadian businessmen, [were] not at their peak of physical fitness.”<sup>169</sup> The YMCA, in addition to testing the fitness of businessmen’s bodies, also suggested exercises for them. The YMCA’s Jim McVicar, for instance, advised a program of “desk exercises” to a Rotary Club in Toronto, a men’s service organization.<sup>170</sup> *The Globe and Mail* quoted McVicar: ““Every time your phone rings pull your stomach in against your backbone and hold it there until you find out who it is.””<sup>171</sup>

At-home fitness tests also addressed the problem of the sedentary male white-collar worker. Reporting on his Don Mills test discussed above, Lloyd Percival stated in a *Maclean’s* article that he had found the male middle-income businessman to be the most fat and physically unfit of all Canadians.<sup>172</sup> The physical fitness regime provided in his article was published as an antidote for the sedentary lifestyle elicited by the desk job. The RCAF’s *5BX* program was also partially intended to harden-up the male sedentary white collar labourer, as indicated by an illustration of a tired-looking white man wearing a business suit being dragged into action by a man in exercise garb, the latter clutching a copy of the RCAF’s plan.<sup>173</sup>

The potency of the discourse relating men’s white collar labour to male body fat and lack of physical fitness was, in significant part, the result of a well-publicized worry about an increase in male cardiovascular disease. The problem was not so much imagined

to be that middle-class men's sedentary work was failing to exercise the heart, but rather that such a lifestyle atrophied muscle and, even worse, encouraged the growth of fat, which in turn caused heart problems. In the early 1950s, links among physical fitness, body fat and heart disease were not always made in the same ways. Some people believed that excess fat simply created more work for the heart, eventually leading to its deterioration. For instance, *The Globe and Mail* reported in 1953: "It isn't just the load you carry in the extra poundage that does the harm, but that extra 20 pounds means 12 miles of extra blood vessels added to your system for your poor, tired heart in to pump blood through. If you have gained 40 pounds, then it's 24 miles of added circulation."<sup>174</sup> In such a scenario, physical fitness, along with a restricted diet, could reduce body weight and therefore alleviate cardiovascular stress. Eventually, the initially controversial hypothesis that tied fat to cholesterol and eventual heart disease overtook most other theories. While some argument existed about whether or not exercise would reduce cholesterol, medical and popular publications eventually agreed that physical fitness was an important preventive for excess weight which was increasingly linked to high cholesterol levels.<sup>175</sup>

Articles in the medical and popular literature from this era align with Lynne E. Young's contention that, despite medical evidence that heart disease has been detected in women since the early twentieth century, "the medical gaze remained squarely on males" due to the partnering of heart disease with work, and work, in turn, with men.<sup>176</sup> In the

Cold War era under study, medical and insurance company studies articulated heart disease as an almost exclusively male problem,<sup>177</sup> and, in particular, cardiovascular diseases resulting from men's sedentary desk jobs captured the imagination of the popular and medical presses.<sup>178</sup> For example, in a 1961 article in the *CMAJ*, Shanoff et al. argued:

For many years, clinicians have entertained the impression that there is an apparently higher incidence of CHD [Coronary Heart Disease] among professional and managerial personnel. Although there have been some reports to the contrary,...the bulk of epidemiological evidence both in the United States...and in Britain...seems to confirm this impression. The association of CHD with such occupations has been ascribed to the "high-pressure intellectual activity of the occupation." More recently, it has been attributed to the limited physical demands of the occupation, the incidence being highest in men with sedentary occupations.<sup>179</sup>

A 1950 *Maclean's* article by Fred J. Glover, ominously entitled "I Survived A Heart Attack," made similar links between men and sedentary desk jobs. "Today, coronary thrombosis is more frequent among middle-aged men than it was at the turn of the century," Glover argued.<sup>180</sup> Imploring the reader to "[l]ook out for business worry," Glover continued that the man "full of business worries and the strain of meeting competition, working too hard and unable to relax, usually falls heir to this legacy of

modern living.”<sup>181</sup> Thus, discourses about heart disease made a by-now-familiar link between the so-called white, middle-class “modern” subject and obesity and, then, heart disease.

It is important to note that medical researchers, in particular, were concerned about the coronary health of working-class male labourers, as well. Articles in the *CMAJ* often cited studies undertaken by the Metropolitan Life Insurance Company, for example,<sup>182</sup> which found that “industrial” or blue collar policy holders had the same if not greater incidences of heart-related deaths as “ordinary” or white collar policy holders. Metropolitan Life Insurance evidence was not, however, monolithic by any means, and the company’s publication, *The Statistical Bulletin*, often included ambiguous discussions regarding class and heart disease. For example, in a *Statistical Bulletin* from March, 1958, a number of studies were cited regarding cardiovascular disease, some showing that working-class men died more frequently of heart attacks, some equating sedentary white collar workers with higher heart disease mortality rates.<sup>183</sup>

Additionally, heart disease in industrial policy holders was often purported to be indicative of the upward mobility of the working class. According to the Metropolitan Life Insurance Company’s research, mechanization and the increased affluence of the post-war period allowed for a dubious equality, as both working- and middle-class men could ostensibly develop poor fitness levels, afford more food, and contract both excess fat and heart disease.<sup>184</sup> As noted in the *Bulletin* from July, 1964: “Mechanization and

improved standards of living have diminished the differences in energy requirements and nutritional levels of various classes in the population.”<sup>185</sup> Demonstrating a phenomenon I will discuss in further detail in the following chapter, in which racialized and, in this case, working-class subjects were imagined to be “becoming modern” through discourses of physical fitness and obesity, insurance company conversations about heart disease positioned working-class men as upwardly mobile because of these men’s supposedly increasing susceptibility to fat, a sedentary lifestyle, and heart disease.

Further evidence that cardiovascular disease and, by extension, obesity and low levels of physical fitness remained embodied categories primarily attached to middle-class men or those becoming like them is found in the Metropolitan Life Insurance Company’s adoption of new height/weight charts in 1959.<sup>186</sup> These charts were based on average weight data gathered by the Society of Actuaries’s *Build and Blood Pressure Study* which was partly a response to the perceived increase of North American men’s cardiovascular disease and excess body fat.<sup>187</sup> Gathering information from insurance companies across North America, the Society based its data on average weights of ordinary policy holders,<sup>188</sup> or those “drawn mainly from the middle socio-economic strata of the population” involved in white collar labour.<sup>189</sup> Thus, Metropolitan Life’s new tables, which were intended in large part to predict a man’s chance of developing heart disease, were based entirely on the “average” body of the white collar worker, and cardiovascular disease retained its association with the middle-class male.

Because of their purported lack of physical fitness, then, men, and specifically white, middle-class office workers, were said to be less able both to defend their country in war and to work for wages during a time of Canadian capitalist expansion. The sedentary jobs in which middle-class men were increasingly engaged were highly feminized, so much so that even if men were not chronically absent due to illness, their work engendered a middle-class crisis of masculinity which gave rise to questions about men's ability to fulfil their roles as sole providers for the nuclear family. In addition to these shifting gender roles and the potential break-down of the nuclear family form that accompanied them, changes to Canadian immigration laws, also influenced by economic necessity, were threatening the cohesion and commonality of the nuclear family form as well.

As scholars have argued, and as I have summarized previously in the dissertation, the coherence of a race-based national identity, predicated on the notion that Canada was predominantly a white nation of either British or French descent (or both),<sup>190</sup> has depended in part upon the recitation and regulation of the nuclear family form.<sup>191</sup> At the same time, definitions of nuclear family normalcy have been rooted in racist and racialized understandings of family relations.<sup>192</sup> Cold War anxieties regarding the nuclear family were therefore not only related to changes in the ever-less-palatable gendered division of labour, but also to shifts in the racial make-up of the nation witnessed in Canada from the post-war period to 1970.

Sunera Thobani maintains that the economic expansion of the post-war period, along with the desire of many Western states to sever any link to the eugenic philosophies employed by Nazi Germany, as well as the fact that “national interests” could best be served by establishing good relations “with the newly independent postcolonial states in Africa, Asia, and the Middle East,”<sup>193</sup> led Canada to discard its explicitly racist immigration policies after World War II, which had previously denied or accepted potential immigrants solely on the basis of race. This new “liberal” approach to immigration policy evolved into a “points system” by 1967, which on the surface accepted or declined applications for immigration to Canada based on “education, profession, occupation, language, and skill levels...as well as on their family ties to Canada,” not on the race of the potential immigrant.<sup>194</sup>

Scholars have argued, however, that racial discrimination continued to persist with the points system, as the government actively drew upon particular groups of immigrants for specific occupations. Sedef Arac Koc, for example, describes how the Canadian government has employed racialized and gendered understandings of Third World women as inherently suitable to live-in domestic work since the 1950s, and has streamlined women from the Caribbean and later the Philippians into this type of rather inauspicious and highly precarious labour.<sup>195</sup> Arac Koc echoes other writers, who argue that immigrants of colour were and continue to be systematically placed into the most

precarious, low-waged, and exploitable jobs in the country. At the same time, these jobs were and are essential to the Canadian economy.<sup>196</sup>

The new post-war immigration policies, while remaining racist, did help re-shape the racial demographics of the nation, however. Census data indicate that the number of immigrants to Canada increased between 1951 and 1971 from 2 059 911 to 3 295 531.<sup>197</sup> Aggregated further, while the bulk of immigrants, 45.5 percent of them, hailed from the United Kingdom in 1951, only 29.4 percent of immigrants were from the United Kingdom by 1971.<sup>198</sup> Most immigrants had come from “other European” countries by 1971 (50 percent), the highest percentage of which were from Italy (11.7 percent), followed by the Polish and the Soviets, each comprising 4.9 percent of the total number of immigrants to Canada.<sup>199</sup>

While these demographic changes, in which immigration rates from Southern and Eastern Europe supplanted those from the United Kingdom by 1971, elicited a type of racial panic,<sup>200</sup> Thobani argues that the increase in immigrants from Third World countries was perhaps even more upsetting for Canadians, and produced what she calls a “crisis of whiteness.” Thobani argues: “The increased (demographic and political) presence of those previously designated non-preferred races [associated with the Third World] meant that racial proximity became a feature of daily life. The diminishing of racial distance mobilized deep seated racial/national anxieties and gave rise to a different kind of dislocation of white identity.”<sup>201</sup> Indeed, in the 1971 census, Statistics Canada

connoted the increase of immigrants from what it called “other Commonwealth countries,” which included India, Pakistan, and West Indies,<sup>202</sup> from 1.0 percent in 1951 to 5.2 percent in 1971.<sup>203</sup> The number of immigrants from the “Asiatic countries” also increased from 1.8 percent to 3.6 percent over these two decades.<sup>204</sup> The writers of the census attributed Canada’s changing demographics to the implementation of the points system in 1967 which “eliminated discrimination on the basis of race or national origin for all classes of immigrants.”<sup>205</sup>

Thus, even though the numbers of Third World immigrants may not have been as great as immigrants from European countries, the points system was perceived as an instrument of profound change in the racial make-up of the nation, a perception which itself changed the racial character of Canada. As anti-racist scholars such as Himani Bannerji and Eva Mackey have shown, the anxiety created by growing numbers of people of colour in Canada gave rise, in large part, to “multiculturalism” which was firmly intertwined with Canadian identity by the 1970s.<sup>206</sup> Multiculturalism, according to anti-racist scholars, allowed differences to be tolerated while whiteness remained the normative Canadian race from which “others” euphemistically differed.<sup>207</sup>

As the nuclear family form was intimately tied to the whiteness of the nation, it is not a coincidence that, during a time of actual and perceived increased immigration of people of colour to Canada, the nuclear family was said to be in peril. It is also not a surprise that narratives of nuclear family normalcy intensified beginning in the 1950s. As

noted in chapter 3, historians have previously described the various post-war discourses that were mobilized not only to communicate the norm of the white, middle-class nuclear family, but also to regulate the behaviour of those who differed from it.<sup>208</sup> In their article “Jell-o Salads, One-Stop Shopping, and Maria the Homemaker,” for example, Iacovetta and Korinek analyze images of food preparation in social workers’ pamphlets of the period along with *Chatelaine* magazine to argue that classed and racialized ideals about health and hygiene were visually communicated to recalcitrant immigrant women who did not or could not live in nuclear families.<sup>209</sup> In addition to their punitive functions, such images of food preparation, which generally depicted a white, middle-class housewife in her gadget-laden kitchen, also produced a racialized and classed norm of gendered labour, and furthered the notion that most Canadian women were tucked safely away in their homes performing reproductive tasks. As this conflation of women with the private sphere relied on ontological discourses of women as biologically suited to reproductive labour, as I argued in the previous chapter, this disavowal of women’s public sphere labour was a fetishistic one, whereby women’s bodies were re-imagined to reassert the gendered division of labour.

Within such a discursive context, in which the white, middle-class nuclear family norm that sustained dominant patriarchal and racist power relations was also said to be under threat, discourses of male obesity and lack of physical fitness played an important role. As did cookery advice for women in Iacovetta and Korineck’s study, those physical

fitness regimes and tests that were designed for men and conversations about male softness recited nuclear family normalcy and, through texts and pictorials that positioned “the soft Canadian” as a family-waged husband surrounded by his white, heteronormative, middle-class nuclear family, connected the nuclear family to a normative national identity which fetishistically rearranged the male body. As a process of fetishism, the reification of the white nuclear family through physical fitness discourse eased the tensions founded in changing immigration patterns by performatively proclaiming the existence and commonality of nuclear families with Western European roots. Through continuously asserting the patriarchal gendered division of labour, physical fitness regimes for men also helped assuage anxieties stemming from the feminization of the public sphere created by shifts in labour which required women to work for wages, and middle-class men to work at sedentary and relational jobs that “softened” their bodies.

„Lloyd Percival’s works were typical examples of physical fitness regimes for men that discursively produced the white, middle-class nuclear family as the Canadian norm. In 1957’s *Fitness Is Easy*, Percival described, in chart form, the typical day of a man working a desk job. The chart, which Percival called “Typical Daily Caloric Burn-up of Sedentary Urban Male” included the time and calories spent by such activities as sleep, “shaving, etc.,” breakfast, “reading paper, talk,” “looking for briefcase, etc.,” “driving to work,” “parking, walk to office, etc.,” “getting settled, working at desk,” “walk to lunch,”

“walk back,” “walk to car, etc.,” “drive home,” “washing up, etc.,” “waiting for dinner” and “television.”<sup>210</sup> Evident here is men’s participation in office labour and concomitant lack of contribution to domestic chores. The fitness regime thus recited the gendered division of labour traditionally attributed to the nuclear family form. Further, depicting the racial and class norms that defined nuclear family living, illustrations provided in all of Percival’s guides – and in all illustrated fitness manuals and articles pertaining to male fitness – were of white men. At times, these men were surrounded by white, nuclear families. The cover of *Physical Fitness for All the Family*, for example, featured a smiling husband, wife, son and daughter, all of whom were white and dressed in seemingly middle-class clothing.

The representational labour of male obesity and men’s fitness, whereby the normative white, nuclear family formation was reified through fitness discourse, was complemented by regimes for and discussions about women’s physical fitness. The *XBX*, for example, advocated physical fitness for the sake of housewifery, as was illustrated by a picture of a happy white housewife, ironing clothes with one hand, playing tennis with the other, the caption reading: “Lead a balanced life.”<sup>211</sup> The Fitness and Amateur Sport Directorate’s *Get Fit – Keep Fit* for adults also articulated women’s fitness needs in terms of their reproductive labour. Picturing white women undertaking such activities as cycling, down-hill skiing, and tennis, the pamphlet suggested activities which would allow women to “[get] out of the house” for an hour or so and would therefore be

“psychologically beneficial.”<sup>212</sup> Similarly, in an article entitled “Scrub to Keep Fit,” *The Globe and Mail* quoted Doris Plewes as encouraging women to “get down on hands and knees and scrub the kitchen floor” in order to keep physically active and attractive to men.<sup>213</sup> Plewes went on to scorn labour-saving devices in the home that were beginning to render women less fit than their pioneering foremothers, a discourse repeated by other commentators,<sup>214</sup> including Dr. William Orbon, the inventor of the *XBX* and *5BX* plans.<sup>215</sup> Fitness plans for women, then, were almost always designed to produce better-rested, more efficient, and better-looking housewives, thus reiterating the middle-class ideal of the nuclear family and gendered division of labour. Additionally, as all accompanying illustrations of white women indicated, the ideal of the nuclear family recited by these fitness plans was also racialized.

Although most physical fitness discourse positioned women as reproductive labourers in the home, there were exceptions to the rule. At times, physical fitness rhetoric recognized women’s paid labour in the public sphere. Physical fitness tests were conducted on women who worked in retail or as nurses, as Gordon R. Cumming’s study with Linda Young attested. Published in a 1965 *Canadian Nurse*,<sup>216</sup> Cumming and Young recorded the PWC of nurses, and found that “[o]ne out of every five” of them lacked “the working capacity of an average eight-year-old boy or eleven-year-old girl.”<sup>217</sup> Similarly, Brown and Shephard published their study of women retail workers at a Toronto Eaton’s store in the *CMAJ*.<sup>218</sup> The researchers measured subcutaneous fat and

cardiovascular capacity, and not only found the group of women to be in poor shape, but also determined them to be highly “neurotic” and “anxious.”<sup>219</sup>

A 1950 publication from the federal government’s Fitness Division called *Daily Does It...* also recognized women’s paid labour. *Daily Does It...* provided a set of exercises for a sedentary male office worker named “Slim,” and one set for his sister “Sue,” a young, white woman who was pictured hunched over a typewriter. Sue, “so tired after a long, hard day of sitting at the office,” was “for once in her life...willing to take brotherly advice,”<sup>220</sup> and begin an exercise regime consisting of lunges, toe touches, and knee lifts. It is probably no coincidence that the pamphlet was produced in a time in which Doris Plewes, herself a woman with a desk job, acted as the assistant director of the Division, and had done so since 1946,<sup>221</sup> though Plewes’ subsequent comments regarding “scrubbing the floor” for fitness indicated a possible change of heart by 1957.

Apart from individual intent, however, it is important to note that depictions of working women in physical fitness tests and regimes did not sever women’s association with the reproductive sphere. As feminists have argued, the continued recognition of women’s supposed talent and predilection for such paid labour as nursing, clerical, and retail work has continued to conflate women with the reproductive labour of the private sphere.<sup>222</sup> Further, as Sandra Bartkey argues, women’s regimented maintenance of appearance can in and of itself be characterized as a type of social reproduction; part of

women's labour within heterosexual relations founding the nuclear family has traditionally been, and continues to be, remaining "attractive" for men.<sup>223</sup>

Physical fitness discourse, then, re-established the nuclear family form as common and normal in the Canadian context, defined the family as white and middle-class, and collapsed men and women with the productive and reproductive spheres, respectively. Apart from the general supposition that physical fitness discourse positioned the white, middle-class family as normal, thereby articulating women who worked for wages, the working class, and racialized Canadians as abnormal, these regimes, tests, and legislations can be regarded more specifically as performed instances of abjection and fetishism. That is, if fat was articulated as feminine through the logics of Cartesian Dualism, then physical fitness discourse, particularly that which stemmed from worries about male obesity, calmed the tensions created by the crises of whiteness and middle-class masculinity engendered in part by the economic shifts and expansion of the post-war era to 1970; narratives of the "tubby hubby" re-imagined the bodies of dominant subjects as "soft" and feminine, and, in turn, physical fitness curatives removed the feminine from the bodies of dominant subjects through fat abjection.

Convinced that men were becoming, to paraphrase Kristeva, "swamped" by feminized fat,<sup>224</sup> medical, state, and popular figures organized slim-down campaigns for them which took the form of physical fitness regimes. Such regimes, which can be characterized as processes of abjection, expelled the feminine from the bodies of subjects,

allowing the “recuperation” of white, middle-class men’s masculinity during a time in which it was in crisis.<sup>225</sup> The expulsion of fat, as a feminine form of embodiment, became a highly symbolic act, whereby the Cartesian body was expelled from the realm of masculine production. While more feminine and relational jobs were making middle-class men soft, ill, and unprepared for war, highly masculinized and militarized routines like the *5BX* could make men muscular, taut, and masculine again even while remaining white collar workers. Considering men’s body fat as abject is helpful in explaining the almost-obsessive degree to which discursive agents were interested in producing white, middle-class male obesity as a problem despite conflicting evidence regarding its prevalence.

In addition, I suggest that the physical fitness discourse circulating about both women and men in response to the crisis of white, middle-class masculinity operated fetishistically, easing a tension in values created by patriarchal capitalism, and allowing the dominant subject to deny the importance of women’s and immigrants’ labour to capitalist expansion through discursive practices that re-imagined men’s bodies as “soft.” This downplaying of the importance of immigrants’ and women’s labour justified their under-payment or non-payment, and also allowed dominant subjects to deny seepages between public and private spheres – a discursive practice common to many physical fitness tests and regimes. As pictures of men in suits and women ironing showed, physical fitness narratives served to reiterate the gendered division of labour as if it were

typical and universal. Confidently asserted were the notions that men were in the public sphere, sitting at their desks and sucking in their abdomens when answering the telephone, while women were happily “down on their knees and scrubbing the floor.” This reassertion of the public/private split through performative processes of fetishism and abjection in physical fitness regimes, tests, and legislation was both a corollary of and necessary to a time in which worries about the raced identity of the nation, disruptions in the gendered division of labour, nearing apocalypse, and a crisis of white, middle-class masculinity were tied to the proliferation of the nuclear family form. Promoting the normalcy of the nuclear family by cordoning off coherent public and private spheres, fitness projects reassured Canadians that men were still men, women still women, Western European whiteness predominated, and the nation was safe.

## **Conclusion**

As the examples in this chapter illustrate, anxieties regarding obesity in Cold War Canada had less to do with the actual growing girth of bodies, which had yet to be proven unequivocally, and more about the anxiety elicited by upheavals in dominant race and gender relations. The Canadian Cold War economy relied on the paid labour of women, working- and upper-class, and on the labour of immigrants, who “had to be accepted as an unavoidable necessity in the interest of economic expansion.”<sup>226</sup> In Kristeva’s<sup>227</sup> terms, the subject needed its abject. Further, with the arrival of immigrants following

World War II and over the course of the 1950s and 1960s, Canada was increasingly shedding its character as a nation of Western European descent. Yet, the necessity of public/private sphere collapses and raced-based demographic shifts was vehemently downplayed and disavowed during the era, and characterized as abnormal. In rearticulating the ubiquity of whiteness and of the gendered division of labour through discourses of physical fitness, Cold War Canada could be positioned and repositioned as a patriarchy, a nation composed of white and middle-class breadwinner husbands, homemaker wives, and as a country ready and willing to fight and win a war, should that awful need arise. The narratives regarding Canada's lack of physical fitness and growing softness were also part of the nation's ongoing project of colonialism, and, in particular, to Canadian colonial expansion into the North. I explore the relationship of obesity and physical fitness to colonialism in the following chapter.

By considering obesity as a discourse which partially functioned, through the abjection of fat on the bodies of white, middle-class men, as a balm for early Cold War social crises, this chapter has continued to call into question the common-sense "naturalness" of the fat body. It is my intent to open up possibilities for understanding how fat works to assuage contemporary psychic crises created by what Monagan, Mosher, and McDowell have identified as a contemporary crisis of masculinity caused by, in part, changing gendered and raced economic relations in the West.<sup>228</sup> In Cold War Canada, the discourses of male obesity and physical fitness acted through processes of

abjection and fetishism to reassert the autonomy and independence of the masculinized public sphere from the feminized private during a time of threatening war. Presently, Canada is again aligned with the United States in a globalized war: the War on Terror. Additionally, the Canadian economy, like those of other Western states, rests upon feminized service-based employment, performed by both women and men, with women of colour undertaking the least-desirable and lowest-paid jobs.<sup>229</sup> It remains to be seen, or at least studied, whether Canada's current "obesity crisis" is related to the political-economic agendas of war and globalization. A study of the Cold War period suggests, however, that if fat phobia flowed from larger and over-arching national agendas and anxieties, then so too might current worries about fat be grounded in something other than Canadian's supposedly growing girth.

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<sup>1</sup> An exception is Joyce L. Huff, "A 'Horror of Corpulence': Interrogating Bantingism and Mid-Nineteenth-Century Fat-Phobia," in *Bxodies out of Bounds: Fatness and Transgression*, ed. Jana Evans Braziel and Kathleen LeBesco (Berkeley: University of California Press, 2001), 39-59.

<sup>2</sup> Sander L. Gilman, *Fat Boys: A Slim Book* (Lincoln: University of Nebraska Press, 2004), 4; Peter Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press), 58; see also: Kirsten Bell and Darlene McNaughton, "Feminism and the Invisible Fat Man," *Body & Society* 13, no. 1 (2007): 107-13.

<sup>3</sup> Josephine Lowman, "Obesity Top Killer, Watch Your Weight," Tubby Hubby Diet, *The Globe and Mail*, October 1, 1953.

<sup>4</sup> Josephine Lowman, "Weight Charts Not Ideal for Persons of all Builds," Tubby Hubby Diet, *The Globe and Mail*, September 29, 1953: 10.

<sup>5</sup> Illustrations for the "Tubby Hubby Diet" depicted: an angry white woman wagging her finger at her portly husband during suppertime; a fat white man attempting, and failing, to touch his toes; an insurance agent warning his large, white male client about the dangers of obesity; a portly white man sitting in an arm chair, the belly fat spilling over his belt precluding his son from climbing onto his lap; a tuxedoed white man too winded to dance with his gowned wife; and a white woman, in housecoat and slippers, enraptured by her new and improved, less-tubby hubby. Lowman, "Obesity Top Killer"; Lowman, "Weight Charts Not Ideal"; Josephine Lowman, "Good Nutrition Key in Weight-Cutting," Tubby Hubby Diet, *The Globe and*

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Mail, September 30, 1953; Josephine Lowman, "If Son Can't Find Dad's Lap It's Time to Take Action," Tubby Hubby Diet, *The Globe and Mail*, October 3, 1953; Josephine Lowman, "320-Pound Man Sheds 10 in 7-Day Trial of Course," Tubby Hubby Diet, *The Globe and Mail*, October 5, 1953; Josephine Lowman, "Look Out, Wives Warned, Tubby Hubby Cuts Pounds," Tubby Hubby Diet, *The Globe and Mail*, October 8, 1953.

<sup>6</sup> Josephine Lowman, "Slim Him 7 to 12 lbs. in Just 12 Short Days," Tubby Hubby Diet, *The Globe and Mail*, March 17, 1952; Josephine Lowman, "Don't Let Him on Scales Until 12 Days are Over," Tubby Hubby Diet, *The Globe and Mail*, March 24, 1952; Josephine Lowman, "Doesn't Need to Know He's on a Diet," Tubby Hubby Diet, *The Globe and Mail*, March 18, 1952.

<sup>7</sup> Here, I am referring to the concept of dominant masculinity, or what Kimmel calls "hegemonic masculinity" in "Masculinity as Homophobia." Arguing that masculinity is a historically constructed, not a biological, category, Kimmel suggests that hegemonic masculinity is maintained by a repudiation of the feminine, and defines masculinity on page 76 as "being strong, [financially] successful, capable, reliable, in control" and heterosexual. Michael S. Kimmel, "Masculinity as Homophobia: Fear, Shame, and Silence in the Construction of Gender Identity," in *Gender Relations in Global Perspective: Essential Readings*, ed. Nancy Cook (Toronto: Canadian Scholars' Press Inc., 2007), 73-82. See also: R. W. Connell, *Masculinities*, 2nd ed. (Berkeley: University of California Press, 2005); Michael Kimmel, "The Birth of the Self-made Man," in *The Masculinity Studies Reader*, ed. Rachel Adams and David Savran (Oxford: Blackwell, 2002), 135-152.

<sup>8</sup> While I focus specifically on early Cold War anxieties that circulated most acutely from the decades following World War II to 1970, Cold War concerns extended throughout and beyond the 1960s, as Whitaker and Hewitt note. Even though important connections might therefore be made between male obesity and the Cold War rhetoric of the 1970s and 1980s, I leave such a discussion for future scholarship. Reginald Whitaker and Steve Hewitt, *Canada and the Cold War* (Toronto: James Lorimer, 2002).

<sup>9</sup> Sunera Thobani, *Exalted Subjects: Studies in the Making of Race and Nation in Canada* (Toronto: University of Toronto Press, 2007), 149.

<sup>10</sup> Robyn Longhurst, *Bodies: Exploring Fluid Boundaries* (London: Routledge, 2001); Karen Shimakawa, *National Abjection: The Asian American Body Onstage* (Durham & London: Duke University Press, 2002). See also: Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (New York: Routledge, 1995).

<sup>11</sup> David L. Eng, *Racial Castration: Managing Masculinity in Asian America* (Durham and London: Duke University Press, 2001); McClintock, *Imperial Leather*.

<sup>12</sup> Jerry Mosher, "Setting Free the Bears: Refiguring Fat Men on Television," in Braziel and LeBesco, *Bodies Out Of Bounds: Fatness and Transgression*, 166-196.

<sup>13</sup> *Ibid.*, 170-1.

<sup>14</sup> Lee F. Monaghan, *Men and the War on Obesity: A Sociological Study* (New York: Routledge, 2008).

<sup>15</sup> *Ibid.*, 182.

<sup>16</sup> Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York: Free Press, 1986), 140-1.

<sup>17</sup> Reginald Whitaker, *Cold War Canada: The Making of an Insecurity State* (Toronto: University of Toronto Press, 1994); Whitaker and Hewitt, *Canada and the Cold War*.

<sup>18</sup> Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1999), 33.

<sup>19</sup> Adams, *The Trouble with Normal*.

<sup>20</sup> Thobani, *Exalted Subjects*, 152.

<sup>21</sup> M. Ann Hall, *The Girl and the Game: A History of Women's Sport in Canada* (Peterborough: Broadview Press, 2002); Donald Macintosh and David Whitson, *The Game Planners: Transforming Canada's Sport*

- System* (Montreal and Kingston: McGill-Queen's, 1990); Donald Macintosh, Thomas Bedecki and C. E. S. Franks, *Sport and Politics in Canada: Federal Government Involvement Since 1961* (Kingston: McGill-Queen's, 1987). For a discussion of ParicipACTION and similar federal sports programs implemented in the 1970s and 1980s, see: Carla Rice, "Becoming the Fat Girl: Emergence of an Unfit Identity," *Women's Studies International Forum* 30, no. 2 (2007): 158-172; Heather Sykes and Deborah McPhail, "Unbearable Lessons: Contesting Fat Phobia in Physical Education," *Sociology of Sport Journal* 25 (2008): 66-96.
- <sup>22</sup> Lloyd Percival, "Our Flabby Muscles are a National Disgrace," *Maclean's*, April 15, 1953, 20-1, 71-3.
- <sup>23</sup> Editorial, *The Globe and Mail*, September 13, 1959.
- <sup>24</sup> Editorial, "Physical Fitness," *Canadian Medical Association Journal* 84, no. 16 (1961): 908-9.
- <sup>25</sup> *An Act to Encourage Fitness and Amateur Sport, Statutes of Canada 1960-61*, c. 59.
- <sup>26</sup> Hall, *The Girl and the Game*; Macintosh and Whitson, *The Game Planners*; Macintosh, Bedecki, and Franks, *Sport and Politics in Canada*.
- <sup>27</sup> *An Act to Establish a National Council for the Purpose of Promoting Physical Fitness, Statutes of Canada, 1943-44*, c. 29.
- <sup>28</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport Branch" series, volume 822, file 210-8-1, part 1, "Fitness, Recreation and Amateur Sport Legislation – Canada – Federal – Departmental Only, 1936 to July 1943," letter from the Canadian Advisor to the League of Nations to the Secretary of State for External Affairs, 10 November, 1937; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 938, file 386-7-6, part 8, "League of Nations: Nutrition," Draft Report of the Mixed Committee, 1937.
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- <sup>31</sup> J. J. Heagerty, "The National Physical Fitness Act," *Canadian Journal of Public Health* 34, no. 10 (1943): 465-69; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Information Services Directorate" series, volume 102, file 180-6-3, part 1, "National Health and Welfare Publicity – Articles & Manuscripts re Physical Fitness," letter from G. W. Gilchrist to Mrs. Philip Carrington, 28 August, 1947.
- <sup>32</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport Branch" series, volume 822, file 210-8-2, memo from anonymous to The Honourable the Minister, Department of Pensions and National Health, 30 April, 1942.
- <sup>33</sup> Editorial, *The Globe and Mail*, June 3, 1942; *The Globe and Mail*, "Health Lack Seen Handicap to War Effort: Unfitness of Youths Called Up for Service is 'Crushing Indictment,'" June 2, 1942; *The Globe and Mail*, "Health Scheme Mooted to Build Up Recruits Below Army Standards: Medical Diet Course is Planned; Only 69.69 Per Cent Called Found Fit," August 14, 1942; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Civil Defense Co-ordinator" series, volume 34, file 30-2-3, "Armed Forces Medical Rejections Civil Defense," memo from J.T. Marshall, to D.J.J. Heagerty, 20 September, 1942; Surgeon Captain A. McCallum, "Is Canada Healthy?" *Canadian Medical Association Journal* 63, no. 9 (1950): 294-8; James J. McCann, "Our Wartime Health: Presidential Address," *Canadian Journal of Public Health* 33, no. 12 (1942): 315-9.
- <sup>34</sup> McCann, "Our Wartime Health," 316-7.

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<sup>35</sup> *The Globe and Mail*, "High Standard of Fitness Set for Recruits," September 18, 1939; McCallum, "Is Canada Healthy?," 298.

<sup>36</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, volume 755, file 39, *Physical Standards and Instructions for the Medical Examination of Serving Soldiers and Recruits for the Canadian Army*, 1943, 15.

<sup>37</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Civil Defense Co-ordinator" series, volume 34, file 30-2-3, "Armed Forces Medical Rejections Civil Defense," memo from H. H. Christie to the Department of National War Services, Medical Services, 21 April, 1942.

<sup>38</sup> Editorial, *The Globe and Mail*, June 3, 1942. See also Editorial, *The Globe and Mail*, October 22, 1945; *The Globe and Mail*, "Startling Weight Gain Shown by Boys Given Model Daily Meal by Kiwanians," June 17, 1942; *The Globe and Mail*, "Health Scheme Mooted to Build Up Recruits Below Army Standards"; *The Globe and Mail*, "Youth Camp Need Stressed," October 9, 1944; McCann, "Our Wartime Health."

<sup>39</sup> Heagerty, "The National Physical Fitness Act," 465.

<sup>40</sup> *Ibid.*

<sup>41</sup> The set-up whereby the federal government gave money to the provincial governments was of particular importance due to the designation of healthcare by the *BNA (British North America) Act*, also called the *Constitution Act of 1867*, as a provincial concern. It was for this very reason that the *Act to Establish a National Council for the Purpose of Promoting Physical Fitness* was so contentious to the provinces. Ontario, for example, Canada's most populated province, refused to participate in the *Act* until 1949. *The Globe and Mail*, "Forces' Rejection Rate Not Measure of Health," August 30, 1944; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport Branch" series, volume 822, file 210-1-11, "Fitness, Recreation and Amateur Sport: Annual Reports to the Minister," June 1944 – April 1, 1948.

<sup>42</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport Branch" series, volume 822, file 210-1-11, "Fitness, Recreation and Amateur Sport: Annual Reports to the Minister," annual report to the Minister of National Health and Welfare of the Physical Fitness Council, 1947.

<sup>43</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport Branch" series, volume 822, file 210-1-11, "Fitness, Recreation and Amateur Sport: Annual Reports to the Minister," annual report to the Minister of National Health and Welfare of the Physical Fitness Council," 1948.

<sup>44</sup> Percival, "Our Flabby Muscles are a National Disgrace."

<sup>45</sup> *Ibid.*, 71.

<sup>46</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of the Physical Fitness Division, Welfare Branch, 1930-1962, Files of the National Committee of Physical Fitness" series, volume 829, file 219-1-2, part 2, letter to the Honourable Paul Martin from J. B. Kirkpatrick, 25 February, 1950.

<sup>47</sup> *An Act to Repeal the National Physical Fitness Act, Statutes of Canada*, 1953-54, ch. 61.

<sup>48</sup> Editorial, "A Mercy Killing," *The Globe and Mail*, June 16, 1954.

<sup>49</sup> Jim Vipond, Friday's Sports Digest, *The Globe and Mail*, February 19, 1956; Bobbie Rosenfeld, Sports Reel, *The Globe and Mail*, 21 May, 1955; Bobbie Rosenfeld, Sports Reel, *The Globe and Mail*, September 9, 1955.

<sup>50</sup> Editorial, "Everybody's Program," *The Globe and Mail*, April 9, 1956.

<sup>51</sup> Hall, *The Girls and the Game*, 137-8; Macintosh, Bedeck and Franks, *Sport and Politics in Canada*, 10-4; Macintosh and Whitson, *The Game Planners*, 3-4;

<sup>52</sup> Macintosh, Bedeck and Franks, *Sport and Politics in Canada*, 37-8, 42-7

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- <sup>53</sup> Archives of the Canadian Medical Association, "Presidential Address, Joint Meeting of the CMA and British Med Association," 20 June, 1959.
- <sup>54</sup> Ibid.
- <sup>55</sup> Ibid.
- <sup>56</sup> Ibid.
- <sup>57</sup> David Spurgeon, "Philip Urges Get-Fit Drive for Canada," *The Globe and Mail*, July 1, 1959.
- <sup>58</sup> Fred Brookbanks, letter to the editor, *The Globe and Mail*, February 1, 1960; Zena Cherry, "After an Exercising Fashion," *The Globe and Mail*, June 30, 1961; Lengevin Cote, "Commons Told Fitness Flaws Not Cured by Passing Laws," *The Globe and Mail*, May 13, 1960; Editorial, "A Nation of Weaklings," *The Globe and Mail*, September 13, 1960; Editorial, "Fitness and Sport," *The Globe and Mail*, September 6, 1962; Editorial, "Toronto's Fitness Festival," *The Globe and Mail*, June 1, 1962; *The Globe and Mail*, "Fitness Program Forecast," January 7, 1960; *The Globe and Mail*, "Hostel Group Plans Hiking Trail," September 17, 1960; *The Globe and Mail*, "Philip's Fitness Plea Cheers Lloyd Percival," July 2, 1959; *The Globe and Mail*, "Philip's Keep-Fit Speech Spurs Winter Work Idea," November 27, 1959; *The Globe and Mail*, "Philip Repeats Canadians Lack Bodily Fitness," October 7, 1959; Joan Hollobon, "Activity Called Fitness Secret," *The Globe and Mail*, June 16, 1960; Mary Jukes, "Once Over Lightly: Physical Fitness," *The Globe and Mail*, April 2, 1962; Reita Robins Kerton, letter to the editor, *The Globe and Mail*, July 6, 1959; Bruce Kidd, "Amateur Sport: An Unsolved Government Problem for 30 Years," *The Globe and Mail*, November 19, 1968; Spurgeon, "Philip Urges Get-Fit Drive for Canada"; G. E. Duff Wilson, "Activity Key to Fitness," Report on Medicine, *The Globe and Mail*, May 23, 1960.
- <sup>59</sup> Editorial, "Medicine and Fitness," *Canadian Medical Association Journal* 81, no. 2 (1959): 112-3.
- <sup>60</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Central Registry Files of Fitness and Amateur Sport, Prince Philip Award" series, volume 3479, file 216-10-3, part 1, letter from J. Waldo Monteith to Rear-Admiral Christopher Bonham-Carter, 16 October, 1961, and attachment.
- <sup>61</sup> Ibid.
- <sup>62</sup> Stories about jogging and joggers begin to make an appearance in *The Globe and Mail* in 1964. In an October 29, 1964 article called "Fine for Fitness...Fries off Fat" by James McNeish, jogging is attributed to the New Zealand Olympic team's track and field coach, Arther Lydiard, who trained two gold-medal sprinters with the technique. The article tells the harrowing tale of a jogging group composed of "70 middle-aged businessmen" who, on average, jog "35 miles through a park" per week. James McNeish, "Fine for Fitness...Fries off Fat," *The Globe and Mail*, October 29, 1964.
- <sup>63</sup> Louis Cauz, "Fitness Festival Announced for Labour Day," *The Globe and Mail*, May 29, 1962.
- <sup>64</sup> *The Globe and Mail*, Advertisement, September 3, 1962.
- <sup>65</sup> Editorial, "Toronto's Fitness Festival."
- <sup>66</sup> Bruce West, "1, 2, 3, 4; 1, 2...Fitness Festival at C. N. E.," *The Globe and Mail*, August 31, 1962.
- <sup>67</sup> *The Globe and Mail*, "Oldest Fitness Demonstrator, 79, is an Enthusiastic Square-Dancer," September 4, 1962.
- <sup>68</sup> Ibid.
- <sup>69</sup> Bobbie Rosenfeld, Sports Reel, *The Globe and Mail*, September 9, 1955.
- <sup>70</sup> Ibid.
- <sup>71</sup> Stanley Westall, "Pullups and Squat Thrusts for Flabby U.S. Children," *The Globe and Mail*, December 4, 1961.
- <sup>72</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Files of Fitness, Recreation and Amateur Sport, Early Central Registry Files from the 200 Block, Fitness, Recreation and Amateur Sport – Canadian Association for Health, Physical Education and Recreation (C.A.H.P.E.R.)" series, volume 2252, file 224-1-41 part 1, letter from Doris Plewes to George Grant, 17 January 1957.
- <sup>73</sup> *The Globe and Mail*, "Scrub to Keep Fit," December 2, 1957.

- <sup>74</sup> The Canadian Association for Health, Physical Education and Recreation, *The Physical Work Capacity of Canadian Children Aged 7 to 17* (Toronto: The Canadian Association for Health, Physical Education and Recreation, 1968), 13.
- <sup>75</sup> The Canadian Association for Health and Physical Education and Recreation, *The C.A.H.P.E.R. Fitness-Performance Test Manual for Boys and Girls Aged 7-17* (Toronto: The Canadian Association for Health and Physical Education and Recreation, 1966), 6.
- <sup>76</sup> The Canadian Association for Health, Physical Education and Recreation, *The Physical Work Capacity of Canadian Children Aged 7 to 17*, 13-4.
- <sup>77</sup> The study's separation of Winnipeg children from the category of "Canadian" does not, in my opinion, suggest that the Winnipeg children were not considered Canadian. Rather, this technique suggests the researchers' commitment to defining fitness on a national scale. The researchers wanted to set a national standard, and to derive a national average of fitness which could be compared to fitness on more local levels. While fitness might be better at some Canadian locales, such as in Winnipeg, the over-all national picture was more dire. The Canadian Association for Health, Physical Education and Recreation, *The Physical Work Capacity of Canadian Children Aged 7 to 17*, 43.
- <sup>78</sup> The Canadian Association for Health, Physical Education and Recreation, *The Physical Work Capacity of Canadian Children Aged 7 to 17*, 40.
- <sup>79</sup> For discussions of the CMA's interest in physical fitness in relation to Philip's speech see Editorial, "Physical Fitness"; Editorial, "Estimations of Physical Fitness," *Canadian Medical Association Journal* 94, no. 4 (1966): 196-7.
- <sup>80</sup> Editorial, "Estimations of Physical Fitness," 196.
- <sup>81</sup> R.J. Shephard and M. Pelzer, "The Working Capacity of Subjects from an Exhibition Crowd," *The Canadian Medical Association Journal* 94, no. 4 (1966), 171.
- <sup>82</sup> *Ibid.*, 173.
- <sup>83</sup> Scott Young, "Imlach to Share Detroit Bonuses?" *The Globe and Mail*, April 4, 1961.
- <sup>84</sup> Canadian Broadcasting Corporation Radio Archives, Lloyd Percival, *Sports College*, Sept 30, 1952.
- <sup>85</sup> Canadian Broadcasting Corporation Radio Archives, Lloyd Percival, *Sports College*, January 21, 1950.
- <sup>86</sup> Lloyd Percival, *Fitness Is Easy* (Toronto: Sports College, 1957), i.
- <sup>87</sup> Percival, *Fitness Is Easy*; Lloyd Percival, *Physical Fitness for All the Family* (Winnipeg: Harlequin, 1959).
- <sup>88</sup> Percival, *Fitness Is Easy*: 65.
- <sup>89</sup> *The Globe and Mail*, "Don Mills Test: Discover TV Legs," February 24, 1958.
- <sup>90</sup> *Ibid.*
- <sup>91</sup> Percival, *Physical Fitness for All the Family*, 91.
- <sup>92</sup> *The Globe and Mail*, Advertisement, September 13, 1963; Fitness Institute, "Who we are and our History," Fitness Institute, [http://www.fitnessinstitute.com/about\\_history.htm](http://www.fitnessinstitute.com/about_history.htm) (accessed January 6, 2009).
- <sup>93</sup> Royal Canadian Air Force, *Royal Canadian Air Force Exercise Plans for Physical Fitness: XBX and 5BX Plans* (Ottawa: Queen's Printer, 1962), 54.
- <sup>94</sup> Cherry, "After an Exercising Fashion"; Robin Green, *The Globe and Mail*, "Queen's Printer Benefits: US Air Force Orders 2,000,000 BX Books," June 16, 1962.
- <sup>95</sup> Gord Walker, "RCAF Fitness Pamphlet Helps to Shape the Frame of Wayne," *The Globe and Mail*, June 26, 1962.
- <sup>96</sup> Cherry, "After an Exercising Fashion"; Eric Dowd, "RCAF Fitness Plan Best Seller: While US Does Knee Bends, Canada Rubs Hands in Glee," *The Globe and Mail*, April 5, 1962.
- <sup>97</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, file 216-10-3, part 3, "The Duke of Edinburgh's Award in Canada: A Challenge to Youth," n.d.

- <sup>98</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, file 216-10-3, part 3, "The Duke of Edinburgh's Award in Canada: The Award Scheme for Girls," n.d. It is important to note that the Duke of Edinburgh Award scheme is no longer gendered in the ways listed here. See The Duke of Edinburgh Award, "Requirements," The Duke of Edinburgh Award, <http://www.dukeofed.org/Participants/Requirements.aspx> (accessed June 7, 2009).
- <sup>99</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, file 216-10-3, part 3, "The Duke of Edinburgh's Award in Canada: Application to the National Advisory Council on Fitness and Amature [sic] Sport for Grant Aid for the Years 1968-69-79," 29 January, 1968.
- <sup>100</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, File 216-10-3, part 1, Memorandum to the Cabinet from J. Waldo Monteith, June 5, 1961.
- <sup>101</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, File 216-10-3, part 3, letter from George Kitching to Joseph Williard, 14 March, 1968.
- <sup>102</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, file 216-10-3, part 1 "Memorandum to the Cabinet from J. Waldo Monteith, June 5, 1961, attachment.
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- <sup>104</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Fitness and Amateur Sport – Grants-In-Aid – Special Projects – Duke of Edinburgh's Award Scheme" series, volume 2471, file 216-10-3, part 1, letter from Doris Plewes to Dr. J. W. Willard, November 18, 1960.
- <sup>105</sup> Fitness and Amateur Sport Directorate, *Get Fit – Keep Fit: A Physical Fitness and Training Guide for Young Canadians* (Ottawa: Queen's Printer, 1967); Fitness and Amateur Sport Directorate, *Get Fit – Keep Fit: A Physical Fitness Guide for Men & Women* (Ottawa: Queen's Printer, 1968).
- <sup>106</sup> Fitness and Amateur Sport Directorate, *Get Fit – Keep Fit: A Physical Fitness Guide for Men & Women*, 2.
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- <sup>111</sup> Ibid., 5.
- <sup>112</sup> Michael Gard and Jan Wright, *The Obesity Epidemic: Science, Morality and Ideology* (New York: Routledge, 2005), 81.
- <sup>113</sup> Lowman, "Weight Charts Not Ideal for Persons of All Builds."
- <sup>114</sup> Georgeanna Smith, "Don't Blame Your Glands: Obesity Usually Due to Overeating," *The Globe and Mail*, June 21, 1957.
- <sup>115</sup> Ibid.
- <sup>116</sup> C. H. Wyndham, "Submaximal Tests for Estimating Maximum Oxygen Intake," *Canadian Medical Association Journal* 96, no. 17 (1967): 736-42.
- <sup>117</sup> Gordon R. Cumming and Rhoda Keynes, "A Fitness Performance Test for School Children and Its Correlation with Physical Working Capacity and Maximal Oxygen Uptake," *Canadian Medical Association Journal* 96, no. 18 (1967), 1267.
- <sup>118</sup> Editorial, "Everybody's Program."

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- <sup>122</sup> *Ibid.*, 24.
- <sup>123</sup> *Ibid.*, 25.
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- <sup>127</sup> Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books: 1988).
- <sup>128</sup> Whitaker, *Cold War Canada*; Whitaker and Hewitt, *Canada and the Cold War*.
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- <sup>134</sup> Lloyd Percival, "Mr. 2000," *Sports College*, December 9, 1961 (Canadian Broadcasting Corporation), 5 min., 29 sec., from Digital Archives of the Canadian Broadcasting Corporation, *Fitness*, <http://archives.cbc.ca/IDC-1-112-1498-10076/1960s/1961/> (accessed October 31, 2007).
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- <sup>138</sup> Bruce Kidd, "Sports Culture: Are Canadians Really Interested?," *The Globe and Mail*, November 22, 1968.
- <sup>139</sup> Bobbie Rosenfeld, "Canada's Olympics Future Looks Somewhat Brighter," *The Globe and Mail*, October 31, 1956; Westall, "Pullups and Squat Thrusts for Flabby U. S. Children."
- <sup>140</sup> Carla Rice argues that between slothful Canadians and physically fit Swedes eventually spurred the implementation of the federal government's PariciP ACTION program of the 1970s. See Rice, "Becoming the Fat Girl."
- <sup>141</sup> Vipond, Wednesday's Sports Digest, February 8, 1956, 14, my emphasis.
- <sup>142</sup> Editorial, "Brains and Muscle," *The Globe and Mail*, July 10, 1958.
- <sup>143</sup> Hall, *The Girl and the Game*; Bruce Kidd, *The Struggle for Canadian Sport* (Toronto: University of Toronto Press, 1996); Monaghan, *Men and the War on Obesity*.
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- <sup>148</sup> For a discussion of women's reproductive role in nation-building projects, see for example Radhika Mohanram, *Black Body: Women, Colonialism, and Space* (Minneapolis: University of Minnesota Press, 1999).
- <sup>149</sup> Royal Canadian Air Force *Royal Canadian Air Force Exercise Plans for Physical Fitness*, 6.
- <sup>150</sup> Ibid.
- <sup>151</sup> Fitness and Amateur Sport Directorate, *Get Fit – Keep Fit: A Physical Fitness Guide for Men & Women*, 13.
- <sup>152</sup> Ibid.
- <sup>153</sup> Dorothy Ball, *Keep Fit: With Dorothy Ball*, LP, Ottawa Young Women's Christian Association, ©1960 Ottawa Young Women's Christian Association.
- <sup>154</sup> Ibid.
- <sup>155</sup> Adams, *The Trouble with Normal*, 23.
- <sup>156</sup> Ibid., 33.
- <sup>157</sup> Adams, *The Trouble with Normal*; Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999); Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006); Franca Iacovetta and Valerie Korinek, "Jell-O Salads, One-Stop Shopping and Maria the Homemaker: The Gender Politics of Food," in *Sisters or Strangers? Immigrant, Ethnic, and Racialized Women in Canadian History* ed. Marlene Epp, Franca Iacovetta and Frances Swyripa (Toronto: University of Toronto Press, 2004), 190-230.
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- <sup>159</sup> Adams, *The Trouble with Normal*; Pat Armstrong, *Labour Pains: Women's Work in Crisis* (Toronto: Women's Educational Press, 1984); Gleason, *Normalizing the Ideal*; Joan Sangster, "Doing Two Jobs: The Wage Earning Mother," in *A Diversity of Women: Ontario, 1945-1980*, ed. Joy Parr (Toronto: University of Toronto Press, 1995), 98-134.
- <sup>160</sup> Armstrong, *Labour Pains*, 52.
- <sup>161</sup> Ibid., 49-66
- <sup>162</sup> Gleason, *Normalizing the Ideal*, 54.
- <sup>163</sup> Adams, *The Trouble with Normal*, 33-4.
- <sup>164</sup> Editorial, "Brains and Muscle."
- <sup>165</sup> Spurgeon, "Philip Urges Get-Fit Drive for Canada."
- <sup>166</sup> Royal Bank of Canada, "In Search of Physical Fitness," *The Royal Bank of Canada Monthly Letter* 39, no. 1 (1958), 1.
- <sup>167</sup> *The Globe and Mail*, "Businessmen's Health Clubs are Booming," May 16, 1959.
- <sup>168</sup> Sidney Katz, "Are We Eating Too Much?," *Maclean's*, June 11, 1955, 14-5, 93-5.
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- <sup>171</sup> *The Globe and Mail*, "4-Mile-an-Hour Walk Suggested for Fitness," August 4, 1962.
- <sup>172</sup> Percival, "Our Flabby Muscles are a National Disgrace."
- <sup>173</sup> Royal Canadian Air Force, *The 5BX Plan for Physical Fitness*, 3rd ed. (Ottawa: Queen's Printer, 1963), 5.
- <sup>174</sup> Frank Tumpane, "Alarming Medical Facts," *The Globe and Mail*, April 22, 1953.

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- <sup>186</sup> Metropolitan Life Insurance Company, "New Weight Standards for Men and Women."
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- <sup>188</sup> Metropolitan Life Insurance Company, "Mortality Among Overweight Men," *Statistical Bulletin* 41 (February 1960), 6.
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- <sup>191</sup> Adams, *The Trouble with Normal*; Enakshi Dua, "Beyond Diversity: Exploring the Ways in Which the Discourse of Race Has Shaped the Institution of the Nuclear Family," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press, 1999), 237-60; Gleason, *Normalizing the Ideal*.
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- <sup>193</sup> Thobani, *Exalted Subjects*, 147.
- <sup>194</sup> Ibid., 97. See also Sedef Arat-Koc, "Gender and Race in 'Non-discriminatory' Immigration Policies in Canada: 1960s to the Present," in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, ed. Enakshi Dua and Angela Robertson (Toronto: Women's Press, 1999), 207-33; Dua, "Beyond Diversity."
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- <sup>224</sup> Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. L.S. Roudiez (New York: Columbia University Press, 1982), 64.
- <sup>225</sup> Monaghan, *Men and the War on Obesity*, 182.
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## Chapter 5

### **“The White Man’s Burden”?: Obesity and Colonialism in the Developing North**

*Although medical care continues to improve and once debilitating diseases are controlled, we can expect a continuing decline in cardiorespiratory fitness among the Eskimos. Whether poor cardiorespiratory function and “the white man’s burden” - obesity – will...[have] the same epidemic proportions that it has in the rest of North America depends largely on whether measures are taken to prevent the deterioration of the present high levels of fitness in...areas in the Arctic.*

- Andris Rode, 1972<sup>1</sup>

The above statement is reproduced from the Master’s thesis of Andris Rode, a graduate student at the University of Toronto working in Igloolik, Northwest Territories, in the late 1960s. Rode and fellow student Gaeten Godin were teamed with prominent sports scientist R. J. Shephard on a project measuring Inuit fitness for the international scientific effort organized to study both populations and landscapes said to be in danger of extinction, the “International Biological Programme” (IBP). While connotations between Aboriginal people and obesity, especially as obesity relates to diabetes, are currently so ordinary as to be common-sense,<sup>2</sup> Rode’s statement both decrying and anticipating poor cardiorespiratory health due to obesity in the Inuit was rather novel prior to 1972. As I have shown throughout this dissertation, obesity concerns, and the diet and physical education regimes which produced and resulted from them, were generally directed at

normative white, middle-class subjects positioned as “modern.” In the 1960s, however, worries about the growing girth of Canadians began to expand to a population which up to that point had been imagined as decidedly “primitive”: the Aboriginal people residing in the Northern regions of the country.

This chapter traces the discursive shift whereby obesity, by 1972, became a category applicable to Northern Aboriginal peoples. While, as always, discourses of one decade can extend into the other, this chapter is organized according to the general paradigms about obesity and disease in Aboriginal populations reflected in medical, scientific, and government research of the post-war period to 1970. Beginning with the pre-war period and extending into the early 1960s, the chapter demonstrates that Aboriginal bodies were initially excluded from the category of obesity and, due to the racialized economy of disease, were associated more with contagious than chronic illnesses. I then examine government projects, correspondence, and publications beginning in about the mid-to-late 1960s that reflect the state’s growing interest in Northern Aboriginal obesity. Primarily through the use of medical journals and the final reports of the IBP, I also explore medical and scientific concerns about obesity in the North. Here, I pay particular attention to the Northern sojourns of Dr. Otto Schaefer, a medical doctor and employee of the federal Department of Northern Health Services generally concerned about the “modernization” of Northern Aboriginal people, who was one of the first to express worries about Northern corpulence. In collaboration with Dr.

J. A. (Jack) Hildes, Schaefer also measured Northern obesity for the IBP. Throughout the chapter, I show how articulations of the nuclear family, narratives of contagious and chronic illness, and obesity discourse worked to further the assimilation of Northern Aboriginal and Inuit people into “ordinary” Canadian society.

I argue that the medical, scientific, and state application of the category of obesity helped to attempt what Mary Louise Pratt has called a type of “anti-conquest,” or a system of “benevolent” colonization, achieved in part through fetishistic and seemingly-innocent projects of scientific classification. “The main protagonist of the anti-conquest,” Pratt states, is “the ‘seeing-man’...he whose imperial eyes passively look out and possesses.”<sup>3</sup> While scientists and medical practitioners in 1960s sub-Arctic and Arctic Canada were not always male, as the presence of Northern nurses and women in IBP research teams demonstrate, they were certainly “seeing.”<sup>4</sup> Over the course of the late 1960s, the bodies of Northern Aboriginal people were weighed and measured, their hands x-rayed, lung capacities determined, everyday movements filmed and food intakes recorded. In short, the bodies of Northern Aboriginal populations became knowable to state and medical agents who were convinced that Northern communities were in the midst of a transition from primitive sustenance economies to modern wage-based ones. It was believed by government officials and medical researchers that these transitions were, as Andris Rode’s quotation opening this chapter attests, creating unhealthy lifestyle patterns akin to those of white populations.

I further contend that declarations that Northern Aboriginal and Inuit populations were “in transition” were imperative to the post-war colonial project to exploit the resources of the Arctic and sub-Arctic regions. Medical, scientific and state rhetoric claiming the modernization of the North negated Aboriginal claims to a large portion of Northern Canada, an expanse of land becoming increasingly important to military strategy, national sovereignty claims, and capitalist endeavor.<sup>5</sup> An inflection of what Daniel Francis has called the “vanishing Indian,”<sup>6</sup> the “Eskimo in transition” was a figure to be helped along, if not pitied, in a journey toward total assimilation. As Francis argues about the “vanishing Indian,” the “Eskimo in transition” was a narrative greased by the discourse of anthropological “progress” which assumed that all primitive populations were, in Sangster’s words, “destined to be swept aside by the tides of modernity.”<sup>7</sup> Discursive texts might express regret about the supposed expiration of a once-vibrant Northern culture, but few stopped to consider the fact that the death might not in fact be predestined.

Obesity was one way in which scientists, medical practitioners, and state agents positioned Northern Aboriginal peoples as a “transitioning race.” As a seemingly biological inflection of modern living, the accumulation of body fat on Northern Aboriginal bodies contributed to the notion that Northern progress was only natural. In this context, the calculations of and cures for obesity were a mechanism of anti-conquest in Northern lands.

Before beginning, I want to clarify that in speaking of Aboriginal obesity and obesity-fighting as mechanisms of colonialism, it is neither my intent nor my place to invalidate current Aboriginal concerns about the prevalence of obesity and diabetes in their communities.<sup>8</sup> Historians have detailed the very real health problems unleashed on Aboriginal bodies during various colonial regimes, both in and outside of Canada,<sup>9</sup> and I do not mean to make light of health problems that may have resulted from post-war Northern colonialist practices such as the re-location of Aboriginal peoples from their traditional lands, or government regulation of Aboriginal peoples' hunting.<sup>10</sup> Rather, I want to question how and why Northern health problems were taken up by researchers and state agents, to interrogate the economic and political backdrop that made obesity a category of analysis for state, medical and scientific establishments, and to explore how articulations of obesity were used to repress, oppress, and contain Aboriginal bodies in order to facilitate colonialism. It is the construction of Northern obesity by normative subjects that is critiqued here, not the eventual and poetically just wielding of Aboriginal obesity against a negligent colonial regime, as suggested by the title of a March 29, 2007, Assembly of First Nations press release: "National Chief says Poverty and Lack of Access to Affordable, Healthy Foods the Main Reason for First Nations Childhood Obesity Epidemic."<sup>11</sup>

### **Theoretical context: Health, colonialism, and anti-conquest**

As outlined in chapter 2, feminist theorists of the body have noted the propensity for racialized and colonized bodies to be imaginatively categorized as Cartesian by dominant Western subjects, a discursive technique that has philosophically justified both white supremacy and the hyper-control and regulation of racialized people in Western nation-states and other colonized spaces.<sup>12</sup> Anti-racist scholars of disease have shown, both implicitly and explicitly, that these Cartesian conflations of the body with racialized people are particularly salient in discourses of disease, as their Cartesian embodiments and, by extension, their leaky abject bodies, often help to performatively over-attach bodies of colour with certain diseases which are generally contagious. These writers further demonstrate how categories of disease and race are co-constituted.

For example, studying such diverse health issues as smallpox in San Francisco's late-nineteenth century Chinatown,<sup>13</sup> AIDS in late-twentieth-century Africa and North America,<sup>14</sup> and SARS in early twenty-first century Toronto,<sup>15</sup> theorists show how conflations between racialized Cartesian bodies and a barrage of illnesses have facilitated racist discrimination and white supremacy. In "Multiculturalism, Racism and Infection: Disease in the Global City," for instance, Roger Keil and Harris Ali show how Chinese bodies in Toronto's three Chinatowns were regulated by racialized discourses of disease during the city's 2003 SARS outbreak. Billed as a "Chinese disease" by media and public health agents alike, Keil and Ali argue that the SARS epidemic (or lack thereof) spatially

segregated the Chinese community and re-coded the three China Towns as what McClintock would call “abject zones,”<sup>16</sup> regulated the movement of Chinese people at local, national, and international scales, and exposed the racism of a city that supposedly celebrates its multiculturalism.

A small literature also exists critiquing the current and almost ubiquitous racialized partnering of Aboriginal bodies with obesity and diabetes in Canada. For example, in her analysis of the “thrifty gene,” which is said to cause the more efficient store of fat and calories and to be the result of a recent hunter/gatherer past in which times of famine were inevitable, Jennifer Poudrier argues that the questionable science that positions Aboriginal peoples as genetically “thrifty” and as therefore racially distinct dangerously downplays the complex social etiology of diabetes and obesity. Thrifty gene discourse, Poudrier argues, also serves as a “powerful [form] of regulatory surveillance, which are based on the representation and reiteration of Aboriginal peoples as sick, disorganized and dependent, and which legitimate paternalistic and regulatory management over Aboriginal health in communities.”<sup>17</sup> Like Poudrier, Margery Fee maintains that the thrifty gene narrative racializes Aboriginal bodies as “different, even willfully deviant,” and as closer to their “primitive” pasts than white Canadians who are correspondingly positioned as more “civilized.”<sup>18</sup> In her analysis of discourses of Aboriginal obesity and diabetes, similar to Poudrier’s work, Fee argues that “[w]hat is most striking about ‘the thrifty genotype’ is how a rather unscientific hypothesis was

transformed into a clearcut racializing account that is now a popular and free-floating ‘explanation’ for the high incidence of diabetes among Aboriginal people.”<sup>19</sup>

Historians of various colonial periods of the past make corresponding claims to those of anti-racist scholars of disease, and argue that colonialist regimes have deployed the categories of health and illness to reify white supremacy. For example, in *Curing Their Ills*, her study of African colonial medicine in the nineteenth and twentieth centuries, Meaghan Vaughn uses the Foucaultian concept of biopower to argue that “medicine and its associated disciplines played an important part in constructing ‘the African’ as an object of knowledge, and elaborated classification systems and practices which have to be seen as intrinsic to the operation of [the] colonial power/knowledge regime.”<sup>20</sup> Articulating “the African” as susceptible to maladies such as leprosy, syphilis and mental illness, and white British doctors as men who could locate, prevent and (potentially) cure such diseases, colonial medicine not only articulated “the African” as naturally diseased, but positioned the white, British man as a messianic and highly-intelligent figure obligated to save dying “Africans” from their own abject embodiments.<sup>21</sup> Medical discourse thus allowed British colonialism to appear as if it were a benevolent, rather than a devastatingly violent, project.

Speaking in the Canadian context, Mary Ellen Kelm makes similar arguments, maintaining that early-to-mid-twentieth century colonial medicine, provided both by church and state, produced European dominance by articulating Aboriginal bodies as

perpetually diseased.<sup>22</sup> Kelm notes: “Euro-Canadian medicine, as practiced among the First Nations, served [the] colonial agenda.”<sup>23</sup> Kelm demonstrates that racialized and essentialist conflation of aboriginality with such diseases as tuberculosis (TB) and venereal disease conveniently side-stepped government and medical responsibility for the health of Aboriginal peoples. Discourses positioning colonized bodies as “*by nature* unclean and diseased”<sup>24</sup> obscured the fact that colonial processes, by debasing Aboriginal medicinal practices, spreading European diseases, and stripping Aboriginals of their traditional land, livelihoods, and food sources, were creating more disease than Euro-Canadian medicine could possibly cure.<sup>25</sup>

Like Vaughn and Kelm, Kathryn McPherson and Hugh Shewell both interpret medical practices as colonial projects.<sup>26</sup> Shewell’s *Enough to Keep them Alive*, and McPherson’s “Nursing and Colonization” demonstrate how state health and hygiene programs, publications, and policies worked in benevolent yet sinister ways to assimilate Aboriginal peoples into normative Canadian culture. Shewell, for example, contends that federal government programs such as homemaker’s clubs were designed not only to foster Aboriginal health, but also to promote the nuclear family form and gendered division of labour. Homemakers’ clubs were instituted by Indian Affairs, and were intended to teach Aboriginal women Euro-Canadian health and hygiene practices appropriate to the patriarchal capitalist economy; clubs not only assumed that Aboriginal women kept dirty and unhealthy homes, but regarded men as breadwinners and

“conduit[s] for outside income” and women as housewives, “shopper[s], and efficient inside manager[s]” of “consumer” families.<sup>27</sup> McPherson, who argues that “non-professional” nurses had been instructing Aboriginal women in the domestic arts of home and hygiene since the beginning of the twentieth century, notes that housewifery instruction was not solely a means by which “Euro-Canadian and bourgeois values were imposed on Aboriginal people.”<sup>28</sup> Health and hygiene programs also justified such egregious colonial projects as the residential school system and the “sixties scoop,” the mass removal of children from their Aboriginal homes by provincial child welfare agencies,<sup>29</sup> since such projects reiterated Aboriginal peoples as unclean, unhealthy, diseased and, in short, as poor parents.

While the historians discussed above are quick to distinguish between the intent of individual state and medical agents and the intent of government policy *in general*, they also show that, overall, colonialist health practices reflected the culture of white supremacy from which they arose. Colonialist medicine furthered racist ideology and aided colonial-capitalist expansion. In positioning Native bodies as ontologically diseased and unhealthy – as abject – practices undertaken in the name of Aboriginal health were far from benign, and often undermined subsistence lifestyles and attachments to lands in a way that benefited the Canadian government and non-Native Canadians.

As seemingly magnanimous yet inevitably injurious systems of knowledge, colonialist medicine and medical science can therefore be understood to have facilitated

the anti-conquest of Native lands and peoples. Analyzing various sub-genres of European travel writing from the eighteenth century, Pratt defines anti-conquest as an ostensibly power-neutral process whereby the “planet’s life forms were...drawn out of the tangled threads of their life surrounds and rewoven into European-based patterns of global unity and order...[by the]...lettered, male, European...eye.”<sup>30</sup> While Pratt critiques a variety of travel narratives, it is her analysis of European scientific classification systems and naturalists’ logs of the eighteenth century that is of most interest to me. Pratt argues that European classifications of humans, plants and animals into scientific groupings represented a “planetary consciousness” that ideologically and materially facilitated European colonial projects. Spawned by the work of Carl Linnaeus, whose taxonomic system became the standard for botanists, an army of naturalists and scientists set out to name, divide and classify the world’s human and non-human nature for the purposes of European and scientific consumption.

The taxonomic work of Linnaeus and his followers did more than scientifically and benevolently classify plants and animals. The botanical sciences, Pratt argues, aided colonial-capitalist exploits of the eighteenth century in two ways. First, writings which named and described the animals, vegetables, and minerals of various far-off lands could not but be helpful for European capitalists or traders wishing to know what riches an unknown land might hold. As Pratt states, scientists and naturalists “produced commercially exploitable knowledge.”<sup>31</sup> Second, Linnaeus devised a taxonomic

classification for humans that was based entirely upon racist and colonialist imaginings of Europeans and their “Others.” While the European was “gentle, acute, inventive” and “[g]overned by laws,” for instance, the African was “phlegmatic, ...crafty, indolent, negligent...[and] [g]overned by caprice.”<sup>32</sup> Thus, human taxonomy was one epistemology upon which (supposed) European supremacy and colonial-capitalism rested.<sup>33</sup>

In *Imperial Leather*, McClintock traces connections among Victorian science, the classification of race and colonial capitalism, arguing that the “planetary consciousness” described by Pratt did not achieve a coherent universality until the latter half of the nineteenth century, when the science of Linnaeus was popularized by Darwin’s theory of evolution.<sup>34</sup> Social Darwinists, armed with the idea of natural selection, applied Darwin’s theories of Nature to human societies in a distinctly white supremacist fashion, advocating a racial classification system now known as “scientific racism,” “the most authoritative attempt to place social ranking and social disability on a biological and ‘scientific’ footing.”<sup>35</sup> Practitioners of scientific racism categorized races via the powerful metaphor of the “family of man,” often represented as a racial family tree briefly noted in chapter 2 of this dissertation. Growing as the tree’s lowest branches, social Darwinists purported, were the most de-evolved people, the African or the “primitive,” while the white, western European man inhabited the top branch, that of the wise and mature patriarch. Races were assigned “branches,” or categories, on the basis of

biological characteristics such as lips, skin colour, genitals, noses, foreheads and buttocks.<sup>36</sup> McClintock shows that disease was also an important category that classified bodies, as scientific racism “proved” correspondence between the “lower order” of humans and greater rates of disease, much as it equated large lips and flat noses with racialized populations. The imaginative, or fetishistic, cordoning off of the races into different and distinct branches helped assuage anxieties of white colonists, whose continued worry about disease pathogens functioned as a proxy for and as a denial of the racial degeneration or, more accurately, the racial contamination which was imagined to result from Europeans’ inevitable contact (both physical and non-physical) with their colonized Others. In McClintock’s words, anxieties about disease were, in part, a “[p]anic about blood contiguity, ambiguity and *metissage* [and the]...fallibility of white male and imperial potency.”<sup>37</sup>

While mid-twentieth-century sub- and Arctic Canada is of course very different from eighteenth and nineteenth century Europe and Victorian Britain, not the least because the colonization of the North in the 1960s occurred during and directly following a period of ostensible world-wide de-colonization,<sup>38</sup> I argue that echoes of previous European colonialist knowledge systems described by Pratt and McClintock are evident in the medical and scientific projects which helped define obesity as a burgeoning Northern embodiment. Taking my cue from theorists of disease construction and historians of colonial medicine, I show how state and medical discourse regarding

Northern obesity worked, once again, to position colonized peoples as Cartesian bodies that were perpetually diseased. Unlike the contagious diseases described by Vaughn and Kelm, because obesity was considered a pathology of modernity, obesity discourse did not primitivize Aboriginal bodies but rather imbued them with an abject characteristic otherwise attributed to “civilized” Euro-Canadians. Like those diseases traced by Vaughn and Kelm, however, the performativity of obesity in state and medical texts still served the needs of the Canadian colonial-capitalist regime.

Poudrier has argued that Western scientific narratives claiming the so-called “thrifty gene,” which both she and Fee argue primitivize Aboriginal people in the present moment, first emerged in 1962.<sup>39</sup> Discussions of Northern Aboriginal obesity in 1960s Canada could therefore have very well cordoned off “genetically and biologically determined boundaries” that would have collapsed Northern Aboriginal people with “primitiveness.”<sup>40</sup> Yet a study of state and medical documents suggests that the opposite was true, and that obesity research reflected the paradigm of assimilation that had for years been employed by Canadian colonial medicine and the state.<sup>41</sup> In the documents I studied, discourses of Northern obesity relied upon and were grounded in general contention that Northern Aboriginal peoples and their cultures were becoming less racially distinct, which supposedly indicated both the success of state modernizing and development projects that had been occurring since the 1950s, and the “racial admixture” of formerly isolated Northern people with non-Native Canadians.<sup>42</sup>

In this chapter, I show how the potential presence of excess body fat on Northern Aboriginals in the 1960s, and instances of other “diseases of civilization” such as cardiovascular disease, contributed to the notion that traditional Northern culture was in transition, or dying, at the very time that the state was attempting to kill Aboriginal sovereignty through Indian policy. I argue, then, that the performative utterances of obesity fetishistically altered the bodies of colonized Others in order to help assert dominant power regimes founded in capitalist accumulation and exploitation of Northern lands and people.

This time, though, the fetishism accompanying obesity discourse did not reify dominant subjectivities through the re-erection of supposedly ontological borders of bodily difference between colonized and colonizer as described by McClintock in *Imperial Leather*, but, rather, through erasing these borders, thus illustrating postcolonial theorists’ contention that colonial power regimes are multifaceted and, at times, fractious.<sup>43</sup> Like the other instances of fetishism described by McClintock, and similar to the processes of fetishism outlined in chapters 3 and 4 of this thesis, however, the fetishism occurring in and via discourses of Northern obesity helped the dominant subject to reify his (colonial) power through performatives of denial that eased social tensions. In this case, such uncomfortable facts as Aboriginal claims to sovereignty, histories of colonial violence and their effect on so-called “dying” Aboriginal cultures and bodies, and in some instances the long histories of contact between Aboriginal and European

people in a geographical area that many non-Native Canadians considered an “undeveloped” and uninhabited “frontier,” were denied. Pursuant to McClintock’s concept of fetishism, these denials were necessary to colonial-capitalism and, using discourses of obesity, helped to re-imagine the bodies of Northern Aboriginal people as “in transition” and “becoming white.”

*Links among obesity, other chronic illnesses like heart disease and Northern Aboriginal peoples’ bodies* were not, however, always so easily forged. In the post-war period to the middle of the 1960s, obesity remained an embodiment primarily for white, middle-class people that Aboriginal people were imagined too primitive to develop. Indeed, a study of Canadian disease in the early post-war period demonstrates that Aboriginal and Inuit populations were far more associated with instances of contagious, not chronic, illness. While a few individuals may have expressed concern about chronic illness in relation to Aboriginal people of this period, as demonstrated by the 1957-1958 Nutrition Division and Indian and Northern Health Services joint study into the heart disease and cholesterol levels in Inuit peoples detailed below, connections between Aboriginal peoples and chronic illnesses such as obesity did not gain popularity until the mid-to-late 1960s. The exclusion of Aboriginal people from the category of chronic illness was in large part due to the strong partnership of colonized Cartesian embodiments with contagious illness that positioned Aboriginal peoples as “primitive” until well into the 1960s.

### **From contagious to chronic: Racialization and disease patterns in Canada**

In the early years of the post-war era, and in a moment of unabashed hubris, Canadian medical and public health agents took credit for the virtual elimination of contagious disease.<sup>44</sup> Many commentators argued that the invention and wide-spread dissemination of antibiotics, including penicillin, and better sanitation practices were bringing an end to many diseases which had once plagued the nation. In 1952, for example, C. D. Farquharson bragged in the *Canadian Journal of Public Health*: “Now, with the ability to cure, we can confidently expect that most of the infections that have plagued the human race will become things of the past. Already the mortality from pneumonia, scarlet fever, tuberculosis, syphilis, whooping cough and wound infections has been brought to an all-time low.”<sup>45</sup>

While an overwhelming sense of optimism is evident in many medical texts, some people were more cautious than others. As the 1950s wore on, writers noted with increasing frequency that though whooping cough and TB deaths were dropping, high numbers of the population with chronic diseases indicated that not all was completely well with Canadians.<sup>46</sup> As Elisabeth C. Phillips declared in a 1956 *Canadian Nurse*, “Chronic illness is perhaps the most important, urgent and complex problem that society faces today. ...”<sup>47</sup> While chronic illness was one of the seemingly endless array of “urgent” and “most important” national health issues already discussed in this

dissertation, this particular disease category was especially exigent in that it incorporated an array of conditions such as mental illness, heart disease, and obesity.

Much of the discourse concerned with the increase of chronic illness was related to the gradual release of data from the Canadian Sickness Survey. The Canadian Sickness Survey was an offshoot of the federal health grants program of 1948 and, though federally funded, was jointly administered by the Department of Health and Welfare, the Dominion Bureau of Statistics, and provincial departments of health.<sup>48</sup> Anticipating a universal medicare scheme, the study was designed to assess the nation's healthcare needs and expenses.<sup>49</sup> The Sickness Survey lasted one year, from 1950-1951, and was carried out in the ten provinces and in 10 000 households,<sup>50</sup> defined in patriarchal terms as "all persons living in one dwelling" whose members consisted of the "head of the household," "his wife," and "his unmarried children."<sup>51</sup> Results were released throughout the 1950s and early 1960s. A highly gendered project, the survey consisted of interviews conducted by enumerators, usually women,<sup>52</sup> with informants who were generally specified as housewives.<sup>53</sup> Because women, with their supposed propensity toward bias and exaggeration, both conducted and participated in the survey, federal bureaucrats believed that the collected data was somewhat questionable, though at the same time were convinced that the large sample size, which in the end numbered 40 000 individuals, negated any female-fostered errors.<sup>54</sup>

While the Sickness Survey was concerned with contagious disease, encouraging informants to report on, for example, “cough and other chest trouble,”<sup>55</sup> of specific interest to those writing in the medical and popular presses were the numbers of chronic conditions like “digestive,” “heart,” and “nerve trouble” asked about by enumerators.<sup>56</sup> Levels of Canadian chronic illness were particularly shocking to *Maclean’s* writer Doris McCubbin, who waxed sensationally about Sickness Survey results in her 1955 article “Are We Breeding a Nation of Invalids?”<sup>57</sup> The Survey had found that 957 000 participants had some sort of permanent illness.<sup>58</sup> Applying this figure to the nation as a whole, McCubbin was appalled that “[i]n an antiseptic age of medical miracles, when vaccines, vitamins, and penicillin have become house-hold words... probably more than two millions [*sic*] are chronically ill and disabled.”<sup>59</sup> Even though the Sickness Survey had found the top two chronic illnesses to be arthritis and heart disease,<sup>60</sup> McCubbin warned that the increasing diabetes and mental illness reflected in Sickness Survey results would “run wild” if measures were not implemented to curtail them.<sup>61</sup> The writer advocated sterilization laws to prevent diabetes and mental “defections” in new generations of Canadians.<sup>62</sup>

McCubbin’s eugenic solution to chronic illness was certainly not advocated by all, though other writers shared her conviction that the Sickness Survey results indicated that something had to be done. For federal government representatives like Gordon E. Write from the Department of National Health and Welfare, the solution to chronic

illness was more and better healthcare for all Canadians, regardless of income.<sup>63</sup> Others advocated the rather nebulous project of “prevention,”<sup>64</sup> particularly for heart ailments which, as discussed in chapter 4, were linked to sedentary lifestyles and over-nutrition. Despite disagreement regarding how to cure chronic illness, however, all agreed as to what caused it: modern living.

Ironically, and once again reflecting the “suspicious ambivalence” about modernization identified by Gard and Wright,<sup>65</sup> medical advances like penicillin, better healthcare, and sanitation, and the subsequent lack of contagious diseases were said to be causing chronic illnesses. As F. B. Roth, Saskatchewan’s Minister of Public Health, noted: “One of the most interesting yet most difficult challenges of modern civilization is that as we solve problems of relative simplicity, we create new problems of increasing complexity.”<sup>66</sup> Because contagious disease no longer claimed the lives of young Canadians, the nation’s population was growing older. As Canadians aged, they became susceptible to chronic illness, due to the simple fact that they were living long enough to develop heart problems, suffer strokes, or put on excess weight. In the words of McCubbin:

...for the first time, man has achieved the Biblical life expectation of three score years and ten. A baby born in Caesar’s day could expect to live only twenty-two years. In the Middle Ages he could look forward to thirty. In 1900, our grandfathers felt they were lucky if they saw their forty-fifth birthday. But a baby

born in Canada this year can expect to live to almost seventy. ... We've licked the childhood diseases, all right, but as a nation we're getting older and sicker, simply because we've become more and more skilful at keeping ourselves alive.<sup>67</sup>

McCubbin's sentiments were echoed by writers in the medical press, each of whom cautioned that, as progress continued and longevity statistics improved, Canada would become even more ill.<sup>68</sup>

Through the trope of disease, then, whereby contagious diseases were imagined to have been conquered by modern innovation, those who continued to have tuberculosis, measles, parasites, and leprosy belonged to the terrible, really not-so-distant, past where epidemics ran rampant and most people died well before the "biblical" age of "three score and ten." While "modern" Canadians were suffering from greater numbers of chronic diseases due to medical and public health advances, Aboriginal peoples were, apparently, not. Status Indians and the Inuit were not discussed in the context of Sickness Survey results, inasmuch as they were excluded by design; only "private households" were visited by enumerators, thus precluding reserves, military bases, hospitals, institutions, and hotels.<sup>69</sup> Additionally, areas deemed "inaccessible" such as the Yukon, Northwest Territories, and Labrador, were also omitted.<sup>70</sup> But apart from their lack of representation in the Sickness Survey, First Nations and Inuit people were generally regarded as throw-backs to an age previous to modern advances in pharmacology and civil engineering. In this way, Aboriginal bodies were performatively positioned as

*ontologically* abject through the Canadian Sickness Survey (as opposed to modern bodies who could *develop* abject embodiments such as obesity) and reserves were iterated as spaces of contagion, or as “abject zones.”

Ostensibly due to a lack of sanitation and poor hygiene, the First Nations and Inuit were said to be suffering from such atavistic communicable diseases as TB, pneumonia, and measles, diseases which had been “licked” in so-called modern Canadians.<sup>71</sup> This was particularly true for Inuit peoples, who, as Sangster has argued,<sup>72</sup> were imagined to reside in, or to have emerged only recently from, the Stone Age. In the post-war era to the mid-1960s, medical literature almost always articulated Aboriginal health problems in terms of contagious illness. As Kenneth A. Ward noted in the *Canadian Medical Association Journal (CMAJ)*, following an Arctic ministration to tubercular Inuit peoples: “The native due to his primitive living conditions very easily develops complications such as broncho-pneumonia, otitis media and of course exacerbation of a smoldering tuberculosis.”<sup>73</sup> In a sympathetic article, J. A. Hildes parroted the notion that poor hygiene contributed to such contagions as lice, impetigo and measles, but argued that better hygiene was rather “hard to achieve in a dwelling such as an Eskimo tent where even washing is difficult.”<sup>74</sup>

First Nations and Inuit were not the only populations positioned as abject contagions. Immigrants were also suspect, a fact which, I will show, legitimated Northern development projects by discursively collapsing them with Canada’s participation in

global development.<sup>75</sup> In *Gatekeepers*, Franca Iacovetta describes the medical screening program for post-war refugees to Canada, noting that such testing was part of an overall campaign to contain the supposedly contagious bodies of immigrant populations.<sup>76</sup>

Concerns that immigrants were diseased and required some sort of special medical attention were expressed in the *CMAJ*. In a 1953 edition of the journal, O. T. Cheung summarized his study of post-war immigrants, noting that that “[t]he immigration of new susceptible groups into the country has been said to have contributed to the number of new cases of tuberculosis.”<sup>77</sup> Cheung’s findings supported the contention that, “[i]n the case of the prospective immigrant, a good chest x-ray taken shortly before emigration must be an essential part of the medical examination.”<sup>78</sup>

In relation to immigrants, however, TB was not the only disease of concern for doctors. In 1958, H. R. Rutta and Norman M. Wrong of the University of Toronto expressed unease about rising number of leprosy cases in Canada, linking the disease to “emigrants from countries where leprosy is endemic.”<sup>79</sup> The writers warned physicians that, even though a patient may appear normal and might therefore seem not to require tests, contact with immigrants could prove fateful to Canadians at any moment: “[t]he long incubation period (a few weeks to 20 or more years) may mean that the disease is not apparent during the initial medical examination...[and] the patient may continue living a normal life in Canada for several years before the diagnosis is made.”<sup>80</sup>

By the 1960s, occurring simultaneously with the increased immigration of people of colour to Canada discussed in detail in chapter 4, and the positioning of Canadians of colour who may or may not have been immigrants from Third World countries as “Third World people,”<sup>81</sup> medical worries were expressed about “tropical” contagions which could be brought into the country not only by immigrants, but also by aid workers who had traveled in Third World countries as part of Canada’s participation in international development. Parasitic diseases, which could potentially be spread to “Canadians,” were of particular interest. In 1964, the editor of the *CMAJ* expressed anxieties in the form of a rather backhanded compliment that, in essence, captures the racist dynamics of “multiculturalism” also discussed in the previous chapter:

Canada has been greatly enriched in recent years by the large number of immigrants who, in settling in this country, have added interest, diversity, new customs and new languages to our way of life. ...Our relatively uneducated Canadian palates have been tempted by novel foods, beverages and methods of cooking. But the association of immigration and gastronomy has had other, less obvious effects which involve physicians: Canadian doctors are being forced to learn about other types of immigrants – the unwelcome, invisible, parasitic immigrants, most of which live comfortably in the human gastrointestinal tract. Equally important as immigration in spreading parasitic diseases is world-wide

travel, especially in the case of...Peace Corps personnel who live with the people in their villages for months or years, and then come home.<sup>82</sup>

Development projects, international travel, and immigration, though said to be welcomed by Canadians, also precipitated anxieties about possible contagions which, coming from other, non-Western places, crossed borders with supposedly unsurpassed ease. Conversations about contagious disease in post-war Canada thus echoed McClintock's contention that fears of racial contamination through contact with the Other were expressed through discourses of disease in nineteenth-century Europe.<sup>83</sup> In the context of mid-twentieth-century Canada, worries that immigrants – along with Third World people with whom Canadians had contact abroad – would spread their abject embodiments to the “pure” and “modern” bodies of dominant Canadians plagued the post-war consciousness of the writers in the medical press, taking the form of concerns about TB, leprosy, and parasites.

Studying perceptions of contagious illness in post-war Canada to the early 1960s reveals that contagious and congenital illnesses were racialized concepts, and that Aboriginal and Third World bodies became racialized through the power/knowledge regimes of the Canadian medical establishment. Specifically, and most important to this chapter, confluences of “primitive” or “less-developed” populations with contagious illness demonstrates that both contagious and chronic illnesses were forged in, through, and partially because of Canadian colonial-capitalist projects. In the era of post-war

Canada under study in this dissertation, in addition to Canada's continued pilfering of Southern Aboriginal lands, colonial-capitalism took the form of a vigorous push North to the sub-Arctic and Arctic regions of the nation, in a complex process of sometimes-disparate practices known as "Northern development." It was through discourses which allowed Northern development to become tenable, and those which eventually declared developmental projects a success, that Aboriginal bodies were eventually and fetishistically attached to the category of obesity.

### **Development, heroics, health, and illness: Northern development discourses and medicine**

In *Curing Their Ills*, Meghan Vaughn is careful to distinguish between the biological reality of diseased bodies, and the discursive construction of colonized bodies as ontologically diseased. "I have stopped short of a full-scale constructionist approach," Vaughn notes, "and have assumed that there may be a more accurate, and for me a better, way of accounting for and describing a disease pattern, an epidemic, or a rise in mortality."<sup>84</sup> Arguing, for example, that while concerns about the treatment of Ugandan syphilis aided colonialist relations of power, Vaughn insists that "there was a disease, and...people were sick."<sup>85</sup> In studying contagious diseases among Aboriginal peoples in Canada, one cannot deny that "people" certainly "were sick."

In the discussion that follows, however, I show how Aboriginal illness was discursively arranged through fetishism, in such a way that denied Aboriginal entitlement to their land and their sovereignty, and imagined and re-imagined embodiments to further the exploitation of the North and the colonization of Northern bodies. Also denied was the fact that processes of Northern development were colonialist processes, as development discourses, and especially those related to Northern healthcare, helped to characterize colonization as an altruistic project that “cured ills,” therefore positioning Canada as a benevolent nation-state on the world stage.<sup>86</sup> In order to demonstrate how conversations about Northern health were implicated in development projects, I describe and analyze the federal government’s interest in Northern health projects (or lack thereof) pre- and post-World War II and into the 1960s, and the medico-adventure, or “doctor hero,” narratives which both relied on and produced an interest in Northern development projects.

### ***Northern health bureaucracy in the pre-war period***

Contagious disease, especially TB and influenza, had ripped through Aboriginal populations since early periods of colonization.<sup>87</sup> As time passed, the spread of disease continued, in no small part the result of a federal state that refused to take responsibility for Aboriginal healthcare, particularly in relation to what the 1996 *Report of the Royal Commission on Aboriginal Peoples* (RCAP Report) has called “sky-high” rates of TB.<sup>88</sup>

If anything, successive federal governments exacerbated the spread of TB by creating and subsequently doing nothing about crowded housing and starvation on reserves.

Additionally, as the *RCAP Report* notes, the state was complicit in the spread of TB by turning a blind eye to systematically unhealthy residential schools which were administered by churches. According to *RCAP's Report*: "Many arrived at [residential] school in good health, only to test positive for TB within two years."<sup>89</sup> The *Report* continues: "Badly built, poorly maintained and overcrowded, the schools' deplorable conditions were a dreadful weight that pressed down on the thousands of children who attended them. For many of those children it proved to be a mortal weight."<sup>90</sup> This situation continued into the 1950s; in a 1953-1954 survey of three-hundred children at Aklavick Residential School, Northwest Territories, government employee Dr. Otto Schaeffer found that 90 percent of the children were tuberculin-positive.<sup>91</sup>

In relation to contagious disease and government health services, or lack thereof, the North has a specific and grievous history. Since the acquisition of lands in the Northwest from the Hudson's Bay Company in 1870 and the Arctic islands from the British in 1880,<sup>92</sup> the Canadian state maintained what the *RCAP Report* describes as a "laissez-faire" attitude towards Northern Aboriginal people prior to World War II.<sup>93</sup> The state's pre-war policy on the North was almost directly opposite to the one it implemented in Southern Aboriginal territories. Northern populations were encouraged to retain sustenance economies and preserve their traditional cultures,<sup>94</sup> a policy which may

seem admirable in a colonial state, but in reality was a way of reducing administrative costs.<sup>95</sup>

Health consequences of the state's non-interference policy were often devastating. As Tester and Kulchyski argue, despite state fantasies and denials to the contrary, Northern Aboriginal peoples had played a pivotal role in mercantile capitalism for quite some time.<sup>96</sup> Many Inuit and Northern First Nations peoples had become at least partially dependent upon income from the fur trade, the lean times of which generally brought starvation and contagious illnesses. Moreover, Julie Cruikshank maintains that contact with European, Canadian, and American "explorers," military personnel, entrepreneurs, whalers, and miners had exposed Canada's Northern Aboriginal population to a number of contagions including smallpox, measles, typhoid, and influenza since at least 1775,<sup>97</sup> ironically demonstrating that "the abject Other" had perhaps more to worry about when in contact with the colonizer than vice-versa. Despite such epidemics, the state was reticent to accept responsibility for Northern healthcare, arguing that the Inuit were a different race from "Indians" and that the *Indian Act* did not, therefore, apply to them.<sup>98</sup> Not legally "Indians," the Inuit, according to Vanast, were considered "ordinary citizens," and "no legislation, federal or provincial, compelled governments to provide free health care to any citizen."<sup>99</sup>

The state occasionally provided relief in the form of medication, food, and clothing, especially if the treatment of illnesses promised side-benefits for the state. For

example, the Eastern Arctic Patrol, a federally-funded icebreaker staffed by nurses, doctors, dentists, and government agents, visited the Northwest Territories once a year from 1922 to 1969 to screen for and treat disease. Tester and Kulchyski argue that things other than healing the sick were on the minds of the bureaucrats who administered and funded this floating clinic. Denmark and the United States often expressed an interest in Canada's Arctic islands, and the Patrol was meant to reassert annually the Canadian government's claim to the North.<sup>100</sup> Tuberculosis treatment, which, according to the *RCAP Report*, became more "aggressive" in the mid-1930s,<sup>101</sup> had similar split intentions. In 1939, the state began to construct TB sanatoriums dedicated exclusively to "Indian" care, to which the Inuit were also increasingly admitted after 1945.<sup>102</sup> Though "Indian hospitals" extended colonialist agendas of assimilation by teaching English and health classes and hosting Christmas hymn-sings,<sup>103</sup> TB rates did drop by the post-war period due in part to these sanatoria.<sup>104</sup>

### ***Northern development and health after World War II***

The federal state was forced to accept responsibility for the health of the North in 1939 following a Supreme Court challenge by the Province of Quebec. The province, also trying to shirk responsibility for Northern Aboriginal welfare, had taken legal action against the government of Canada over Inuit health and welfare expense.<sup>105</sup> Despite the court decision, and although anti-TB programming and the Eastern Arctic Patrol

demonstrated government concern with Northern peoples' welfare, systematic interest in Northern health did not begin until after World War II. In this Cold War period, as noted in chapter 1, Northern Canada gained unprecedented significance at both national and international scales.<sup>106</sup>

Canada's Northern shores were crucially situated in case of all-out war with Russia, and its soil held rich deposits of uranium, facts which not only bestowed Canada with considerable clout in relation to its Western allies, but also a profound sense of vulnerability. As Grant argues: "The possibility of Soviet aggression, combined with the uranium fields on the shores of Great Bear Lake and the advances in aviation technology firmly entrenched the wartime significance of the region."<sup>107</sup> The Canadian state was in over its head. As a result, the government allowed the American military, which had established a presence in Canada's North in World War II, to remain in the Arctic regions. Even though such an alliance meant "being dependent upon a traditional adversary to defend against a potential one,"<sup>108</sup> the Canadian government permitted the United States military to erect the Distant Early Warning (DEW) line and weather stations throughout the Arctic, which would detect enemy bombers and help co-ordinate the American air defence.

The Canadian public, and indeed state officials, were ambivalent about American soldiers lumbering about "their" North, and worried about a possible U.S. take-over of the area.<sup>109</sup> In part a result of such anxieties, and in part to exploit the Cold War need for

uranium, the federal government launched a scheme called “Northern development.” Attributed to Prime Minister John Diefenbaker, Northern development increased the presence of Canadians in the North, thus fortifying Canadian sovereignty, while it also opened the North to intense industrial exploitation. To facilitate resource extraction and assert Canada’s claim to Northern areas, the federal state instituted policy to assimilate Inuit and Northern Aboriginal peoples into mainstream Canadian society.<sup>110</sup> This was done under the auspices of the state’s general policy of Aboriginal assimilation, which was to culminate in 1969 with the release of the federal government’s *White Paper on Indian Policy*.

Finkel and Conrad have called the *White Paper on Indian Policy*, colloquially known as the *White Paper*, “a policy of cultural genocide.”<sup>111</sup> The *White Paper* proposed that Ottawa “remove Indians’ special status, dismantle the Department of Indian Affairs, and [allow] the provinces [to] assume responsibilities for Native people.”<sup>112</sup> The *White Paper* thus counteracted the federally-funded *Hawthorn Report* released only three years earlier in 1966, which recommended the cessation of all federal assimilation policy and encouraged the state to regard Aboriginal peoples as Canadians with special status, or as “citizens plus.”<sup>113</sup>

Devised by Jean Chretien, then Minister of Aboriginal and Northern Affairs, and Prime Minister Pierre Trudeau who, Finkel argues, possessed an “insensitivity, and indeed hostility, to ethnic nationalism,”<sup>114</sup> the *White Paper* used the rhetoric of equality

to insist that Aboriginals were ordinary citizens. As citizens, Aboriginal people were eligible for the same rights as any other Canadian, no less and certainly no more. As expressed in the 1969 document:

For many Indian people, one road does exist, the only road that has existed since confederation and before, the road of different status, a road which has led to a blind alley of deprivation and frustration. This road, because it is a separate road, cannot lead to full participation, to equality in practice as well as in theory.

...[T]he Government has outlined a number of measures and policy which it is convinced will offer another road for Indians, a road that will lead gradually away from different status to full social, economic and political participation in Canadian life. This is the choice.<sup>115</sup>

Strong Aboriginal dissent and organized resistance eventually led the government to scrap the *White Paper*.<sup>116</sup> The *White Paper* is important, however, to understanding Northern development, inasmuch as development programs were moving in the overall direction of the complete assimilation proposed by the document.

Social welfare projects in general, which included and affected health and healthcare programming, were part of the federal government's overall agenda of Northern development and assimilation. As Shewell argues, a number of social welfare programs were mobilized to draw Northerners into development schemes, some of which were implemented only after the displacement of Aboriginal families from their lands to

more centralized and easily-managed towns and villages.<sup>117</sup> Such social welfare projects were organized according to nuclear family norms and dominant notions of gendered labour divisions. Aboriginal and Inuit men, for example, were encouraged by social workers and other government agents to abandon their nomadic ways and to take up sporadic manual labour in the expanding resource-extraction economy of the Cold War era.<sup>118</sup> Meanwhile, government agents expected women to become sequestered in their new villages, and to engage in the same isolated housewifery that white, middle-class women (ostensibly) practiced.<sup>119</sup>

Within the context of economic development and social welfare projects, wherein Aboriginal peoples were relocated near sites of mining, military, and administrative activity so that Aboriginal men could find manual work, the health of Northern First Nations and Inuit families took on new meaning. Again demonstrating the metonymic relationship between the fear of contact with the abject Other and disease concerns, contagious illnesses among Aboriginal populations now had the perceived potential to affect military and administrative settlements which housed non-Native Canadians.<sup>120</sup> Further and more practically, ill Aboriginal men could not perform taxing physical labour.

At the same time that health concerns reified the abject-ness and degeneracy of Aboriginal peoples, however, the establishment and expansion of healthcare bureaucracy in the North also had assimilative effects.<sup>121</sup> As the post-war Northern health bureaucracy

intensified, especially with the transfer of the Northern health portfolio from Indian Affairs to the Department of Health and Welfare in 1945,<sup>122</sup> so did the notion that Northern Aboriginals had a right to healthcare, just like any other Canadian in an era preparing for the imminent federally funded medicare plan.<sup>123</sup> For example, the *Report* on the Royal Commission on Health Services clearly positioned Northern Aboriginals as rights-bearing citizens in relation to healthcare and, therefore, as the same as other Canadians when stating: “Health services for those people [in the North] and the area they inhabit must become part and parcel of Canada’s future health services. Our task is completed only when we have recommended such measures as we believe will ensure that the best possible health care is available to *all* Canadians.”<sup>124</sup> In an ironic twist to the federal government’s pre-war assertion that the Inuit, like other Canadians, had no claim to healthcare, the federal state of the post-war era assumed once again that Northern Aboriginals were ordinary citizens, though this time with a right to government health services. Incorporating Northern Aboriginal peoples into the health bureaucracy, while preferable to the complete neglect of Northern health and illness in previous decades, discursively articulated Northern peoples as ordinary Canadian citizens, thus helping to set the stage for the total assimilation advocated by the *White Paper*.

The abject category of the “dying Eskimo,” as well as that of the Inuit on the verge of total assimilation (which was in essence a variation of the “dying Eskimo”), was animated through the simultaneous and performative enactment of another, more positive

subject-position: that of the vibrant and industrious white saviour, who helped the North and its people to “develop.” This saviour could be depicted as a politician, an explorer, or even as an adolescent boy who found himself “*Lost in the Barrens*.”<sup>125</sup> Not surprisingly, the white saviour often took the form of a healthcare practitioner in medical literature.

### ***Northern adventure narratives and healthcare practitioners***

Along with assimilative social welfare projects, Northern healthcare was part of a growing masculinist fascination with the Northern “frontier” that circulated throughout the early post-war period to 1970. Discourses of Northern development sounded much like other well-worn narratives of colonial conquest, and harkened back to Canada’s (not so) illustrious past as a “frontier” country of sturdy pioneers breaking the soil, hewing wood, and taming a nation. Referencing the period of prairie settlement of the nineteenth century, the architect of Northern development, John Diefenbaker, stated in his memoirs: “[i]n emphasizing the question of Northern development and Northern vision, I advocated a twentieth-century equivalent to Sir John A. Macdonald’s national policy, a uniquely Canadian economic dream.”<sup>126</sup>

Diefenbaker’s “vision” of what he called the “new Frontier” was legitimized through raced, classed, and gendered ideas of the nation, and was also the result of his own personal boyhood fantasies of colonial conquest.<sup>127</sup> In his autobiography, Diefenbaker described an early “infatuation” with the North, and a fervent wish to travel

with such Arctic explorers as Roald Amundsen and Vihjalmur Stefansson.<sup>128</sup> Such colonialist desires to “discover” and “develop” lands that Aboriginals had used for thousands of years was shared by many Arctic “adventurers” in the post-war period, and was reflected in such popular writings of the time as Farley Mowat’s *Lost in the Barrens*. Mowat’s 1956 work, winner of the Governor General’s Award for Fiction, is a coming-of-age story featuring a white boy who, with the help of his “Indian” companion, discovers strength, intelligence, courage, and self-sufficiency – in other words, his masculinity<sup>129</sup> – through the trials and tribulations of Northern adventure.<sup>130</sup>

Narratives of masculine self-discovery in the barren Northland were quite fashionable throughout the post-war period to 1970, as witnessed by Doug Wilkinson’s account of “going Eskimo” in a 1954 *Maclean’s* article called “How I Became an Eskimo,”<sup>131</sup> and by Mowat’s 1952 *Maclean’s* account of living among the Inuit,<sup>132</sup> which he recounted more completely in 1963’s *Never Cry Wolf*.<sup>133</sup> Wilkinson’s and Mowat’s adventure tales of Northern heroics not only reflected the general interest in the North engendered by Cold War military and development projects, but also drew attention to the health and welfare of the peoples living there.<sup>134</sup> Tester and Kulchyski note that Mowat’s sympathetic accounts of sick and starving Northern Aboriginal people in such internationally-read works as *Lost in the Barrens* and *People of the Deer*,<sup>135</sup> which were critical of the Canadian government’s policies on the North,<sup>136</sup> embarrassed state agents and alerted the public to decades of government neglect.<sup>137</sup> The growing international

visibility of Northern Aboriginals achieved through Mowat's books and articles, combined with Diefenbaker's plan to develop the North and its people, eventually led to an expanded pallet of health and welfare services for Northern peoples, including a heightened presence of nurses and doctors in the region. Narratives of Northern adventure also attracted health personnel to Northern areas.

While nurses and doctors had been in the North before, either living there in the case of nurses or attending to patients during the Eastern Arctic Patrol, McPherson argues that the relocation of Aboriginal health services to the better-resourced Department of Health and Welfare precipitated a growing presence of Northern practitioners, especially nurses.<sup>138</sup> In the post-war era, McPherson notes, "...a small and predominantly male cadre of medical doctors traveled around...Northern communities supervising the health work undertaken by the much larger group of female nurses who provided the on-site services."<sup>139</sup> Though increased funding was integral to this new wave of Northern medical care, so, too, were the discursive contexts of Northern adventure and development.

Co-operating narratives of frontiersmanship, Northern adventure, and development permeated medical literature of the time. When written for and by doctors, such Northern tales took on an unmistakable edge of masculine heroics. Articles in the *CMAJ* and the *Canadian Journal of Public Health* positioned Northern doctors as sturdy, highly rational figures equipped to help in the development of Northern society whilst

curing perpetually-sick peoples. In other words, Northern doctors were “doctor heroes” such as those described by Vaughn, the tales by and about whom were “colonial and postcolonial narratives” that popularized and legitimized colonial medicine.<sup>140</sup> Works by Dr. Otto Schaefer, official for the federal government’s Northern Health Services, are examples of the Arctic “doctor hero” genre.

In a recent biography about Schaefer, which is itself a Northern medico-adventure tale, Gerald W. Hankins describes a man who, much like Diefenbaker, was beguiled by the Canadian North from a young age.<sup>141</sup> “Even as a boy of eight in far-off Germany,” Hankins writes, “the Land of the Midnight Sun, with its icebergs, tundra, polar bears, seals, blizzards, sundogs and Northern lights, captured [Schaefer’s] heart and overflowed into his dreams and reveries.”<sup>142</sup> Before settling down into a job at Charles Camsell Hospital, an “Indian hospital” in Edmonton to which many tubercular Northern Aboriginal peoples were evacuated, Schafer toured with the Eastern Arctic Patrol, and he and his wife and children spent a number of years in Arctic villages on Baffin Island in the Mackenzie delta.

Schaefer cared a great deal about his patients, and he displayed respect, understanding, and empathy for the Northern Aboriginal populations that were often absent in medical accounts of Northern life. Schaefer’s writings, however, conformed to the masculine narrative of Northern adventure circulating in the era. In a two-part series for the *CMAJ*, for example, which summarized his Arctic sojourns, Schaefer wrote of

dog-sledding over treacherous terrain, harrowing flights aboard small chartered aircraft, eating frozen caribou, his “Eskimo name” (“Lata-kulu”), and, of course, curing the ill.<sup>143</sup> One medical emergency described by Schaefer required a sixty mile trip across the tundra by dog-sled to attend an Inuit woman whose “partial abortion” had left her on death’s door. “I rapidly collected blood-grouping sera, transfusion bottles and gynaecological instruments,” reported Schaefer, “and, with our own dog-team, raced to that camp. There, I grouped and cross-matched a number of Eskimos, transfused 1 000 cc of blood into the unconscious patient and, after overcoming the shock, proceeded to evacuate the uterus.”<sup>144</sup> When relating the same incident at the International Congress on Circumpolar Health in 1990, Schaeffer recalled the “small and crowded tent” in which the operation had taken place, and the subsequent injurious result: “My back hurt me for days thereafter, as I could not straighten up for hours in that low tent.”<sup>145</sup>

The doctor hero narrative was not limited to the medical press. A similar tale of medical heroics was printed in a 1954 issue of *Maclean’s*. An article called “How We Fought Polio in the Arctic” told the harrowing story of Dr. Joseph Moddy during a 1949 outbreak of polio in Chesterfield Inlet. Under a large picture of Moddy wearing a bulky Inuit parka, standing on a vast ice-sheet and staring steadily into the camera, read the caption: “Here’s the story of the ‘mystery disease’ which caused the quarantine of a vast Arctic area in 1949, told by the doctor who struggled almost singlehanded to stem it. If a similar epidemic had hit New York it could have paralyzed a million people for life.”<sup>146</sup>

The article described the ruggedly individual and doggedly dedicated doctor hero, racing against time over unforgiving Arctic tundra to contain the spread of the disease, a task so seemingly impossible that even the RCMP officer working alongside the doctor could not fathom it. “‘But Joe,’” the RCMP officer purportedly exclaimed, “‘that’s nearly forty, fifty thousand square miles! You can’t do that,’” to which Dr. Moddy, with the simple logic of a man of medicine, stated in return: “‘If I can’t do that I can’t be responsible for any of the two thousand Eskimos in the far north. But I *am* responsible for them; they’re in my district.’”<sup>147</sup>

Though nurses’ accounts of working in the Arctic were less charged with masculine bravado, nursing narratives had their own logic of heroics. Articles in the *Canadian Nurse* were written to encourage nurses, generally young and single, to live in the “modern day frontier.”<sup>148</sup> Calls to “Go North, Young Woman!”<sup>149</sup> promised freedom from circumscribed gender roles, even as they demanded self-sacrifice and “service to those whose birth-right has included so much less than ours.”<sup>150</sup> In an address to delegates of the Quadrennial Congress of the International Council for Nurses in 1969, for example, Minister of Health John Monroe implored his audience to consider nursing in the North, stating: “I am not issuing a call of the Wild; I am issuing an appeal of the heart that our girls recognize that there are more worthwhile aspects to life than settling down to a dull middle-class existence, with a suburban mortgage, 1.2 automobiles, and 2.2 children. All these can come in time – but I think our young students would want to

be able to say, before that happens, that they have done something truly constructive and essential in their career.”<sup>151</sup> Though freedom from the mundane might have been attractive, so, too, were the increased responsibilities that nursing in the North held.

For example, in an autobiographical article in the *Canadian Nurse*, Pauline Trudel discussed the many-faceted duties of the Northern nurse. “I had been a sort of professional jack-of-all-trades,” Trudel described her time in the North, “delivering babies, extracting teeth, supplying first aid for fractures, teaching prenatal classes for mothers and basic hygiene to children.”<sup>152</sup> McPherson, in her study of nursing in Northern Manitoba, adds that nurses “dispensed medication, administered vaccinations, decided which patients needed to be seen by the doctor on the next visit, and determined whether a patient should be transferred to a local hospital.”<sup>153</sup> Though it was admitted that such heavy responsibilities could be taxing for the nurse, they were, it was argued, ultimately fulfilling. Noting that “a nurse in a Northern nursing station will be providing services which fall within the prerogative of a doctor in other parts of Canada,”<sup>154</sup> Ruth E. May warned the potential Northern recruit: “Many of the common amenities of twentieth century living will be lacking. There can be periods of drudgery and loneliness; in due time the glamour is likely to fade. However,” the author continued, “those who have steeped themselves in this work have found the rewards far outweighing the demands.”<sup>155</sup>

Both doctors' and nurses' stories of saving Aboriginals with medical know-how were often couched in discourses of Northern development, and supported the idea that healthcare for Northern populations was particularly important during a time, in Schaefer's words, of "growing importance" for the North.<sup>156</sup> Indeed, most articles about Arctic doctoring and nursing in the medical press reflected the attitude of 1965's *Report* of the Royal Commission on Health Services, which strongly advised that Northern development could not be accomplished without the improvement of Northern health, and that doctors and nurses were important "pioneers" in the evolution of Northern health "frontiers."<sup>157</sup> Health Minister John Monroe clearly linked development projects with Northern health services and medical personnel in his *Canadian Nurse* speech to the Congress of International Nursing, stating: "The North is a land of promise, or as the expression there has it, the Big Tomorrow Country. It is potentially rich, it is exciting, it is beautiful. It is a land as big as the men and women who are carving out its future right now. But it is also, at present, a monstrous health problem. Facing up to the job square-on are our Indian and Northern Health Service nurses. ... Without these nurses, I shudder to think what might happen to the people north of the 60<sup>th</sup> parallel."<sup>158</sup>

Within the process of Northern development, medical personnel were expected not only to cure a sick people, as Monroe's speech noted, but also to assimilate them. Often, assimilation projects were characterized as disease "prevention" or "education." Preventive education to deter contagious disease was a job generally reserved for

Northern nurses. In an article in the *Canadian Nurse* titled “Nursing on Canada’s Rooftop,” for instance, Ivy Maison discussed the educational obligations of the Northern nurse, the teaching of hygiene practices chief among them.<sup>159</sup> Noting that the Northern nurse preferred to call on patients in their homes where it was “possible for her to do something about improving unhealthful conditions,”<sup>160</sup> Maison claimed that nurses’ tasks often included such things as the teaching of “proper” grooming: “Northern Indian regards water as an excellent medium for floating his canoe or for holding fish for him to catch, but he sees no useful purpose in removing the natural accumulation of grime from his own hide. After all, it just collects there again. However, if the nurse wishes it, he’ll go along with the gag. These white people are funny!”<sup>161</sup> Maison’s words were part of a larger discursive practice described by McPherson, whereby white, middle-class standards of health, hygiene, and nutrition were imparted by public health nurses onto Northern communities.<sup>162</sup>

Apart from imparting racialized standards of cleanliness through hygiene education, nurses were also instrumental in training potential Aboriginal health workers for a Northern health system, and were specifically involved in the newly-hatched “community health worker” program. Community health workers were Aboriginal people trained to teach white hygiene practices to recalcitrant members of their own communities who “[did] not do what the doctor says just because he, a white man, said to.”<sup>163</sup> Thus the task of assimilation through health and hygiene practices was offloaded

onto colonized peoples themselves, though not always successfully. Potential community health workers were sometimes notably resistant to the white, middle-class standards of health and hygiene they were expected to impart to their communities.<sup>164</sup>

In characterizing the education and treatment of Northern peoples as pursuant to the Northern development plan, the medical press made implicit and often explicit parallels with the many international medical projects in which Canadian doctors and nurses were increasingly participating. Writers in the medical press took great pride in Canada's involvement with philanthropic and supposedly apolitical international health development agencies like the World Health Organization, and in international medical development schemes like the Columbo Plan, which provided First World financial aid for Third World medical education and hospitals.<sup>165</sup> Dr. B. D. B. Layton exemplified this pride in his *Canadian Journal of Public Health* article, "Canada's Role in International Health," which emphasized Canada's pivotal part in the inception of the WHO. "Canada was one of the 51 members of the United Nations which drafted the Constitution of the World Health Organization... in 1946," Layton stated, "and...the Canadian Government, among the then numerous but now practically worldwide brotherhood of nations in health, voluntarily and whole-heartedly aligned itself with the principles, aims and objectives of [the WHO]."<sup>166</sup>

The relationship between international and Northern health development projects was accomplished in two primary ways in the medical literature. First, as discussed,

Northern Aboriginals' contagious illnesses were equated with those of Third World peoples, and the North and the Third World were conflated as primitive spaces of contamination. Related, Third World and Northern development projects were connected in articles comparing excursions to "Canada's roof top" to working and traveling in the Third World. For example, Pauline Trudel's article in the *Canadian Nurse*, "From the Arctic to the Tropics," described her work in the North and in Vietnam as "outpost nursing." While Trudel admitted to some differences between her Arctic and tropical duties, she noted that, in the end, the two places were much the same: "The Vietnamese peasant and mountaineer, like the Eskimo, has retained the simplicity, ingenuousness, and resourcefulness of a people unaffected by the complexities of our bureaucratic industrialized society."<sup>167</sup>

Given that international health projects were imagined as apolitical endeavors undertaken for purely altruistic reasons by a fraternity of First World nations, the positioning of Northern doctors and nurses as similar to Third World developmental workers narrated post-war Northern colonization as benevolent. Arturo Escobar argues that development discourse emerged to succeed internationally-unpopular and toppling colonial regimes, as the varied projects and agencies of international development re-secured First World political and economic dominance. With the rubric of international development, however, First World countries, under the auspices of the United Nations, the World Bank, and the World Health Organization, set out not to conquer but to aid the

“under-developed” nations of the world.<sup>168</sup> Equations between Northern and international development thus positioned Northern peoples as backward Aboriginals in need of Southern aid, much as the Third World required the help of First World nations in order to develop and “progress.” Such links were integral to assimilating Northern First Nations and Inuit peoples into the Canadian nation-state because, in a time in which colonialism was no longer politically acceptable, Canada could continue its assimilation of colonized peoples and lands under the rhetoric of development.

The development of Northern health systems thus proved to be a double-edged sword for the North. The previous negligence on the part of the federal government had engendered a desperate need for Northern health services, yet the implementation of a health bureaucracy after World War II furthered Northern colonial-capitalist projects founded in narratives of progress and development. Additionally, even though narratives of sick, starving, and dying Northern people in need of medical “saviours” or “heroes” were important to securing healthcare for the North, and very much reflected a reality caused by colonialism, racialized constructions of contagious diseases were instrumental in positioning Northern Native peoples as “backward,” “primitive,” and in need of development. Further, these narratives positioned Aboriginal people as abject and diseased bodies, denied the devastating impact colonialism had and was having on the health of Aboriginal populations, and negated the complicity of non-Native saviours in the very epidemics they were flocking to the North to contain. Narratives of doctor

heroes and nurse heroines were therefore fetishistic, rearranging Aboriginal bodies as essentially contagious through discourses of denial that legitimized colonial-capitalist expansion into the North, and the white supremacy that sustained it.

**Moving to the periphery while remaining on the precipice: Anti-obesity regimes and “transitioning” Aboriginals**

As time wore on into the mid-1960s, a conflicting discourse began to surface in government, medical, and scientific texts that dispelled the belief that Northern Aboriginal peoples remained undeveloped and highly susceptible to contagious illness. During this time, some government agents, medical practitioners, and medical researchers began to argue that Northern First Nations and Inuit bodies were progressing, and although contagious diseases were still a problem, Aboriginal bodies were said to be more vulnerable to modern chronic illnesses such as hypertension, heart disease, and obesity. This was a result, in part, of the fact that numbers of contagious illnesses were dropping in the North, and so medical practitioners and researchers could shift their attention from contagious to chronic disease.<sup>169</sup> Less obviously, the notion that Northern Native bodies were becoming modern reflected an overall belief that accelerated processes of Northern development were annihilating Northern First Nations and Inuit cultures. While some were critical of development schemes and regretted the potential loss of Northern “Eskimo” ways of life,<sup>170</sup> many agreed that traditional “Eskimos” were

quickly becoming modern, and adopting Southern practices, behaviours, and even genetics. Belief in the ultimate end of distinct Northern cultures and peoples persisted despite, or perhaps because of, the fact that Northern Aboriginal people had organized community councils in the 1960s and were beginning to resist Southern bureaucratization and assimilation, a collective movement that came to full flower in the 1970s.<sup>171</sup>

Accompanying the notion that Northern First Nations and Inuit were progressing, chronic illnesses, including obesity, became important markers of modernity for Northern peoples. Below, I turn to a more focused discussion of obesity in Aboriginal populations, and in particular in Northern Aboriginal peoples, and argue that by the mid-1960s, excess fat was increasingly identified as an encroaching problem for Aboriginal populations.

The idea that obesity could become a problem among the Inuit and First Nations was a significant discursive shift, given that government and medical sources had previously believed Northern Aboriginal peoples to be relatively free of chronic problems like heart disease, diabetes, and the obesity associated with them. Nevertheless anti-obesity regimes and studies employed in the North did begin to collapse obesity with Northern First Nations and Inuit bodies, a collapse that was possible, I argue, because of the climate of hyper-assimilation defining Indian policy in this period.

The change in narrative about Inuit and First Nations obesity was not straightforward, however, and did not necessarily follow a neat timeline. For instance, and as I detail in the following sections, at the same time that Otto Schaefer expressed

concern about the higher-than-expected incidence of Northern Aboriginal obesity, residential schools continued to proudly state that their nutritional programming helped children gain weight, and the instigation of the *5BX* and nutrition plans in these same schools did *not* explicitly occur because of obesity worries. While it is important to recognize such discursive conflict in regards to the incidence of excess fat in Inuit and First Nations populations, and I therefore outline both stories about Aboriginal obesity and a lack thereof, below, it is also safe to say that obesity was more easily applied to Aboriginal bodies than it had been before by the mid-to-late 1960s, due in large part to the overall belief that Northern development projects had worked only too well to “modernize” the population of the North.

### *Anti-obesity regimes as a modernizing project*

To begin the discussion of obesity in Northern Aboriginal people, I first outline how anti-obesity regimes were employed in residential schools, not to slim down Aboriginal children, but still to assimilate them. Until the mid-1960s, obesity rates in First Nations and Inuit populations were generally not considered to be significant. Even though techniques used for weight loss in white, middle-class people were applied to Aboriginal peoples from the early post-war period, in the context of Aboriginal populations these regimes became something else altogether. For example, the archives show that physical fitness, sports and recreation, and nutrition education were important in both Southern

and Northern residential schools from the early post-war era and throughout the 1950s and 1960s. By this time, residential schools were administered by the government in partnership with various churches, and, in the North, were expanding in concourse with the government's Northern development plan.<sup>172</sup> Physical fitness plans and nutrition education in this enlarging system of schools were not slim-down programs, however.

A number of physical fitness and sports programs were implemented throughout the residential school system. Hockey, in particular, was a popular sport for boys, and schools of different denominations would often challenge each other to a game, sometimes at winter carnivals (see figure 1).<sup>173</sup> Margaret Reid, a teacher at Northern Manitoba's Norway House Indian Residential School, noted in a January, 1958, letter home: "We had 4 bombadiers down from Cross Lake today. One was from the RC [Roman Catholic] Residential School there. They brought their boys down to play hockey with our boys. And I'm sad to say we lost 9-3."<sup>174</sup> Sports equipment, including hockey sticks, was provided by the federal government, though it was of questionable quality,<sup>175</sup> and in the 1960s, the federal government took on the project of building gymnasiums for those schools most in need of recreational facilities.<sup>176</sup> The government also provided some funds for the provision of physical education instructors, though these teachers were "special" and not always on staff.<sup>177</sup> The United Church residential school at Brandon, Manitoba, for instance, employed a physical education teacher in 1952. The principal, Rev. Strapp, felt that this teacher "fill[ed] a need...felt for some time in the



Fig. 1. A residential school boys' hockey team from Lartique, Quebec. Marcel Laforce, Library and Archives Canada, accession number 1976-281, item number 13-14-05-36, PA-185843. Used with permission of the copyright holder.

general life of the school.”<sup>178</sup> Photographic records from the Norway House Residential School, showing rows of uniformed girls engaging in calisthenics, demonstrate that physical education was provided in Northern schools as well.<sup>179</sup> Physical education classes in Norway House were not limited to girls, and boys, too, were expected to

engage in almost-daily physical fitness activities which were administered by the boys' dormitory supervisor.

In a 1963-1964 diary housed at the United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, former boys' dormitory supervisor for the Norway House residential school Brian Rowden described the physical education program he initiated for his wards.<sup>180</sup> In addition to British bulldog, wrestling, boxing, basketball, swimming, and "Canadian" football, which Rowden preferred to the games of "Indian" football the boys liked to organize, the dorm supervisor initiated callisthenic regimes, including the Royal Canadian Air Force's *5BX* program. The boys did not take to physical fitness plans which required such exercises as "situps, pushups, chinups, broad jump, [and] vertical jump,"<sup>181</sup> and which were often administered at 6:30 a.m. before the boys' academic classes, and were in addition to afternoon and evening sporting activities and the "gym club" Rowden began. Rowden often expressed frustration at the boys' lack of effort in relation to the *5BX* and similar fitness regimes, alternatively describing his students as lippy and tardy. In a maneuver one could perceive as organized resistance on the part of the boys, Rowden complained that many students simply refused to participate. He noted on September 6, 1963, that "quite a few of the fellows" were "consistently hiding behind others not doing their exercises."<sup>182</sup> In the end, Rowden came to believe that his attempts with fitness regimes failed because his students were too "disorganized" and lacked self discipline. He wrote on October 10, 1963, in relation to

the RCAF's regime: "5BX plan ...won't be of any value because there are no set numbers and is to be done on one's own time. New exercises tomorrow."<sup>183</sup>

Rowden's use of physical fitness tests and regimes which were popularly conceived as plans for modern white men's obesity, as I argued in Chapter 4, does not demonstrate concerns about Aboriginal childhood obesity. The fact that the 5BX was a dismal failure did not, for Rowden, point to the students' atrophying muscle or accumulating fat caused by sedentary modern lifestyles, but rather to the fact that the boys ostensibly preferred disorganized (read: "Indian") activities to disciplined ones. In fact, residential schools were much more concerned with demonstrating children's weight *gain* while attending school, not the opposite. Plagued by continued accusations on the part of parents, students, and even representatives from the federal government's Nutrition Division that residential schools under-fed students while serving the staff choice cuts,<sup>184</sup> principals and other officials often cited the student body's annual weight gain to defend their feeding practices.<sup>185</sup>

In the context of residential schools, then, the goal of which had always been to solve the "Indian problem" by violently incorporating Aboriginal people into normative Canadian society, sport, recreation, and physical education were assimilating though not anti-obesity projects. As the *Report* of the Royal Commission on Aboriginal Peoples states: "Recreation was re-creation. ...[Children] were to have brass bands, football, cricket, baseball and above all hockey...prompting 'obedience to discipline' and thus

contributing to the process of moving the children along the path to civilization.”<sup>186</sup>

Physical fitness plans, tests, and classes were not only modern but modernizing projects that attempted to “civilize” and assimilate a supposedly still-primitive people. Nutrition education functioned in similar ways.

Even though, as noted in Chapter 3, over-nutrition was a watch-word of nutrition and nutrition education of this era, the teaching of cooking and nutrition in residential schools was not to aid the children’s weight loss. Cooking and nutrition education served assimilative projects, and were designed to teach boys and girls about the gendered division of labour practiced in the normative nuclear family form. This education was deemed necessary to prepare boys and girls for their appropriate gender roles not only within future nuclear families but also, and relatedly, in the labour market. In a staff handbook, for example, new teachers at the Northwestern Ontario Cecilia Jeffrey Presbyterian Indian Residential School in Kenora were informed of the occupations to which their students showed aptitude. Boys, the handbook asserted, would be best suited to the outside work of guiding “tourists, hunters and would-be fishermen,” given that Aboriginal boys supposedly did not do well “tied down to one location.”<sup>187</sup> Girls, on the other hand, seemed to “show ability and interest” for such domestically-coded labour as “nursing, cooking, domestic work, hairdressing, sewing and other handcrafts, as well as a degree of ability in routine office work.”<sup>188</sup> While underpaid reproductive labour was touted for girls, the Cecilia Jeffrey handbook also conceded that unpaid reproductive labour

was often best for their female students: “for most of [the girls], marriage is the only decent course open as soon as they leave school.”<sup>189</sup>

The task for teachers at Celia Jeffrey, and all residential schools, was to teach the children the skills necessary for the job to which their gender, and of course their race, allotted them. Generally speaking, girls and boys were taught, and compelled to carry out, the gendered labour appropriate to their future roles as either homemakers or breadwinners in their own nuclear families. Girls were expected to learn how to knit and sew, while boys were often put to work such as “agriculture, carpentry, shoemaking, blacksmithing, tinsmithing and printing.”<sup>190</sup> Some schools executed badge programs, in which boys and girls were awarded graduated proficiency badges for gender-appropriate tasks, including, for girls, cooking.<sup>191</sup>

Teaching the girls cooking and nutrition provided residential schools the opportunity to exploit the unpaid labour of their students who were forced to perform kitchen tasks under the guise of “education.” In a nation-wide survey of the schools, nutritionists employed by the Nutrition Division not only investigated the quality and nutrient value of food served to the children, but also the nutrition education offered to them. In addition to reporting that children were served unpalatable food in unhygienic surroundings, Division nutritionists found that while some schools offered scientifically based nutrition classes taught by a school nurse, these were rare. More common was the existence of “hands-on” cooking training for girls, which included washing dishes,

chopping and peeling vegetables, setting tables, scrubbing kitchen floors, and cooking meals.<sup>192</sup> Such activities were not necessarily problems in themselves for Division nutritionists conducting the survey. Criticism of the tasks was limited to suggesting new and better equipment for the schools' kitchens so that girls' duties could be carried out more efficiently, making time for more important labour such as learning kitchen hygiene and cooking. In the Thunderchild Indian Residential School in Delmas, Saskatchewan, for example, surveyor Alice McCready recommended a vegetable peeler for the school as it would "mean a considerable saving of vegetables and child labour."<sup>193</sup> She did not recommend that the girls should cease working in the kitchen altogether.

While residential schools employed anti-obesity regimes for reasons other than weight in the post-war era and through the 1960s, a different and concurrent discourse about Aboriginal people in relation to obesity began to emerge as the 1960s progressed. While contagious illness may not have been dormant in Aboriginal populations, and TB and other respiratory illnesses remained the overwhelming concern for government and medical personnel as indicated in the 1965 *Report of the Royal Commission on Health Services*,<sup>194</sup> some government officials and medical literature started to suggest that chronic illness was beginning to surface in Northern Aboriginal populations of the 1960s. These worries over chronic illness in Aboriginal populations of the North were predicated by an earlier smattering of studies which did not find a correlation between Aboriginal bodies and chronic illness, but did argue that, given Northern development projects that

were “modernizing” these otherwise “primitive” peoples, the Inuit might eventually develop the so-called “diseases of civilization.”

For example, a joint study of the Nutrition Division and Indian and Northern Health Services in 1957-1958 on the cholesterol level of Inuit peoples dispelled previous research that claimed heart disease and cholesterol to be non-existent in traditional Inuit peoples. The study analyzed blood samples gathered from the Eastern Arctic Patrol, and from the Hamilton tuberculosis sanatorium and found that Aboriginal populations, unlike some populations of “normative” Canadians such as the “tubby hubbies” discussed in the previous chapter, did not have high rates of heart troubles. Neither, however, did they have remarkably low rates. Inuit peoples were simply “average.”<sup>195</sup> As P. E. Moore, Director of Indian and Northern Health Services, noted about the study’s findings: “The numbers involved are small but do appear to deny that there is anything remarkable about the physiology of Eskimos, an opinion to which we tend to cling.”<sup>196</sup> While the government study did not find increasing or heightened prevalence of chronic illness in the Inuit, and did not even mention obesity, it did demonstrate that the Inuit *could* develop so-called diseases of civilization. Dr. Otto Schaefer also predicted problems with chronic illnesses like diabetes and cardiovascular diseases in Arctic populations in a 1959 *CMAJ* article.<sup>197</sup>

By the middle and later 1960s, the idea that Aboriginal people could develop chronic illnesses mobilized into tenable worries concerning obesity. At this time,

tentative links among obesity, Northern development, and Aboriginal bodies began to appear in the archival records of the federal Nutrition Division and Northern Health Services. Like the implementation of exercise and nutrition regimes in residential schools, anti-obesity programming initiated by the two divisions were techniques of assimilation. However, as a study of anti-obesity government programs for Aboriginals and the medical research on obesity carried out by the IBP shows, the anti-obesity regimes in Northern Aboriginal populations in and after the mid-1960s arose from an actual concern about the potential obesity of Aboriginal peoples. I argue that the discursive shift evident in discussions about Aboriginals and obesity also included a change in how Northern bodies were fetishistically arranged for the purposes of Northern development. Instead of purporting ontological differences through narratives of disease, obesity discourse began to position Aboriginal bodies as similar to the bodies of dominant Canadians. In both cases, the power and supposed supremacy of white Canadians were reified and colonial-capitalist expansion into the North was partially legitimized.

### *Anti-obesity programming as a slim-down project*

In the documents studied for this dissertation, the earliest reference to a study of obesity in Northern Aboriginal populations was made in 1964, relating to a small preliminary survey carried out by Otto Schaefer. In that year, Schaefer boarded the Eastern Arctic

Patrol to measure the effects of “nutritional factors,” “changing patterns of physical activity,” and “civilization stresses” on Inuit groups.<sup>198</sup> In his preliminary report, Schaefer seemed surprised by higher-than-expected levels of hypertension, but he was most alarmed by his findings on obesity. “It has always been my contention that obesity is rare in Eskimos,”<sup>199</sup> Schaefer noted, but the results of his survey had proved him wrong. In particular, Schaefer found that skinfold values in more “modern” areas of the Arctic were well above average. He noted in his report that “[i]t appears remarkable that in districts where less hunting and more handicraft and wage employment prevails as in the Hudson Strait and Ungava Bay, skinfold thickness increases, while in districts where practically all males are exclusively hunters no excess subcutaneous fat is found and minimal values prevail.”<sup>200</sup> As an offshoot of this study, Schaefer proposed yet another one: a nutrition survey of Inuit peoples developed in concert with the Nutrition Division.

Comprised primarily of self-administered food diaries that were distributed to the Inuit, the year-long study was designed to track relationships among Northern development, changes in diet, and the proliferation of concomitant chronic illnesses. The federal government had expressed an interest in Inuit nutrition before, as is evident by the 1963 Medical Services publication, *Good Food – Good Health*,<sup>201</sup> which was intended to guide Inuit peoples in their transition from a “traditional” to a “modern” diet.<sup>202</sup> The 1957-1958 cholesterol study carried out by the Nutrition Division and Indian and Northern Health Services, detailed above, also indicated the federal state’s interest in the

nutrition of Northern Aboriginal people in relation to potential heart problems. It was not until Schaefer's 1964-1965 survey, however, that a federal government agency expressed an active interest in Inuit nutrition as it related specifically to obesity which, Schaefer argued, had progressed from a possibility to a reality by 1964.

Schaefer made clear his intent to study obesity in his letter to "Eskimo households" introducing the survey to participants. In a condescending tone the federal government reserved for Aboriginal peoples, Schaefer stated in his letter to potential participants: "Since the white man came the food for many Eskimos has been changing. You can now buy many different foods in the stores. In some places people still live on seal, fish and caribou. When this food was scarce, flour, sugar and lard helped keep people from starving. This was a good thing. Eskimos sometimes like to eat something different."<sup>203</sup> Even as "Eskimos" might sometimes like variety, Schaefer noted that change from a subsistence-based diet and new activity patterns could precipitate health problems, including under-nutrition but also obesity: "When you eat and how much you eat has a lot to do with your health. When people don't get enough to eat they may get sick and weak or if they eat too much and don't move around they can get fat."<sup>204</sup>

The survey relied on the normative model of the nuclear family to collect information, which either implied Schaefer's belief that more modern Northerners would organize their households in such a manner, or the reality that federal government programming and bureaucracy attempted to push non-nuclear Inuit families into

normative family formations.<sup>205</sup> The survey booklets, in which Inuit were to list the amounts, proportions and weights of foods as determined by a government-issued scale, were given to women. After all, “mother” supposedly “[did] the cooking” while the father “head” hunted for game or worked for wages, depending upon his stage of development.<sup>206</sup>

As reported in Schaefer’s article in a 1971 edition of *Nutrition Today*, entitled “When the Eskimo Comes to Town,” the nutrition survey found that Inuit diets were becoming more like those attributed to normative Canadians, particularly in relation to the consumption of sugar. Given that the increased use of sugar was “causally related to a number of phenomena intimately associated with the health of Western peoples in modern times,”<sup>207</sup> including obesity, it was no surprise to Schaefer that the Inuit were becoming ever-fat. Using the language of the gendered division of labour to compare the pre-contact Inuit family with the family of the post-Northern development era living in settlements, Schaefer painted a dire picture of the nutrition survey findings:

Now it is the mid-1960’s. Our family has moved to the construction site of a defence installation and airstrip. The husband and son have found work there. They eat three meals a day in the cafeteria. The richness of those meals shows in their bulging paunches. ...The women while away their idle hours chewing chocolates instead of animal skins, attending movie shows, and drinking Cokes

and other sugared soft drinks. There is little else for them to do. They no longer need to sew and make clothes or scourge for food.<sup>208</sup>

In addition to obesity, Schaefer wondered if diabetes might someday affect the Inuit, though the disease had yet to obtain great significance, in his opinion, in Aboriginal populations.

Following the nutrition survey, Schaefer continued to trace Inuit obesity under the auspices of the International Biological Programme (IBP) between 1968-1973. In this project, Schaefer was joined by a cohort of international medical scientists and anthropologists dedicated to tracking the transition of the Inuit from “primitive” to “modern” before it was too late for such a study. Like Schaefer’s nutrition survey, the IBP tied obesity and other chronic illnesses to Northern development and specifically to the arrangement of Inuit societies into nuclear families whose subsistence lifestyles were a thing of the past.

### ***The International Biological Programme (IBP)***

The IBP was conceived in the 1950s by a group of European scientists who were part of the International Council of Scientific Unions, and officially began in 1961.<sup>209</sup> Spread over fifty-eight countries<sup>210</sup> and thirteen years,<sup>211</sup> the IBP’s theme was “the biological basis of productivity and human welfare.”<sup>212</sup> IBP scientists therefore studied the co-evolution of humans and ecosystems, especially those populations and landscapes that

were threatened or endangered by environmental degradation and economic development.<sup>213</sup>

The IBP was organized by an international umbrella committee, which in turn spawned sub-committees in participating countries to oversee individual national projects. Given that national committees had to secure their own funds, however, projects launched in the Third World were sometimes conducted and funded by First World nations like the United States.<sup>214</sup> The Canadian Committee for the IBP was primarily funded by the National Research Council of Canada, with a contribution by the Department of Indian Affairs and Northern Development which provided transportation, laboratory, and living space to Arctic researchers of the IBP, at least until the laboratory, which housed most of the researchers' equipment and the researchers themselves mysteriously burned down in 1969.<sup>215</sup> The Canada Council, National Museum of Canada, and various universities also made smaller contributions.<sup>216</sup> The Canadian Committee for the IBP coordinated research on topics such as the "productivity" of terrestrial, freshwater and marine communities, conservation of ecologically sensitive areas, and human adaptability,<sup>217</sup> the last of which was part of a larger IBP study of Aboriginal peoples in such places as the Amazon, Africa, New Guinea, the Pacific Islands, New Zealand, India, and the Canadian Arctic.<sup>218</sup>

Geographically, the Canadian IBP study of the Arctic was located in Igloolik, Northwest Territories. Discursively, the project took place in the context of a veritable

explosion of anthropological, geographical, sociological, scientific, and medical research on the North, which was part of the overall expansion of Northern programming in the 1950s and 1960s. As Morris Zaslow notes, the Northern Aboriginal peoples of this time “became one of the most heavily assisted, administered, and studied groups on earth.”<sup>219</sup> Indeed, by the time the IBP was initiated in the Eastern Arctic, the Inuit there were expressing what researchers called “subject fatigue,” and community members often refused to participate in the IBP or did so only half-heartedly.<sup>220</sup> The IBP was also preceded by a larger post-war interest in molecular genetics present in the scientific and anthropological communities, spurred by what IBP participants Collins and Weiner called “the spectacular unraveling of the genetic code.”<sup>221</sup> In Canada, genetic research was sometimes undertaken to explain and predict racial origins and physiological characteristics.<sup>222</sup> Otto Schaefer’s colleague and University of Manitoba anthropologist Bruce Chown, for example, had used funds from the National Museum of Canada to record genetic markers of the “Copper Eskimo” in 1958,<sup>223</sup> and to help determine the degree of “inter-mingling” between Northern and Southern Aboriginal populations (he found little).<sup>224</sup>

The IBP Human Adaptability project extended research like Chown’s, but was particularly interested in the introduction of Caucasian genetic material into Aboriginal populations. Researchers were to study how life in the jungle, the desert, or the Arctic had affected the genetic development of the Aboriginal people, and how shifts in genetic

make-up were, in turn, affecting life in these “extreme” climates. In very basic terms, the IBP project aimed to determine what was nature and what was nurture of the behavioural and physical characteristics of Aboriginal peoples, and how progress and development projects were changing both.<sup>225</sup> Such a study was important, researchers determined, for two reasons. First, it was imperative that the genetic and physiological characteristics of “dying” cultures be recorded for the sake of the anthropological record before it was too late. Characterized as what McClintock would call “anachronistic space,” where the modern subject can “journey back in time to [a]...moment of prehistory,”<sup>226</sup> and linking the Third World to the Canadian North in ways similar to the medical rhetoric of Northern and Third World development described above, the three field sites of the jungle, the desert, and the Arctic housed peoples who provided a last glimpse at “modern man’s” evolutionary past.<sup>227</sup> Additionally, the Human Adaptability studies were considered useful in that they scientifically quantified the effects of development projects on Native peoples who were, it was imagined, becoming increasingly modernized.<sup>228</sup>

The unified project described in IBP reports and literature was sometimes far from the experience on the ground. When I asked University of Manitoba anthropologist Joan De Pena, for example, how her work studying the growth and development of Igloodik Inuit fit the overall agenda of the IBP, she argued that no grand scientific statement could be derived at all from the Canadian research. The Canadian project, she maintained, was “a series of studies of independent researchers studying the Inuit in

Igloodik from 1968-1972. Period.”<sup>229</sup> For De Pena, the Canadian Human Adaptability project said nothing about the past, present or future, but rather “captured what was there, then, and even this was disjointed.”<sup>230</sup> Indeed, the project does seem quite piecemeal on its surface. In addition to De Pena’s growth and development study, researchers from a wide range of fields conducted studies on the nutrition, genetics, physical fitness, dentistry, biology, sociology, psychology, and anthropology of the Igloodik population. In addition to disciplinary difference, researchers often employed divergent methods and methodologies. For example, while an “IBP Handbook” was published to guide all Human Adaptability research and provided a touchstone for all anthropomorphic measurements, De Pena noted that some, including herself, adhered to the standards published in the Handbook, while others did not.<sup>231</sup> Unity can be found in the disparate studies, however, as many to most IBP reports, even though written from a variety of perspectives, portrayed a population on the verge of extinction.

Almost without exception, the IBP reports on the residents of Igloodik, particularly those concerned with diet, activity, and body composition, positioned the Inuit as “almost Western” or “becoming white,” and argued that urbanization and non-traditional lifestyles were changing the very morphology of “the Inuit body.” Joan T. Mayhall’s report on dental hygiene and dentistry, for example, found “rapidly” escalating incidence of dental caries and periodontal disease in the “more acculturated” people of Igloodik.<sup>232</sup> Mayhall’s work was augmented by Heather Milne’s study of nutrition, which

discussed escalating sugar consumption rates among the Inuit. While a food co-operative offering traditionally-hunted foods had been established by Igloolik residents,<sup>233</sup> Milne argued that a growing number of Inuit purchased “more complex” foods at the Hudson’s Bay Company store, and that the “pattern of non-refusal to the child has meant that soft drink and sweet consumption has increased.”<sup>234</sup> Krog and Wika’s study of the “peripheral circulation” of Inuit hands, meanwhile, found that “the introduction of modern equipment for transport like skidoos” was modifying the flow of blood in the bodies of their subjects.<sup>235</sup> MacAlpine et al., in their study of the genetic markers of “racial admixture” in the Igloolik Inuit, found a surprisingly high incidence of chromosomal mutation, or “alleles,” for such an “isolated population.”<sup>236</sup> The researchers attributed genetic changes to the recent “introduction of new alleles into the original Eskimo gene pool by Caucasian admixture”<sup>237</sup> which accompanied the migration of military, government, resource extraction, and other non-Native workers to the developing North.

.The re-shaping Inuit body was also discussed in studies recording the development of body fat on the Inuit of Igloolik. Hildes’s and Schaefer’s report on health and epidemiology is an example. In their study, Hildes and Schaefer weighed, measured, pinched, and drew the blood of four-hundred-and-twenty-two people, studying their bodies’ “changes with urbanization.”<sup>238</sup> Often, the work of Hildes and Schaefer took them to Inuit households, which the two always characterized as patriarchal and nuclear: “On the day of examination the first step was a detailed interview by Dr. Schaefer and an

interpreter with the head of the family, the wife, and...children.”<sup>239</sup> Hildes and Schaefer recorded bodies “in transition.” While obesity rates were still “less...common than in Southern Canadian communities,”<sup>240</sup> body fat was growing in the population, particularly among middle-aged women who, over the two years of Hildes’s and Schaefer’s study, had increased both their weight and skinfold measurement.<sup>241</sup> Additionally, Hildes and Schaefer noted the increasing blood pressure of their research subjects, which they attributed to the changes in diet accompanying the abandonment of traditional hunting practices.<sup>242</sup>

Similarly, Joan De Pena gathered a plethora of measurements on “Igloolik Eskimos.” Resonating with previous colonialist scientific practices described by McClintock, who argues that measurements of foreheads, skulls, noses, and ears helped fetishistically to organize seemingly-biological races on the “family tree of man,”<sup>243</sup> De Pena photographed and filmed the bodies of Igloolik residents, paying specific attention to such details as: eye obliquity, forehead slope, nasal tip inclination, chin prominence, ear slant, eyebrow thickness, hair form and texture, lips, tongue roll, and body hair quantity.<sup>244</sup> De Pena also studied the overall stature of bodies at different ages, including the body fat content and weight of individual adults and children.

The results of De Pena’s study showed that Igloolik children were larger than they had previously been, and exhibited a “greater and faster growth trend.”<sup>245</sup> Igloolik adults were also changing stature, depending upon age. Those adults between the ages of forty

and fifty, De Pena noted, showed the “lowest sitting height,” the men were more muscular in their upper arm, while the women had “the lowest triceps skinfold means.”<sup>246</sup> Younger subjects, meanwhile, were taller and had higher skinfolds. De Pena suggested that such data could be due to Northern development, which was increasingly shaping the lives – and bodies – of younger adults while many of their elders remained traditional: “the current 40-50 year old age group are currently – or most recently – the most active hunters and their wives who accompany their husbands to camp...and are thus less active partakers of the ‘amenities’ of community patterns (e.g. access to store foods, cash wages, care of minor illnesses).”<sup>247</sup> De Pena suggested that the shorter, more muscular bodies of forty-to-fifty-year-old Igloolik peoples with “blocky trunks” and a “tendency toward leanness rather than fat” might represent “physical evidence of a body build positively correlated with and selective for the traditional Inuit hunting pattern.”<sup>248</sup>

The notion that the traditionally lean, muscular “hunting body” of the Igloolik peoples was rapidly disappearing, leaving a bloated, soft and distinctly more modern body in its wake, was repeated in R. J. Shephard’s IBP study of the physical fitness of Igloolik residents. As Shephard’s study noted, “the supposed unusual body build [of the Inuit], with short stature, large trunk/leg length ratio and a low centre of gravity seems a rapidly receding phenomenon.”<sup>249</sup> Accompanied by graduate students Gaetin Godin and Andris Rode, a portion of whose report opens this chapter, Shephard administered Physical Work Capacity (PWC) and energy expenditure tests on Igloolik residents like

the ones described in the previous chapter. Using white Canadians as the norm against which the Inuit were measured, Shephard's data concurred with all other studies, and showed that the population of Igloolik was a society "in transition." While maximal tests, in which participants ascended and descended an eighteen-inch step, and sub-maximal tests, in which subjects pedaled an exercise bike, showed that even though many Igloolik residents maintained fitness levels of "athletic 'Caucasians'" and "total body fat was lower than values reported for a comparable 'white' population,"<sup>250</sup> Northern bodies were in the process of changing. As Rode argued, cardiovascular disease and obesity were certain to increase as a "segment of the population," or the "urban group" of Igloolik people who had given up traditional hunting practices was "already showing the effects of adopting the Southern patterns of life."<sup>251</sup>

Noting that between 1959 and 1968 "the ratio of families living at [hunting] camp to families living in settlement changed from 77% camp, 23% village to 11% camp and 80% settlement,"<sup>252</sup> Godin attempted to quantify the "Southernization" of the Inuit in terms of energy expenditure. In the study, Godin used measurements of heart rate and respiratory efficiency, accompanied by questionnaires and diaries completed by observers, to compare the energy expenditure of traditional men who hunted for food with more modern men who worked for wages. Though women also hunted, performing tasks such as skinning and tanning that were generally and euphemistically regarded as "helpful" to male hunters, Godin assumed that women's hunting activities would expend

the same energy as housewifery tasks, and therefore no study of women's subsistence labour was attempted.<sup>253</sup> Attaching such banality to Aboriginal women's subsistence labour was not unusual; as Sangster notes, the labour of Aboriginal women within their subsistence economies has been unacknowledged or downplayed by colonial agents since the beginning of the fur trade, as this often-essential labour upset the patriarchal order of things.<sup>254</sup> Godin did measure the activity levels of "modern" Inuit women, however. Articulating his study of women in the well-worn terms of the nuclear family, Godin hired a "trained Eskimo girl [who] went into 14 different homes in the settlement" to "[monitor] the activities of the wife of the family head. ..."<sup>255</sup>

Accompanying hunters on their expeditions, Godin recorded the activities performed during hunting, such as checking on fishing nets, repairing boats, making knives and handles, driving and running along-side a dog team, and digging an ice hole. Village workers' tasks, including labouring as a store clerk or in construction, were also recorded and measured in terms of calories expended. Caloric values were attached to women's modern domestic labour, which was connoted as washing the floor, making bannock, sewing, washing dishes, and general housework. Godin found that village workers expended less energy than hunters,<sup>256</sup> and that hunters were generally more fit due to a "variable intensity of activity."<sup>257</sup> Godin, with Shephard, noted that "[t]he settlement work, be it painting, electrical wiring, or garbage collection, moves at an even tempo, whereas during the hunt, periods of intense and even maximum activity are

interspersed with periods of rest.”<sup>258</sup> As far as women went, Godin and Shephard noted that the Arctic’s lack of “home convenience” rendered “[f]emale domestic tasks...similar to those of the ‘white’ housewife some 30 years ago,”<sup>259</sup> though of course no comparison between “primitive” and “modern” Inuit women could be made.

Unlike Schaefer and Hildes’s or De Pena’s research, Shephard, Rode, and Godin found small evidence of a marked growth of body fat. Changing activity levels, however, raised obesity concerns for these researchers. Shephard argued: “the diseases of affluence – atherosclerosis, hypertension, obesity and diabetes are rare. The trend towards adoption of the ‘white’ life style may, unhappily, soon reveal the extent of the protection that such peoples currently enjoy by virtue of their high level of physical activity.”<sup>260</sup> Anticipating a problem in the near future, Rode went so far as to suggest the institution of anti-obesity regimes in Inuit populations, including “diet education [about] sugar, soft drinks and other foods high in calories but low in nutritional value” and the “introduction of cross-country skiing to Igloolik.”<sup>261</sup>

Thus, all IBP evidence pointed to the fact that Igloolik residents were either already developing an excess of body fat or were on the precipice of doing so. Of course, the IBP results on Igloolik were about more than the health of the people in that tiny village, as publications derived from the Human Adaptability project spoke to the “evolution” of Northern Aboriginal populations as a whole. Indeed, if IBP studies were correct, and racial “admixture” was on the rise, then the 1960s was witness to an entire

race of peoples on the very edge of extinction. IBP reports therefore suggested that the demise of traditional culture was moulded into the very flesh of the Northern Aboriginal peoples, as Northern embodiments, touted to be the genetic result of thousands of years of subsistence lifestyle patterns and hunting economies, were, in Shephard's words, "rapidly receding."

### ***Obesity and the anti-conquest of Northern lands***

Anti-obesity rhetoric and research in the North allied with the general health policies of post-war era through the 1960s to assimilate Northern Aboriginal peoples and bodies into normative white, middle-class Canadian society. Though I tie federal nutrition programming and the IBP project to assimilative state policy, I do not argue that individual researchers or practitioners were consciously complicit in the federal state's general desire, to borrow Vanast's words, to "hasten the day of extinction" for the Northern Aboriginal people.<sup>262</sup> Indeed, in my conversation with Dr. Joan De Pena, the opposite was stressed. Dr. De Pena repeatedly emphasized the heterogeneity of IBP research, and noted that her attachments to the federal government and its policy had been minimal.<sup>263</sup> In addition, IBP research engendered in some a suspicion of Northern development, and a conviction that the North would have been better off without Southern interference.<sup>264</sup> Schaefer himself mourned the loss of tradition he supposedly witnessed in his Northern sojourns.<sup>265</sup> Medical scientists and researchers, however, were

working within a particular “paradigm,” to use Kant’s term, in which they could stake their claims to truth and knowledge about Northern embodiment and Aboriginal cultures.<sup>266</sup> It is this paradigm that is critiqued, here, not individual intent. In the period under study, one major paradigm through which medical practitioners, scientists, and researchers could “claim” their “truths” about the North was one of Northern development that positioned Aboriginal people, to coin a phrase from the *White Paper on Indian Policy*, on a “new road” toward becoming more like normative Canadians.<sup>267</sup> Thus, as historians of colonial medicine have argued of Canada from 1945-1970 and of other periods,<sup>268</sup> medical and scientific research was generally caught up in and made sense because of an explicit and general discourse of assimilation, the tone of which was often set by the federal state and its Aboriginal policy.

In continuously and performatively reiterating a Northern peoples who had taken up the gendered division of labour in the colonial-capitalist economy, who had organized into nuclear family forms seemingly by choice and not by government coercion, who were living in villages, eating modern foods, and becoming sedentary and fat, federal state nutrition programming and the IBP Igloodik project pronounced the inevitable and complete decline of traditional Northern cultures through the fetishistic re-calculation and re-imagination of Aboriginal bodies as “almost modern.” Government and IBP projects therefore provided a powerful scientific and medical discursive justification for assimilative policies and processes. Federal nutrition programming and IBP research, in

their seemingly-benign propensity to calculate and classify Aboriginal bodies in the North, can thus be thought of as a type of anti-conquest, to use Pratt's term. Depictions of an encroaching or established obesity problem in Northern bodies had discursive reverberations, through which "seeing" and "learned" Northern experts positioned and repositioned the categories of the North and its people in terms that facilitated assimilative policy. Diet and exercise surveys, and measurements of foreheads, lips, eyes, and body fat by federal programming and the IBP furthered racist assimilation projects, and can be understood as a form of scientific racism, albeit in reverse. Unlike the scientific racism described by McClintock, the various calculations made by government officials and researchers did not "prove" how Aboriginal peoples were biologically different from white people, but how they were similar to them.

Put in the theoretical terms that run throughout the dissertation, the concepts of Cartesian Dualism, performativity, the abject, and fetishism prove helpful in understanding obesity concerns, this time as they related to the Aboriginal population of the North. Yet again, the instance of obesity was not unequivocally proven in the Northern population. Not only had the measurement of obesity in general yet to be agreed upon in medical and state circles, but attempts to classify Aboriginal obesity had also failed to produce any definitive numbers – while Schaefer argued that instances of Aboriginal obesity were increasing, Shephard and Rode's IBP study claimed that obesity remained only a threat, although a very imminent one, by the end of the 1960s. Further,

as De Pena related in my interview with her, different IBP researchers employed different mechanisms for measuring all types of embodiments, including obesity. Thus, obesity in Northern Aboriginal populations can be said to have fetishistically rearranged the bodies of Aboriginal peoples, thereby re-establishing dominant colonial power relations not by denying sameness, but by disavowing differences between the bodies of the colonized and the colonizer. By positioning Northern Aboriginal bodies as those that possessed, or were soon to develop, the Cartesian embodiment of body fat that would eventually require abjection, medical, scientific, and state documents reiterated Northern Canadians as almost normative or, in other words, rather ordinary. As ordinary Canadians, with decidedly ordinary Canadian bodies, Inuit and Northern First Nations peoples had no special title to traditional lands or privileges granted by treaties or by the *Indian Act*.

## **Conclusion**

In the post-war era until 1970, obesity was wielded by government and medical agents as a modernizing category, and was part of the discursive drive to assimilate Northern Aboriginal peoples into normative Canadian society. The application of anti-obesity regimes and programming to Aboriginal bodies was not even, however, and strategies overlapped chronologically and differed over time and across the Canadian state. Throughout the era, medical, government, and popular literature generally assumed that Aboriginal peoples' "primitivism" precluded the presence of chronic illness in Northern

communities. Indeed, when used in residential schools, anti-obesity programming such as the *5BX* regime was not to slim down Aboriginal children, but to assimilate them through embodied disciplinary practices. In the mid-to-late 1960s, asserting the notion that such assimilative techniques were nearing completion, another discourse emerged in federal state and IBP research that depicted Northern Aboriginals as on the verge of developing or as already having developed an obesity problem. This discourse of Northern obesity helped to characterize Inuit and First Nations populations as “almost-modern,” ordinary citizens whose claims to “special status” would be null and void, a state fantasy that began with the *Indian Act* and culminated in the *White Paper* of 1969.<sup>269</sup>

In addition to forming and reforming categories of Aboriginality, federal state and IBP surveys and reports also rearticulated the category of obesity. The conflations between whiteness, the middle class, modernity, and obesity identified in previous chapters of this dissertation were strengthened by discourses of Northern obesity. Edward Said has famously argued that constructions of the “Other” say less about the colonized than they do about the colonizer.<sup>270</sup> That is, it is through the Other that the identity of the colonizer is produced, despite colonialists’ denials of “intersubjectivity,” as Agathangelou and Ling call this dependent identifactory relationship.<sup>271</sup> In the recitation of obesity as a modernizing type of embodiment that threatened Northern Aboriginal people, those identified as “problem populations” by anti-obesity rhetoric, namely white middle-class men and women, were reified as civilized and modern kinds of people.

Dominant notions of white supremacy, founding Canada's identity as a white, Western European settler nation, were therefore secured.

Obesity, then, was a physical characteristic that could position a population within the racial hierarchies of the post-war period until 1970. Through the process of fetishism, which re-made Northern Aboriginal bodies through the denial of difference and Aboriginal sovereignty in the mid-to-late 1960s, and imagined Inuit people to be (almost) like the dominant subject who required the performed abjection of fat embodiment, racial inequities were partially furthered through the scientific and medical classification of obesity. The mobilization of race and racism through discourses of obesity is evident today, although the dynamics of racialized obesity are different.

Critical scholars of obesity, though slow to study the racist operations of body fat, have recently argued that obesity is a degenerative embodiment increasingly associated with people of colour. For example, April Herndon characterizes fat phobia as a form of racism against poor African Americans.<sup>272</sup> Paul Campos also writes in the American context, and argues that fat phobia functions as a conduit through which otherwise unacceptable racism and classism can be expressed. Campos maintains that while an otherwise "liberal" white American might deny his or her race and class bigotry, imagining all racialized peoples as obese and, then, expressing more-politically-correct fat phobia, is one way by which the dominant subject might express racism or classism.<sup>273</sup> Campos further states that that upper-class Americans "are so disgusted by,

and terrified of, fat” because it is “contaminating.”<sup>274</sup> Campos notes: “Fat has the power, metaphorically speaking, to make us non-white and poor. ...”<sup>275</sup> Thus, fat is understood by Campos as a degenerate type of embodiment which, to recall Young, could move an otherwise normative subject down the “scale of bodies” discussed in chapter 2.<sup>276</sup>

Yet, at the same moment that contemporary understandings of fatness are racialized and therefore degenerative, fat also remains a modern type of embodiment associated with “progress.” In Canada, where much anti-obesity rhetoric is targeted at Aboriginal peoples, as Fee and Poudrier have argued,<sup>277</sup> obesity continues to be purported as a repercussion of modernization, the result of abandoned dietary and hunting practices.<sup>278</sup> Canadian connections between obesity and “non-traditional” lifestyles mimic WHO policy and reports, which blame rising rates of Third World obesity on the “industrialization, urbanization, economic development and market globalization” of formerly “traditional” areas of the world.<sup>279</sup> Currently, then, fat is a racialized embodiment that is associated with degeneracy even as it represents the modernization of formerly “traditional” societies. This tension, whereby fat is both “primitive” and “modern” is under-studied, if not studied at all, by theorists and historians of fat. While this dissertation traces the partial history, in Canada at least, of obesity as a modernizing construct, a historical study of how, when, where, and why the conflicting characterization of obesity as a degenerating and primitivizing embodiment arose in the Canadian context remains to be undertaken.

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<sup>1</sup> Andris Rode, "Some Factors Influencing the Fitness of a Small Eskimo Community," in *International Biological Programme Human Adaptability Project (Igloodik, N.W.T.): Physiology Section Report, 1972* (Toronto: University of Toronto), 134.

<sup>2</sup> Editorial, *The Globe and Mail*, July 9, 2007; *The Globe and Mail*, "Canada Food Guide Adapted for Native Needs," April 12, 2007; Scott A. Lear, Karin H. Humphries, Jiri J. Fhrolich, and C. Laird Birmingham, "Appropriateness of Current Thresholds for Obesity-Related Measures Among Aboriginal People," *Canadian Medical Association Journal* 177, no. 12 (2007): 1499-1505; Kevin Patterson, "Southern Exposure; How Bad is the Globe Obesity Epidemic?," *The Globe and Mail*, October 7, 2006; Andre Picard, "Diabetes Putting Care System in Dire Straights; Sedentary Lifestyle, Poor Eating Habits Cited as Almost 3 Million Canadians Now Have Disease," *The Globe and Mail*, March 2, 2007; Andre Picard, "Native Health Care is a Sickening Disgrace," *The Globe and Mail*, November 3, 2005; Andre Picard, "Obesity-Driven Diabetes Skyrocketing Among Kids, Teens," *Globe and Mail*, May 11, 2005; Eva Salinas, "Report on Heart & Stroke Research: Obesity," *The Globe and Mail*, October 28, 2006 Janet Smylie and Marcia Anderson, "Understanding the Health of Indigenous Peoples in Canada: Key Methodological and Conceptual Challenges," *Canadian Medical Association Journal* 175, no. 6 (2006): 602-5.

<sup>3</sup> Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 1992), 7.

<sup>4</sup> For a discussion of women's participation in Northern anti-conquest, see Joan Sangster's description of the travel narratives of Hudson's Bay Company wives in Joan Sangster, "The Beaver as Ideology: Constructing Images of Inuit and Native Life in Post-War Canada," *Anthropologica* 49, no. 2 (2007): 191-200.

<sup>5</sup> Shelagh Grant, *Sovereignty or Security?: Government Policy in the Canadian North, 1936-1950* (Vancouver: UBC Press, 1988); Morris Zaslow, *The Northward Expansion of Canada, 1914-1967* (Toronto: McClelland & Stewart, 1988).

<sup>6</sup> Daniel Francis, *The Imaginary Indian: The Image of the Indian in Canadian Culture* (Vancouver: Arsenal Pulp Press, 1992), 58.

<sup>7</sup> Joan Sangster, "The Beaver as Ideology," 195.

<sup>8</sup> Assembly of Aboriginals, "Aboriginals Diabetes Report Card," June, 2006, Assembly of Aboriginals, <http://www.afn.ca/misc/diabetes-rc.pdf> (accessed September 11, 2008); Assembly of Aboriginals, "National Chief Says Poverty and Lack of Access to Affordable, Healthy Foods the Main Reason for Aboriginals' Childhood Obesity Epidemic," March 29, 2007, Assembly of Aboriginals, <http://www.afn.ca/article.asp?id=3486> (accessed September 11, 2008); Canada, *Royal Commission on Aboriginal People*, vol. 3 (Ottawa: Queen's Printer, 1996), 146.

<sup>9</sup> Mary Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (Vancouver: UBC Press, 1998); Meghan Vaughn, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991).

<sup>10</sup> For a discussion of the colonial state's regulation of Aboriginal hunting, see: John Sandlos, *Hunters at the Margin: Native People and Wildlife Conservation in the Northwest Territories* (Vancouver: University of British Columbia Press, 2007).

<sup>11</sup> Assembly of Aboriginals, "National Chief Says Poverty and Lack of Access to Affordable, Healthy Foods the Main Reason for Aboriginals Childhood Obesity Epidemic."

<sup>12</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California, 1993); Radhika Mohanram, *Black Body: Women, Colonialism, and Space* (Minneapolis: University of Minnesota Press, 1999); Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995).

<sup>13</sup> Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California, 2001).

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- <sup>14</sup> Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990).
- <sup>15</sup> Roger Kiel and S. Harris Ali, "Multiculturalism, Racism and Infectious Disease in the Global City: The Experience of the 2003 SARS Outbreak in Toronto," *Topia: Canadian Journal of Cultural Studies* 16 (Fall 2006): 23-49.
- <sup>16</sup> Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 72, 93-100, 163-73.
- <sup>17</sup> Jennifer Poudrier, "The Geneticization of Aboriginal Diabetes and Obesity: Adding Another Scene to the Story of the Thrifty Gene," *CRSA/RCSA* 44, no. 2 (2007), 256.
- <sup>18</sup> *Ibid.*, 2993-4.
- <sup>19</sup> Margery Fee, "Racializing Narratives: Obesity, Diabetes and the 'Aboriginal' Thrifty Genotype," *Social Science & Medicine* 62 (2006): 2990.
- <sup>20</sup> Vaughn, *Curing Their Ills*, 8.
- <sup>21</sup> *Ibid.*, 12-3.
- <sup>22</sup> For a similar argument, see Maureen K. Lux, *Medicine That Walks: Disease, Medicine and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001).
- <sup>23</sup> Kelm, *Colonizing Bodies*, xix.
- <sup>24</sup> *Ibid.*, 57 (author's italics).
- <sup>25</sup> Kelm, *Colonizing Bodies*, 15-6, 99, 177.
- <sup>26</sup> Kathryn McPherson, "Nursing and Colonization: The Work of Indian Health Service Nurses in Manitoba, 1945-1970," in *Women, Health and Nation: Canada and the United States Since 1945*, ed. G. Feldberg, M. Ladd-Taylor, A. Li and K. McPherson (Montreal & Kingston: McGill-Queen's, 2003); Hugh Shewell, *Enough to Keep Them Alive: Indian Welfare in Canada, 1873-1965* (Toronto: University of Toronto Press, 2004).
- <sup>27</sup> Shewell, *Enough to Keep Them Alive*, 247.
- <sup>28</sup> McPherson, "Nursing and Colonization," 229.
- <sup>29</sup> Canada, *Royal Commission on Aboriginal People*, vol. 3, 26.
- <sup>30</sup> Pratt, *Imperial Eyes*, 31.
- <sup>31</sup> *Ibid.*, 34.
- <sup>32</sup> *Ibid.*, 32.
- <sup>33</sup> For a discussion of how current epistemologies of race, gender, and nation inform and found the empirical projects and of the United States, as well as organize global(ized) subjectivities, see: Anna M. Agathangelou and Kyle D. Killian, "Epistemologies of Peace: Poetics, Globalization, and the Social Justice Movement," *Globalizations* 3, no. 4 (2006): 459-83.
- <sup>34</sup> McClintock, *Imperial Leather*.
- <sup>35</sup> *Ibid.*, 49.
- <sup>36</sup> *Ibid.*, 36-44.
- <sup>37</sup> *Ibid.*, 47.
- <sup>38</sup> Arturo Escobar, *Encountering Development: The Making and Unmaking of the Third World* (Princeton: Princeton University Press, 1995); Sunera Thobani, *Exalted Subjects: Studies in the Making of Race and Nation in Canada* (Toronto: University of Toronto Press), 147.
- <sup>39</sup> Poudrier, "The Geneticization of Aboriginal Diabetes and Obesity," 237-8; see also Fee, "Racializing Narratives: Obesity," 2990.
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- <sup>51</sup> Canada, *Canada Sickness Survey 1950: Instructions for Enumerators* (Ottawa: Provincial Departments of Health, Dominion Bureau of Statistics and the Department of National Health and Welfare, 1950), 17, 18.
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- <sup>56</sup> Ibid.
- <sup>57</sup> Doris McCubbin, "Are We Breeding a Nation of Invalids?," *Maclean's*, April 2, 1955, 14-5, 93-4.

- <sup>58</sup> Canada, *Canadian Sickness Survey 1950-51: No. 6, Permanent Physical Disabilities (National Estimates)* (Ottawa: Queen's Printer: 1955), 14.
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- <sup>62</sup> *Ibid.*, 93-4.
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- <sup>71</sup> S. C. Best, J. W. Gerrard, and I. C. Irin, "The Pine House (Saskatchewan) Nutrition Project: II," *Canadian Medical Association Journal* 85, no. 8 (1961): 412-4; Stanley S. Copp, "Public Health Engineering in Northern Canada," *Canadian Journal of Public Health* 51, no. 60 (1960): 187-93; Editorial, "Parasitic Diseases in Canada," *Canadian Medical Association Journal* 91, no. 9 (1964): 446-8; J. A. Hildes, J. C. Wilt and F. J. Stanfield, "Antibodies to Adenovirus and Psittacosis in Eastern Arctic Eskimos," *Canadian Journal of Public Health*, 46, no. 9 (1958): 230-1; Joseph P. Moddy, "How We Fought Polio in the Arctic," with W. de Groot, *Maclean's*, January 1, 1954, 12-3, 34-8; P. E. Moore, "Medical Care of Canada's Indians and Eskimos," *Canadian Journal of Public Health* 47, no. 6 (1956): 227-33; P. E. Moore, "Puvalluttuq: An Epidemic of Tuberculosis at Eskimo Point, Northwest Territories," *Canadian Medical Association Journal* 90, no. 22 (1964): 1193-1202; A. F. W. Peart, "Measles in the Canadian Arctic," *Canadian Journal of Public Health*, 44, no. 4 (1954): 146-56; Kenneth A. Ward, "Arctic Interlude," *Canadian Medical Association Journal* 67, no. 4 (1952): 292-8.
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<sup>76</sup> Franca Iacovetta, *Gatekeepers: Reshaping Immigrant Lives in Cold War Canada* (Toronto: Between the Lines, 2006).

<sup>77</sup> Cheung, "Tuberculosis in Recent Immigrants," 330.

<sup>78</sup> *Ibid.*, 331.

<sup>79</sup> Rutta and Wrong, "The Leprosy Problem in Canada," 19.

<sup>80</sup> *Ibid.*, 19.

<sup>81</sup> Thobani, *Exalted Subjects*, 149.

<sup>82</sup> Editorial, "Parasitic Diseases in Canada," 446. See also Lenczner and Owen, "The Impact of Tropical and Parasitic Diseases in a non-Endemic Area."

<sup>83</sup> McClintock, *Imperial Leather*, 47.

<sup>84</sup> Vaughn, *Curing Their Ills*, 7.

<sup>85</sup> *Ibid.*

<sup>86</sup> For a discussion of the discursive arrangement of Canada as benevolent, and the investment of national identity in racialized discourses of benevolence see: Sherene H. Razack, *Dark Threats and White Knights: The Somalia Affair, Peacekeeping and the New Imperialism* (Toronto: University of Toronto Press, 2004).

<sup>87</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 3, 112.

<sup>88</sup> *Ibid.*, 114, 138.

<sup>89</sup> *Ibid.*, 138.

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<sup>92</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 4 (Ottawa: Queen's Printer, 1996), 412.

<sup>93</sup> *Ibid.*, 469.

<sup>94</sup> Olive Patricia Dickason, *Canada's First Nations: A History of the Founding Peoples from Earliest Times*, 3rd ed. (Don Mills: Oxford University Press, 2002), 373; see also: Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 4, 442.

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<sup>96</sup> Frank Tester and Peter Kulchyski, *Tammarnuiit (Mistakes): Inuit Relocation in the Eastern Arctic 1939-63* (Vancouver: UBC Press, 1994): 3-4.

<sup>97</sup> Julie Cruikshank, *Do Glaciers Listen?: Local Knowledge, Colonial Encounters, & Social Imagination* (Vancouver and Seattle: UBC Press and University of Washington Press, 2005), 36.

<sup>98</sup> Dickason, *Canada's First Nations*, 373; Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 32; Walter J. Vanast, "'Hastening the Day of Extinction': Canada, Quebec, and the Medical Care of Ungava's Inuit, 1867-1967," *Etudes/Inuit Studies* 15, no. 2 (1991), 61.

<sup>99</sup> Vanast, "'Hastening the Day of Extinction,'" 60.

<sup>100</sup> Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 17, 104.

<sup>101</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 3, 138.

<sup>102</sup> Zaslow, *The Northward Expansion of Canada 1914-1967*, 172; see also: Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 43.

<sup>103</sup> F. Elva Taylor, "Institutional Nursing: Care for Our Native Canadians," *Canadian Nurse* 48, no. 2 (1952): 123-125; Elva Taylor and Courtney McNabb, "Hospital for the North," *Canadian Nurse* 65, no. 3 (1968): 37-9.

<sup>104</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 3, 138.

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- <sup>105</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1, 319; Tester and Kulchyski, *Tammarnuiit (Mistakes)*; Vanast, “Hastening the Day of Extinction.”
- <sup>106</sup> Grant, *Sovereignty or Security?*
- <sup>107</sup> *Ibid.*, 240.
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- <sup>109</sup> *Ibid.*, 195, 2, 244, 245-6.
- <sup>110</sup> Shelagh Grant, “A Case of Compounded Error: The Inuit Resettlement Project, 1953, and the Government Response, 1990,” *Northern Perspectives* 19, no. 1 (1991), <http://www.carc.org/pubs/v19no1/2.htm> (accessed August 3, 2009).
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- <sup>113</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1 (Ottawa: Queen’s Printer, 1996), 316; Shewell, *Enough to Keep them Alive*, 298.
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- <sup>118</sup> Shewell, *Enough to Keep Them Alive*, 211; See also: Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 43.
- <sup>119</sup> McPherson, “Nursing and Colonization,” 232.
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- <sup>121</sup> Patricia Jasen, “Race, Culture, and the Colonization of Childbirth in Northern Canada,” *Social History of Medicine* 10, no. 3 (1997), 394-5.
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- <sup>125</sup> Farley Mowat, *Lost in the Barrens* (Boston: Little Brown, 1956).
- <sup>126</sup> John G. Diefenbaker, *Memoirs of the Right Honourable John G. Diefenbaker: The Years of Achievement 1957-1962* (Toronto: Macmillan of Canada, 1976): 11.
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- <sup>128</sup> *Ibid.*, 12.
- <sup>129</sup> I am referring, here, to dominant notions of normative masculinity as described by Michael S. Kimmel. Michael S. Kimmel, “Masculinity as Homophobia: Fear, Shame, and Silence in the Construction of Gender Identity,” in *Gender Relations in Global Perspective: Essential Readings*, ed. Nancy Cook (Toronto: Canadian Scholars’ Press Inc., 2007), 73-82.
- <sup>130</sup> Mowat, *Lost in the Barrens*.
- <sup>131</sup> Wilkinson, “How I Became an Eskimo.”
- <sup>132</sup> Farley Mowat, “They Sometimes Murder but Never Steal,” *Maclean’s*, March 1, 1952, 18-9, 29-32.
- <sup>133</sup> Farley Mowat, *Never Cry Wolf* (1963; repr., Toronto: McClelland & Stewart, 1973).
- <sup>134</sup> This genre of literature remains popular in Canada. For example, Elizabeth Hay’s acclaimed and Giller Prize winning *Late Nights on Air* was released in 2007 to prodigious acclaim. A liberal feminist twist on the Northern self-discovery theme, both women and men come to “find themselves” through their muted

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Northern heroics and stark encounters with Nature in the novel. Elizabeth Hay, *Late Nights on Air* (Toronto: McClelland & Stewart, 2007).

<sup>135</sup> Farley Mowat, *People of the Deer* (Boston: Little Brown, 1952).

<sup>136</sup> Joan Sangster, "The Beaver as Ideology," 293.

<sup>137</sup> Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 100; see also: Sandlos, *Hunters at the Margin*, 218-9.

<sup>138</sup> McPherson, "Nursing and Colonization," 227.

<sup>139</sup> *Ibid.*, 229.

<sup>140</sup> Vaughn, *Curing Their Ills*, 156.

<sup>141</sup> Gerald W. Hankins, *Sunrise Over Pangnirtung: The Story of Otto Schaefer, M.D.* (Calgary: The Arctic Institute of North America of the University of Calgary, 2000).

<sup>142</sup> *Ibid.*, 7.

<sup>143</sup> Schaefer, "Medical Observations and Problems in the Canadian Arctic: Part I"; Otto Schaefer, "Medical Observations and Problems in the Canadian Arctic: Part II," *Canadian Medical Association Journal* 81, no. 5 (1959): 386-93.

<sup>144</sup> Schaefer, "Medical Observations and Problems in the Canadian Arctic: Part I," 249.

<sup>145</sup> Otto Schaefer, "Luttamiut (Doctor's People) and 'Old Wives' Tales' – Their Unrecognized Value in Medicine," in *Circumpolar Health 90: Proceedings of the 8<sup>th</sup> International Congress on Circumpolar Health Whitehorse, Yukon, May 20-25, 1990*, ed. Brian D. Postl, Penny Gilbert, Jean Goodwill, Michael E. K. Moffatt, John D. O'Neil, Peter A Sarsfield and T. Kue Young (Winnipeg: University of Manitoba Press, 1991), 9.

<sup>146</sup> Moddy, "How We Fought Polio in the Arctic," 12.

<sup>147</sup> *Ibid.*, 13.

<sup>148</sup> *Canadian Nurse*, "Nursing in the North," 63, no. 3 (1967): 32.

<sup>149</sup> Prudence Hocking, "Go North, Young Woman!," *Canadian Nurse* 50, no. 5 (1954), 383-4.

<sup>150</sup> Ruth E. May, "Outpost Nursing," *Canadian Nurse* 63, no. 3 (1967), 35.

<sup>151</sup> Honourable John Monroe, "A Challenge that Confronts Us," *Canadian Nurse* 65, no. 8 (1969), 43.

<sup>152</sup> Pauline Trudel, "From the Arctic to the Tropics," *Canadian Nurse* 64, no. 2 (1968), 46.

<sup>153</sup> McPherson, "Nursing and Colonization," 230.

<sup>154</sup> May, "Outpost Nursing," 34.

<sup>155</sup> *Ibid.*, 35.

<sup>156</sup> Schaeffer, "Medical Observations and Problems in the Canadian Arctic: Part I," 248.

<sup>157</sup> Canada, *Royal Commission on Health Services*, 271-2.

<sup>158</sup> Monroe, "A Challenge that Confronts Us," 43.

<sup>159</sup> Ivy Maison, "Nursing on Canada's Rooftop," *Canadian Nurse* 46, no. 8 (1950): 621-5.

<sup>160</sup> *Ibid.*, 622.

<sup>161</sup> *Ibid.*, 624.

<sup>162</sup> McPherson, "Nursing and Colonization," 229; Shewell, *Enough to Keep Them Alive*, 227, 343.

<sup>163</sup> Ethel G. Martens, "Culture and Communications – Training Indians and Eskimos as Community Health Workers," *Canadian Journal of Public Health* 57, no. 11 (1966), 495; see also: L. Black, "Morbidity, Mortality and Medical Care in the Keewatin Area of the Central Arctic – 1967," *Canadian Medical Association Journal* 101, no. 10 (1969): 577-81; McPherson, "Nursing and Colonization," 230.

<sup>164</sup> Martens, "Culture and Communications – Training Indians and Eskimos as Community Health Workers."

<sup>165</sup> Editorial, "The Colombo Plan," *Canadian Medical Association Journal* 68, no. 2 (1953): 169-70.

<sup>166</sup> B. D. B. Layton, "Canada's Role in International Health," *Canadian Journal of Public Health* 53, no. 6 (1962), 242; see also: G. D. W. Cameron, "World Health Organization – The World's Most Successful International Agency," *Canadian Journal of Public Health* 52, no. 5 (1961): 181-4; *Canadian Journal of*

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*Public Health*, "World Health Organization: Eleventh Session of the General Assembly," 49, no. 11 (1958): 491-3.

<sup>167</sup> Pauline Trudel, "From the Arctic to the Tropics," 47. See also: A. M. Bryans, "The Summer School of Frontier Medicine," *Canadian Medical Association Journal* 100, no. 11 (1969): 512-5; S. W. A. Gunn, "The Canadian Contribution to the World Health Organization," *Canadian Medical Association Journal* 99, no. 22 (1968): 1080-88; May, "Outpost Nursing,"; Michael A. Stranger, "Northern Health Services in Canada," *Canadian Medical Association Journal* 96, no. 14 (1967): 1045-9.

<sup>168</sup> Escobar, *Encountering Development*, 31-2.

<sup>169</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 3, 119, 138-9.

<sup>170</sup> Sangster, "The Beaver as Ideology," 293

<sup>171</sup> Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 43, 204.

<sup>172</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1, 335.

<sup>173</sup> "Lartigue Residential School's Hockey Team Participating in a Tournament Held During the Quebec Winter Carnival," February, 1967, Quebec, photograph by Marcel Laforce, Library and Archives Canada, accession number 1976-281, item number 13-14-05-36, reproduction copy number PA-185843.

<sup>174</sup> United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Margaret Reid Box, letter from Margaret Reid to her family, January, 1958; see also: United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Margaret Reid Box, *A Northern Adventure: My Adventure at Norway House, Manitoba, August 1957 to June 1959 by Margaret Anne (Reid) May 2007: My Memories of Living in Norway House and Teaching at the Norway House Indian Residential School*, 3.

<sup>175</sup> Library and Archives Canada, Department of Indian Affairs and Northern Development fonds, RG 10, volume 8576, file 1/1-2-23, part 2, "Conference – Operations of Student Residence, General," "Meeting with Church Representatives re: Operation of Government Owned Residential Schools, May 11, 1959"; Library and Archives Canada, Department of Indian Affairs and Northern Development fonds, RG 10, volume 8576, file 1/1-2-23, part 2, "Conference – Operations of Student Residence, General," letter from Mr. Kaiser to Mr. Davy, 7 March, 1960.

<sup>176</sup> United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Box 509/3-1, "United Church of Canada Conference of Manitoba and NW Ontario – Conference Home Missions Committee – Records of the Administration of Norway House IRS, 1954-1967," file 1, "Norway House Residential School, 1959/1965-1966, School Policy," memo from R. F. Davy to Indian Commissioner, regional directors, superintendants of schools, supervising principals, principals and administrators, government-owned Indian student residences, 25 May, 1966.

<sup>177</sup> Library and Archives Canada, Department of Indian Affairs and Northern Development fonds, RG 10, volume 8576, file 1/1-2-23, part 1, "Conference – Operations of Student Residence, General," letter from Laval Fortier to Rev. P. Piche, OMI Executive Secretary, 25 January, 1957.

<sup>178</sup> United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon Residential School Correspondence Box, "Annual Report of the Brandon Indian Residential School Year Ending December 31 1951."

<sup>179</sup> United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Rev. Neil K Campbell fonds, 1942-1969, Acc: S-86m UD# 3055.

<sup>180</sup> United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Box 509/3-1, "United Church of Canada Conference of Manitoba and NW Ontario – Conference Home Missions Committee – Records of the administration of Norway House IRS, 1954-1967," file 20, "Norway House Residential School 1963/64 School Diary - Brian Rowden."

<sup>181</sup> Ibid.

<sup>182</sup> Ibid.

<sup>183</sup> Ibid.

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<sup>184</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1, 359-63; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, memo from Principal to George Dorey. 12 April, 1951; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from C. H. Best to Rev. R. W. H. Elliot, 28 August, 1953; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from C.H. Best to O.B. Strapp, 31 August, 1953; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from Bob Elliott to C.H. Best, 27 August, 1953; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from C.H. Best to Rev. D. McMurtry, 31 August, 1953.

<sup>185</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 975, file 388-6-9, "Nutrition Services Group Feeding – Indian Residential School Edmonton, ALTA," letter from E.J. Stanley to L.B. Pett, c. 1948; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from anonymous to R. F. Davy, 22 February, 1954; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from anonymous to Rev. M. C. McDonald, 29 December, 1956; United Church of Canada Archives, Conference of Manitoba and Northwestern Ontario, Brandon/Portage/Crosslake Box, Brandon Residential School Correspondence file, letter from W. M. Mustard to Rev. G. A. McMillan, 2 January, 1957.

<sup>186</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1, 340-1.

<sup>187</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 975, file 388-6-13, "Nutrition Services, Group Feeding, Indian Residential Schools, Cecilia Jeffrey, Kenora, ONT," *Cecilia Jeffrey Presbyterian Indian Residential School Staff Handbook*, c. 1950.

<sup>188</sup> Ibid.

<sup>189</sup> Ibid.

<sup>190</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 1, 339.

<sup>191</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 975, file 388-6-15, "Nutrition Services, Group Feeding, Indian Residential Schools, Qu'Appelle, Lebreton, Saskatchewan," *Report*, 21 to 25 October, 1946; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 975, file 388-6-1, "Nutrition Services, Group Feeding Indian Residential Schools, Fort Frances, Ontario," *Report*, 21 September to 1 October, 1946; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 473, file 388-6-7, part 2, circular attached to letter from L. B. Pett to H. M. Jones, 7 January, 1954.

<sup>192</sup> Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 2, 360-1; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 973, files 388-6-1 parts 1, 2, 3, "Nutrition Services, Group Feeding, Indian Residential and Day Schools, General," all contents; Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 974, file 388-6-3, "Nutrition Services, Group Feeding, Indian Residential Schools Kitchen Staff Course," all contents; Library and Archives of Canada, Department of Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 975, files 388-6-1, 388-6-5, 388-6-6, 388-6-8, 388-6-9, 388-6-10, 388-6-12, 388-6-13, 388-6-14, 388-6-15, 388-6-16, 388-6-17, 388-6-18, 388-6-20, 388-6-21, 388-6-22, 388-6-24, 388-6-26, 388-6-27, 388-6-28, 388-6-29, 388-6-30, 388-6-31, 388-6-33, 388-6-34,

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388-6-35, 388-6-36, 388-6-38, 388-6-39, 388-6-40, 388-6-41, file 388-6-44, 388-6-45, 388-6-46, 388-6-47, 388-6-50, 388-6-51, all contents.

<sup>193</sup> Library and Archives Canada, RG29, volume 975, 388-6-39, file 388-6-39: "Nutrition Services – Group Feeding – Thunderchild Indian Residential School, Delmas, Saskatchewan," "Report and Recommendation on Food Service of Thunderchild Indian Residential School, Delmas, Saskatchewan," 18 May to 20 May, 1947.

<sup>194</sup> Canada, *Royal Commission on Health Services*, 272-4.

<sup>195</sup> Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 925, file 386-1-6(1), "Nutrition Services Eskimo Research," letter from P. E. Moore to A.R. Armstrong, 24 January, 1957; Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 925, File 386-1-6(1), "Nutrition Services Eskimo Research," letter from L. B. Pett to J.D. Blake, 23 January, 1957; Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series volume 925, file 386-1-6(1), "Nutrition Services Eskimo Research," letter from L. B. Pett to anonymous, 23 September, 1957; Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 925, file 386-1-6(1), "Nutrition Services Eskimo Research," letter from L. B. Pett to P. E. Moore, 27 November, 1957; Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 925, file 386-1-6(1), "Nutrition Services Eskimo Research," "Cholesterol Levels of Canadian Eskimos" by L. B. Pett and P. J. Lupien, c. 1958.

<sup>196</sup> Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Nutrition Division" series, volume 925, file 386-1-6(1), "Nutrition Services Eskimo Research," memo from P. E. Moore to K. C. Charron, 31 March, 1958.

<sup>197</sup> Schaeffer, "Medical Observations and Problems in the Canadian Arctic, Part II."

<sup>198</sup> Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Medical Services" series, volume 2840, file 850-1-16, part 1, "Medical Services – Preventive Program and Research," letter from Otto Schaefer to Medical Superintendent, Charles Camsell Hospital, 18 December, 1963.

<sup>199</sup> Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Medical Services" series, volume 2840, file 850-1-16, part 1, "Medical Services – Preventive Program and Research," "Preliminary Trip Report – Eastern Arctic Patrol, 1964," from Dr. Otto Schaeffer to Dr. M. Matas, 6 October, 1964.

<sup>200</sup> Ibid.

<sup>201</sup> Canada, *Good Food – Good Health* (Ottawa: Queen's Printer, 1963).

<sup>202</sup> In discussing a similar federal government publication intended to teach Aboriginal and Inuit about conservation, John Sandlos describes such booklets as "remarkable for [their] patronizing tone, as if the intended audience were children rather than adult[s]." *Good Food – Good Health*, written in half sentences illustrated by numerous pictures, certainly fits Sandlos' description. Sandlos, *Hunters at the Margin*, 211.

<sup>203</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Medical Services" series, volume 2840, file 850-1-16, part 2, "Medical Services – Preventive Program and Research," "Letter to all Eskimo Households to Introduce and Explain the Use of the Family Food Habits Book," c. 1964.

<sup>204</sup> Ibid.

<sup>205</sup> Tester and Kulchyski, *Tammarnuiit (Mistakes)*, 3, 143.

<sup>206</sup> Library and Archives Canada, Department of Health and Welfare fonds, RG 29, "Medical Services" series, volume 2840, file 850-1-16, part 2, "Medical Services – Preventive Program and Research," "Letter to all Eskimo Households to Introduce and Explain the Use of the Family Food Habits Book," c. 1964.

<sup>207</sup> Otto Schaefer, "When the Eskimos Come to Town," *Nutrition Today*, November/December 1971, 11.

<sup>208</sup> Ibid., 9.

- <sup>209</sup> Chunglin Kwa, "Representations of Nature Mediating Between Ecology and Science Policy: The Case of the International Biological Programme," *Social Studies of Sciences* 17, no. 3 (1987), 415.
- <sup>210</sup> International Council of Scientific Unions, Special Committee for the International Biological Program, *Directory of National Participation in IBP* (London: IBP Central Office, 1972).
- <sup>211</sup> J. S. Weiner, "The History of the Human Adaptability Section," in *Human Adaptability: A History and Compendium of Research in the International Biological Programme*, ed. K. J. Collins and J. S. Weiner (London: Taylor & Francis, 1977), 1.
- <sup>212</sup> Kwa, "Representations of Nature Mediating Between Ecology and Science Policy," 415.
- <sup>213</sup> E. B. Worthington, "Substance of the Programme," in *The Evolution of IBP*, ed. E.B. Worthington (Cambridge: Cambridge University, 1975), 18-9.
- <sup>214</sup> W. Frank Blair, *Big Biology: The U.S./I.B.P.* (Stroudsburg: Dowden, Hutchinson & Ross, Inc., 1977), 28-31; Worthington, "Substance of the Programme," 100-1.
- <sup>215</sup> David R. Hughes, "Director's Summary, Fourth Year, 1971-1972," *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1971-1972* (Toronto: University of Toronto, 1972), 2.
- <sup>216</sup> *Ibid.*, 2; David R. Hughes, "Human Adaptability in Eskimos," *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1971-1972* (Toronto: University of Toronto, 1972), 10.
- <sup>217</sup> Canadian Committee for the International Biological Programme, *Summary, Annual Reports from Projects for 1970* (Ottawa: Canadian Committee for the International Biological Programme, 1971).
- <sup>218</sup> Weiner, "The History of the Human Adaptability Section," 16, 19.
- <sup>219</sup> Zaslow, *The Northward Expansion of Canada, 1914-1967*, 301; see also: H.A. Hochbaum, "Churchill – A Pattern for the Future?," in *Productivity and Conservation in Northern Circumpolar Lands: Proceedings of a Conference Sponsored by the International Biological Program, Canadian Committee for IBP, Canada Dept of Indian Affairs and Northern Development, International Union for Conservation of Nature and Natural Resources, Commission on Ecology of IUCN, and the University of Alberta*, eds. W.A. Fuller and P.G. Kevan (Morges, Switzerland : International Union for Conservation of Nature and Natural Resources, 1970), 269.
- <sup>220</sup> B. Chiarelli, "The Chromosomes of the Igloodik Eskimo," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1972-1973* (Toronto: University of Toronto, 1973), 239; David R. Hughes, "Report on the Status of Genetic Marker Inquiries," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1971-1972* (Toronto: University of Toronto, 1973), 86; Joan de Pena, "Igloodik Project: Growth and Development Studies Progress Report 1972," *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1972-1973* (Toronto: University of Toronto, 1973), 7-8.
- <sup>221</sup> Weiner, "The History of the Human Adaptability Section," 1.
- <sup>222</sup> M. W. Partington and Norma Roberts, "The Heights and Weights of Indians and Eskimo School Children on James Bay and Hudson Bay," *Canadian Medical Association Journal* 100, no. 11 (1969): 502-9; Helen Evans Reid, "Physical Development and Health of Easter Island Children," *Canadian Medical Association Journal*, 98, (1968): 584-9.
- <sup>223</sup> University of Manitoba Archives, MSS, 17, Box 11, "Doctor Bruce Chown Collection," Folder 3, "Anthropological Record – Coppermine Area – 1958."
- <sup>224</sup> Bruce Chown and Marion Lewis, "The Blood Group Genes of the Copper Eskimo," *American Journal of Physical Anthropology* 17, no. 1 (1959), 17.
- <sup>225</sup> David R. Hughes, "Human Adaptability in Eskimos," *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1971-1972* (Toronto: University of Toronto, 1972), 10; Weiner, "The History of the Human Adaptability Section," 1, 3.

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<sup>226</sup> McClintock, *Imperial Leather*, 40.

<sup>227</sup> B. Chiarelli, "The Chromosomes of the Igloodik Eskimo," *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1972-73* (Toronto: University of Toronto, 1973), 236; Joan De Pena, "Igloodik Project: Growth and Development Studies Progress Report 1972," *Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1972-1973* (Toronto: University of Toronto, 1973), 2; Weiner, "The History of the Human Adaptability Section," 1, 3.

<sup>228</sup> Library and Archives Canada, Department of National Health and Welfare fonds, RG 29, "Medical Services" series, volume 2840, file 850-1-16, part 3, "Medical Services – Preventive Program and Research," "A Proposal for Human Adaptability Studies of Igloodik Eskimos: The Canadian Aspects of the International Study of Eskimos," c. 1964.

<sup>229</sup> Interview with Dr. Joan De Pena (professor of Anthropology, University of Manitoba, retired), in discussion with the author, Winnipeg, Manitoba, August 18, 2008.

<sup>230</sup> Ibid..

<sup>231</sup> Ibid.

<sup>232</sup> Joan T. Mayhall, "Dental Studies: Progress Report," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1970-1971* (Toronto: University of Toronto, 1971), 52.

<sup>233</sup> Dr. De Pena noted that the food co-operative offered non-traditional foods as well, including a chocolate meal-replacement "shake" marketed to combat obesity. In our interview, Dr. Pena joked that she bought several cans of it, because it was "quite good." Interview with Dr. Joan De Pena (professor of Anthropology, University of Manitoba, retired), in discussion with the author, Winnipeg, Manitoba, August 18, 2008.

<sup>234</sup> H. Milne, "Report of Nutrition Project Feasibility Study in Igloodik, N.W.T., June 7th to June 28, 1968," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1968-1969* (Toronto: University of Toronto, 1969), 5.

<sup>235</sup> J. Krog and M. Wika, "Studies of the Peripheral Circulation in the Hand of the Igloodik Eskimo, Running Title: Peripheral Circulation in Eskimo," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1971-72* (Toronto: University of Toronto, 1972), 174.

<sup>236</sup> P. J. MacAlpine, S.H. Chen, D.W. Cox, J.B. Dosseter, E.R. Giblett, A.G. Steinberg, and N.E. Simpson, "Genetic Markers in Blood in a Canadian Eskimo Population with a Comparison of Allele Frequencies in Circumpolar Populations," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1972-73* (Toronto: University of Toronto, 1973), 138.

<sup>237</sup> Ibid.

<sup>238</sup> J. A. Hildes and Otto Schaefer, "Health of Igloodik Eskimos and Changes with Urbanization," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1970-1971* (Toronto: University of Toronto, 1971), 17.

<sup>239</sup> J. A. Hildes and Otto Schaefer, "Health and Epidemiology Aspects Project Report for 1969-1970," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1969-1970* (Toronto: University of Toronto, 1970), 85.

<sup>240</sup> Ibid.

<sup>241</sup> Hildes and Schaefer, "Health of Igloodik Eskimos and Changes with Urbanization," 19.

<sup>242</sup> Ibid., 20.

<sup>243</sup> McClintock, *Imperial Leather*, 29, 33-44; see also: Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999).

<sup>244</sup> Joan De Pena, "Addendum 2: Report on Activities in Study of Growth and Constitution Carried out at Igloodik, NWT May 17- July, 1968," in *International Biological Programme, Human Adaptability Project (Igloodik, N.W.T.): Reports for 1968-1969* (Toronto: University of Toronto), no page.

<sup>245</sup> De Pena, "Igloodik Project," 29.

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- <sup>246</sup> Ibid., 41.
- <sup>247</sup> Ibid., 42.
- <sup>248</sup> Ibid.
- <sup>249</sup> G. Godin and Roy J. Shephard, "Activity Patterns in the Canadian Eskimo," in *International Biological Program Human Adaptability Project, (Igloolik N.W.T.): Physiology Section Report No. 2* (Toronto: University of Toronto, 1973), 185.
- <sup>250</sup> Rode, "Some factors Influencing the Fitness of a Small Eskimo Community," 1-2.
- <sup>251</sup> Ibid., 133.
- <sup>252</sup> Gaetan J. Godin, "A Study of the Energy Expenditure of a Small Eskimo Population," in *International Biological Program Human Adaptability Project (Igloolik N.W.T.): Physiology Section Report* (Toronto: University of Toronto, 1972), 33.
- <sup>253</sup> Ibid., 39.
- <sup>254</sup> Sangster, "The Beaver as Ideology," 203; see also: McClintock, *Imperial Leather*.
- <sup>255</sup> Godin, "A Study of the Energy Expenditure of a Small Eskimo Population," 107.
- <sup>256</sup> Ibid., 292-3.
- <sup>257</sup> Godin and Shephard, "Activity Patterns in the Canadian Eskimo," 192.
- <sup>258</sup> Ibid.
- <sup>259</sup> Ibid., 184.
- <sup>260</sup> Roy J. Shephard, "Adaptations to a Lifetime of Vigorous Activity Observations on the Canadian Eskimo," in *International Biological Programme, Human Adaptability Project (Igloolik, N.W.T.): Physiology Section, Report no. 2* (Toronto: University of Toronto, 1973), 251.
- <sup>261</sup> Rode, "Some factors Influencing the Fitness of a Small Eskimo Community," 333.
- <sup>262</sup> Vanast, "Hastening the Day of Extinction."
- <sup>263</sup> Interview with Dr. Joan De Pena (professor of Anthropology, University of Manitoba, retired), in discussion with the author, Winnipeg, Manitoba, August 18, 2008.
- <sup>264</sup> Hochbaum, "Churchill – A Pattern for the Future?"; Evelyn Kallen, "Social Change, Stress and Marginality Among Inuit Youth," in *International Biological Programme, Human Adaptability Project (Igloolik, N.W.T.): Reports for 1972-1973* (Toronto: University of Toronto, 1973), 285-313; Jim Lotz, "Land Problems and People Problems – the Eskimo as Conservationist," in *Productivity and Conservation in Northern Circumpolar Lands: Proceedings of a Conference Sponsored by the International Biological Program, Canadian Committee for IBP, Canada Dept of Indian Affairs and Northern Development, International Union for Conservation of Nature and Natural Resources, Commission on Ecology of IUCN, and the University of Alberta*, ed. W. A. Fuller and P.G. Kevan (Morges, Switzerland: International Union for Conservation of Nature and Natural Resources, 1970), 276-282.
- <sup>265</sup> Schaefer, "Luttamiut (Doctor's People) and 'Old Wives' Tales' – Their Unrecognized Value in Medicine"; Schaefer, "When the Eskimos Come to Town."
- <sup>266</sup> Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962).
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- <sup>268</sup> Kelm, *Colonizing Bodies*; Lux, *Medicine That Walks*; Shewell, *Enough to Keep Them Alive*.
- <sup>269</sup> Shewell, *Enough to Keep Them Alive*, 44-5, 187.
- <sup>270</sup> Edward Said, *Orientalism* (New York: Vintage Books, 1979).
- <sup>271</sup> Agathangelou and Ling, "Power and Play through Poisies," 847.
- <sup>272</sup> April M. Herndon, "Collateral Damage from Friendly Fire?: Race, Nation, Class and the 'War Against Obesity,'" *Social Semiotics* 15, no. 2 (2005): 127-141.
- <sup>273</sup> Paul Campos, *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to your Health* (New York: Gotham Books, 2004), 68.

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<sup>274</sup> Ibid., 69.

<sup>275</sup> Ibid.

<sup>276</sup> Iris Marion Young, *Justice and the Politics of Difference* (Princeton: Princeton University Press, 1990), 123.

<sup>277</sup> Fee, "Racializing Narratives"; Poudrier, "The Geneticization of Aboriginal Diabetes and Obesity"; see also: Editorial, *The Globe and Mail*, July 9, 2007.

<sup>278</sup> Kevin Patterson, "Southern Exposure: How Bad is the Global Obesity Epidemic?," *The Globe and Mail*, October 7, 2006, <http://global.factiva.com.ezproxy.library.yorku.ca/ha/default.aspx> (accessed February 20, 2009).

<sup>279</sup> World Health Organization, "WHO Technical Report Series: Diet, Nutrition and the Prevention of Chronic Disease," World Health Organization, [http://www.who.int/hpr/NPH/docs/who\\_fao\\_expert\\_report.pdf](http://www.who.int/hpr/NPH/docs/who_fao_expert_report.pdf) (accessed September 12, 2008).

## **Conclusion**

### **Asking Different Questions: Directions for Further Research**

Not a day goes by that I do not hear some sort of news about Canadian obesity.

Generally, the news about obesity is bad: bad for an overtaxed health system, bad for parents of obese kids, but most of all, bad for those classified as obese. Most recently, someone told me that obese women cannot access midwifery care in British Columbia, the province in which I currently reside. This is not quite true. Midwifery care is available for those considered obese, but BC midwives must “discuss” their obese clients with another midwife or a physician because obese women’s pregnancies are considered high risk by medical researchers.<sup>1</sup> In an article in the *Canadian Medical Association Journal*, for example, Sarah D. McDonald notes that “maternal obesity,” as it is called, has been linked to “preeclampsia, gestational diabetes, cesarean section and wound infection,” and “increase(s) the risk of overweight in adolescence by 30% – 50%.”<sup>2</sup>

Since researchers argue that obese pregnant women’s babies eventually become fat adolescents, that fat adolescents become obese adults, and that obese adults are growing in numbers,<sup>3</sup> then it would seem that maternal obesity, for those concerned about the obesity epidemic, is a real problem and is something to be monitored at the very least and avoided at most. Indeed, claiming that increased incidence of adult obesity can be linked directly to maternal obesity, the European region of the World Health Organization (WHO) encourages midwives and nurses to “[o]ffer pre-conceptual

counseling for women and counseling throughout pregnancy towards a healthy diet and physical activity” to help pregnant women avoid getting too fat or, more to the point, to prevent the obese from reproducing.<sup>4</sup> While it may be that fat in itself might have some sort of effect on the bodies of pregnant and post-partum women, whether they are thin, fat, or in-between, the fact that “obese” women are singled out in health policy and medical research as a “problem population” is telling, and is part of a larger and well-worn historical pattern.

Histories of dominant discourses about fat, such as those examined in this thesis, can show that there is nothing new about obesity concerns, and challenge what Gard and Wright have called the “construction of crisis” central to today’s “obesity epidemic.”<sup>5</sup> The discourse about maternal obesity is not really all that different from medical concerns expressed about obesity in pregnancy in the post-war period to 1970. As noted in chapter 3, worried that overweight expectant mothers were at risk of toxemia,<sup>6</sup> or high blood pressure, doctors of the era were encouraged to prescribe amphetamine-based diet drugs for weight loss during pregnancy.<sup>7</sup> While prescribing weight loss drugs in pregnancy might have been an inflection of the medical system’s oppression of women during this era, well-documented in texts from *The Feminine Mystique* to *Our Bodies, Our Selves*,<sup>8</sup> surely, one thinks, such things do not happen to women today. One might argue that the Canadian medical system has “progressed” beyond prescribing speed to pregnant women, and, indeed, pregnant women are not normally given amphetamines.

But the close regulation of obese women's bodies during pregnancy by the medical profession, suggested by the fact that their pregnancies are considered risky by agencies such as the WHO and the College of Midwives in BC, indicates that the desire to limit and contain the fat on pregnant women remains strong in medical and public health circles.

Discourses associated with today's obesity epidemic can thus be historically contextualized, despite the fact that medical and public health evidence condemning excess body fat may seem irrefutably recent. As this dissertation shows, many of today's most common-sense discourses about obesity have their roots in the gender, race, and class inequities of the post-war era to 1970. I outline some of these connections between the past and present in the following section.

### **Connecting the past and present**

The major discursive themes that organize this dissertation, namely the feminization of emotional obesity, the worries about men's fat tied to the feminization and militarization of the public sphere, and the "modernization" and attempted assimilation of Northern Aboriginals through obesity narratives, continue to have salience today. In chapter 3, for example, I show how Cartesian Dualism, and the discourse of feminine over-emotionalism that flowed from it, discursively produced white, middle-class Canadian women of the period as biologically fat and, at the same time, as fit best for the

reproductive labour of the private sphere. Representations of feminine and feminized emotional obesity continue to exist. Oprah Winfrey, for instance, has blamed her latest weight gain – immortalized in January, 2009's *O* magazine on the cover of which a contrite Oprah stands beside a picture of her former, slimmer, self – on her emotional unbalance. In an article inside the magazine, Oprah confesses: "My drug of choice is food. I use food for the same reasons an addict uses drugs: to comfort, to soothe, to ease stress."<sup>9</sup>

In a similar current-day example of feminized emotional obesity, Wally Lamb's popular novel *She's Come Undone*, perhaps not coincidentally selected for "Oprah's Book Club," tells the tale of Dolores Price, an emotionally disturbed fat woman. The following passage, in which Dolores finds herself committed to a mental hospital in Rhode Island after surviving an adolescence of sexual violence and abandonment, demonstrates how fat continues to be represented as a psychopathological disorder in women. While in the mental hospital, Dolores, who frequently compares herself to a beached whale, undergoes treatment with Dr. Shaw, a man with self-described "unconventional" methods. Dr. Shaw decides to take on the role of Dolores' mother, and asks Dolores to meet him once a week in the hospital's swimming pool. After years of swimming in the chlorine womb of her mother/psychiatrist, Dolores finds herself on the edge of a break-through, lashing out against Dr. Shaw-as-mother:

My arms, my fists, flew with anger finally let free. I lashed out at her, walloped her, smashed her with the truth.

“All those things you used to buy me to eat and I’d eat them, sit up there in my room and eat them, swallow the truth. ...Get fat! Get fat! Get fat on your lies and I’m sick of it! I’m sick, Mommy! *I’m sick!*” My voice was a moan outside of me. ...

I saw Dr. Shaw then. Saw him wet and shaken in the...pool. Blood dripped from his nose. A ribbon of blood floated in the water. He wrapped me in his arms. ...

“How are you doing?” He whispered, finally. “Are you okay?”

“When I came here, I was this fat...And now - ”

“And now what, Dolores?”

“I’m empty.”

He hugged me, cradling my head. “You’re triumphant!” he said.<sup>10</sup>

By the close of the novel, in a discursive pattern that reminds one of Hilde Bruch’s case studies outlined in chapter 3 in which clients’ weight loss accompanied success at their allotted gender roles, Dolores has discovered self-empowerment, secured herself a decent man, and, most importantly, has lost a lot of weight.

In chapter 4, I show how concerns about obesity in men were part of a larger crisis of masculinity related in part to shifting labour patterns, changing gender and race

relations, and the overall worry that the nuclear family form was breaking down. As Monaghan argues,<sup>11</sup> concerns regarding male obesity continue today, and if a July, 2008, CBC online article is any indication, contemporary worries regarding male body fat are just as steeped in a crisis of waning masculinity as they were in post-war Canada to 1970. The article reports on a Scottish study of 5 000 subjects, in which obese men were found to have “lower quality sperm” than other men.<sup>12</sup> Quoting researcher Neil McClure, the on-line article notes that “[m]ale fitness and health are clearly linked to a man’s fertility.”<sup>13</sup> It seems, then, that men’s (in)ability to fulfill their masculine roles continues to be linked to obesity worries.

Further, much like male obesity from 1945 to 1970, more affluent men are sometimes singled out for concern in conversations about today’s obesity epidemic. In a *Globe and Mail* article, “Fat Wallet, Thick Waistline,” Carly Weeks reports the Statistics Canada findings that “[m]ore than two-thirds of Canadian men considered to be overweight or obese belong to the country’s upper-middle and high income brackets.”<sup>14</sup> The author attributes higher rates of obesity in upper-middle-class men to the fact that “those with more money...eat out frequently compared with those who earn less.”<sup>15</sup> How a classed and raced crisis of masculinity, related to changing gender roles and public/private sphere divisions, might inform concerns about the obesity of men, and how these male obesity worries might, in turn, influence the contemporary physical fitness regimes for both women and men in the context of today’s globalized and militarized

capitalism is a question for other researchers.<sup>16</sup> It is of interest to note, however, that concerns are beginning to be expressed about the physical ability of British men to fight the war in Afghanistan which, on the political web-site “A Tangled Web,” are raised in the context of rising obesity rates and “feminized PC” British culture.<sup>17</sup> It remains to be seen if similar anxieties are present in Canada.

In chapter 5, I explore links between Canadian colonial-capitalism and obesity by tracing the development of obesity narratives as applied to Northern Aboriginal peoples. I find that concerns about Native Northerners’ obesity coincided with economic development projects, and helped to position Aboriginal peoples as “almost-modern” during a time in which the assimilation of Inuit and Northern First Nations communities was a stated goal of state officials. Obesity discourse, particularly of the 1960s, helped to justify assimilationist government policy. In government reports and scientific documents, obesity narratives lent an aura of biological essentialism to Northern colonialism, as if, by their obesity, Northern Aboriginals proved their assimilation to be a natural step of cultural development, or a *fait accompli*. Documents about Northern obesity reported that Northern Aboriginal people were becoming urbanized, losing their traditional diet of hunted caribou, whale, and seal, and taking up such “white” habits as the over-consumption of high-calorie modern foods and physical inactivity.

Racialized obesity discourses related to the colonialism of post-war Canada to 1970 also reverberate in the contemporary moment. In an October 7, 2006, article in *The*

*Globe and Mail* called “Southern Exposure: How Bad is the Global Obesity Epidemic?,” Kevin Patterson expresses remarkably homogeneous concerns about Northern obesity to those conveyed by government officials and scientists of the 1960s, which suggests that similar assimilative strategies might be at work in today’s obesity discourse about the North. Describing the Inuit’s “loss of traditional sensibilities,”<sup>18</sup> Patterson argues that supposedly skyrocketing obesity in Northern Aboriginal communities is due to such “advances” as urbanization, technologies such as wireless internet access, and a changed diet due to decreased hunting. The Inuit described in Patterson’s article have made a Faustian compact, exchanging traditional hunting practices for “Web porn,”<sup>19</sup> and whale meat for high calorie pre-packaged and pre-prepared “Western” food. Clearly partnering obesity and the “death” of tradition, Patterson argues: “Tragically, when European pathologies are exported to other cultures, they are always amplified. And as [obesity]...has spread to the Inuit, it, too, has gone to a gallop. Abandoning the ungulates and sea creatures in favour of Klik or Spam...increases the average daily caloric intake. So, adopting Western culture also means adopting this recent and puzzling desire of ours to engorge.”<sup>20</sup>

I do not mean to suggest that discourses about obesity in the post-war era studied in this dissertation were identical to those which exist now. As Joan Wallach Scott notes, histories chronicling the phantasmatic production of embodiments at different times and places must necessarily acknowledge the disparate social contexts and events in which

bodies came to be known.<sup>21</sup> Certainly, Canada's current obesity epidemic circulates in a different social setting than it did in the past, and, as a category of embodiment, obesity is meaningful within a unique milieu of gender, race, and class relations occurring in local, national and global scales. This dissertation, however, does show that many notions about body fat, including that it is a psychiatric problem, that it is a physical manifestation of masculinity in crisis, and that it is over-associated with the "dying" traditions of Aboriginal peoples, have some inauspicious roots in such post-war phenomena as insurance and pharmaceutical companies' drive for profit, the backlash against women working for wages, the building of the colonial welfare state, and the racism directed at non-Western European immigrants in Canada. This dissertation prompts those who study today's obesity "problem" to recognize that our knowledge about the present epidemic of excess fat cannot be removed from the socio-political mire which gave obesity meaning forty or fifty years ago. It remains for others to explore why this history of obesity, which is not that far in the past, has been so quickly forgotten and disavowed by Canadians. How does this removal of obesity history from the national consciousness, itself a fetishistic project, re-establish dominant power relations?

### **Theoretical applications**

As well as generally encouraging scholars of contemporary obesity to study the social, geographical, and historical contexts of obesity, the dissertation makes more specific

suggestions for those engaged in analyzing the raced, classed, and gendered dynamics of current-day fat phobia. Most evidently, I have found that obesity was firmly entrenched in definitions of modern subjectivity of the era under study and was generally collapsed with white, middle-class men and women or with groups of people becoming like them. This finding was surprising to me. Considering the fact that, in Canada, current anti-obesity rhetoric often concerns Aboriginal peoples,<sup>22</sup> I expected to find evidence that obesity metonymically characterized bodies as racially degenerate. The racialization of obesity would make sense, after all, if one studies feminist theories of current-day body fat. Theorists such as Braziel and LeBesco trace fat phobia in the West to Descartes, and argue that Cartesian Dualism not only aligns women, but also the fat body, with the body of mind/body dualism.<sup>23</sup> Conflations of body fat with the feminized Cartesian body have thus produced obesity as a distinctly female and degenerate embodiment, presumably since Decartes's time. If, as Susan Bordo maintains,<sup>24</sup> women of colour are also over-represented as the Cartesian body, then it is logical to assume that the three classifications - fat, the feminine, and women of colour - would come to rely upon each other for meaning and even stand for one another at times. Indeed, April Herndon argues just this, maintaining that America's battle against fat is really just one inflection of a more familiar war against working-class women of colour.<sup>25</sup>

My research suggests, however, that theories that describe the mechanics of fat phobia in the West should pause to consider localized configurations of embodiment;

how the fat body might be mobilized differently in different places and in different moments. In post-war Canada to 1970, obesity was caught up in the discourse of a modernizing nation and was hailed as a distinctly modern embodiment – as an unfortunate side-effect of such advances as automation, urban living, sedentary labour, the feminization of paid work, and increasing food availability and consumption. As a modernizing discourse, obesity in the post-war era to 1970 was not a category applicable to everyone, as it was primarily white, middle-class people who were claimed by medicine, government, and the popular press to be in greatest danger of becoming obese, while immigrants and Aboriginal peoples, who have been traditionally imagined as “uncivilized” or “primitive” by dominant Canadians, were generally excluded from obesity discourse in the texts I studied. If obesity was attached to “primitive” bodies, it was to demonstrate their supposed ascent into modern civilization, as I outlined in chapter 5.

My dissertation does not claim, however, that one can understand discourses of obesity to have employed a reverse Cartesian logic, whereby excess fat was associated with the disembodied, rational subject of the mind/body binary. Indeed, this dissertation suggests that Cartesian Dualism cannot always be understood to work all that neatly in the production of gendered, raced, and classed subjectivities. Even though body fat was a feminized and Cartesian substance to be abjected, the fat body held two seemingly incompatible meanings. Fatness was both indicative of a subject’s dominance and

degeneracy. The performativity of obesity and the fetishistic arrangement and consequent abjection of body fat in problem populations helped to re-establish raced, gendered, and classed national norms even as the obesity problem suggested the instability of those norms by maintaining, for example, that men, and hence the nation, had become “soft” and feminine. Thus, while conversations about obesity were punitive and regulatory, they were also productive, and were part of the larger discursive machine dedicated to the reification of white, Western European, middle-class men’s power.

In addition to augmenting theories of the fat body, my dissertation also addresses the four over-arching questions related to general feminist theories of embodiment outlined at the close of chapter 2. To re-phrase them here: How is “women,” as an ontological category, organized through discourses of embodiment? How is the body produced and regulated through relations of patriarchy, white supremacy, racism, and colonial-capitalism? How are racialized and gendered differences that seem to exist naturally amongst bodies positioned as biologically essential by mainstream discourse? How do discourses of normative embodiment reproduce the nation? As I have shown, an examination of obesity discourse provides a very concrete example of how imaginings of the body, mediated by patriarchal, racist, colonialist, and capitalist power relations that found dominant articulations of national identity, are literally made flesh. Curatives arising in response to obesity concerns not only shaped and were shaped by crises in national identity spurred by changing gender and race relations and shifts in the gendered

and racialized political economy, but moulded the bodies of those Canadians deemed to be citizens through such regimes as: physical fitness programs and tests; state fitness legislation and nutrition policy; medical research and the prescription of weight loss pharmaceuticals; the selling of life insurance and the development of insurance company height/weight charts; and commercial diet plans.

In this way, obesity discourse helped define who was and was not Canadian – if obesity was a “national” problem attributed mainly to white, middle-class people, or to those who were beginning to approximate these normative categories by becoming “almost-modern,” then the nation was clearly imagined as primarily white and middle class. My dissertation therefore adds to Canadian anti-racist scholarship that documents how Canada has been historically and continues to be imagined as a white settler nation.<sup>26</sup> Collectively, the previous chapters have demonstrated how discourses that position whiteness as the norm are not only experienced by material bodies, but can also materialize bodies.

In addition, my dissertation demonstrates how obesity was organized as a seemingly biological and racialized embodiment, attributed primarily to white, Western European Canadians and Aboriginal people who were said to be “becoming white.” My discussion therefore augments postcolonial studies of the body and embodiment.<sup>27</sup> In addition to demonstrating how white supremacist epistemologies of “modernity” and “primitiveness” that founded colonial projects came to materialize the bodies of

colonized *and* colonizer, I also show that white supremacy has not solely been established through discourses of degeneracy that differentiated “modern” and “primitive” bodies, but has also been maintained by narratives that established colonized peoples as “almost modern” though imaginings of the body. While postcolonial theorists such as Sander Gilman and Anne McClintock have argued that particular embodiments such as large labia, flat noses, and big ears have been identified and arranged by colonialist scientific regimes in ways that erected racial borders between the white bourgeoisie and colonized bodies,<sup>28</sup> my dissertation has shown that, in a different colonial time and space, similar processes of racialized fetishism erased racial difference.

Within the context of development which, in the Canadian North of the post-war era to 1970, was really a project of colonial-capitalist expansion, obesity was caught up in the powerful discourse of “equality” propagated by the Canadian state that positioned Aboriginal peoples as modern and “ordinary.” In the 1960s especially, fitness and nutrition programming which advocated obesity prevention helped facilitate the continuing attempt of the colonial state to foreclose possibilities for subsistence lifestyles, as the gendered division of labour and capitalist patterns of accumulation were discursively and physically transplanted onto Aboriginal communities through the fitness tests, nutrition surveys, and height/weight measurements performed on the bodies of Inuit and First Nations. Through these tests, surveys, and measurements, government agents and scientists claimed that in “choosing” to become part of the paid labour economy,

Aboriginal people were becoming sedentary and obese just like other Canadians and, just like other Canadians, had no claim to special status and lands. I thus suggest that the fetishistic processes in which colonialist regimes engage/d were and are not only degenerative for colonized bodies, but also assimilative. Further and related, while scholars like McClintock and Gilman focus on how *specific parts* of the body facilitated racialization in colonial regimes, I have shown how entire body types and the body *as a whole* have been mobilized in processes of colonial categorization.

As well, my study helps to demonstrate how characteristics that are generally articulated as biological or as essential to a particular sex are discursively arranged and, more accurately, rearranged. The previous chapters have therefore helped to illustrate Butler's rather esoteric suggestion that discourse materializes bodies through processes of performativity and abjection.<sup>29</sup> In post-war Canada to 1970, the performativity of obesity and the abjection of body fat from so-called modern and modernizing bodies were highly material processes that created specific raced, classed, and gendered physicalities which were, in turn, regarded as biologically self-evident.

For example, as I detail in chapter 3, obesity was associated with feminized embodiment by medical research that almost always used women as subjects in obesity studies. Rather than questioning their research design or recruitment techniques, researchers assumed that higher numbers of obese women in their studies and in obesity clinics reflected the fact that more women than men were obese. This in turn was

attributed to women's reproductive capacities either directly through conversations about obesity in pregnancy, or indirectly through Cartesian narratives of embodied irrationality that supposedly suited women for domestically coded labour. Organized as a reproductive and therefore highly feminine kind of embodiment, body fat was regarded as the abject and was, as I show in chapters 3 and 4, expunged from the bodies of dominant women through physical fitness regimes, legislation, diet plans, and diet drugs, each of which shaped and, in the case of diet drugs, changed the chemistry of women's bodies in highly gendered ways. A study of obesity discourse therefore demonstrates how a seemingly essential or an ontological sex difference was organized performatively and through processes of abjection by patriarchal epistemologies that were intimately related to racialized and classed definitions of nuclear family normalcy. The idea that "real women," to quote a current-day T-shirt slogan, "have curves," or that women "simply" have more fat than men in other words, has thus been discursively organized and is not self-evident.

By maintaining that the gendered division of labour and women's roles in social reproduction were based upon performatives of women's ontology, this dissertation adds to the work of feminist political economists. While some feminist political economy has argued that female biology is *manipulated* by capitalist ideologies that maintain women's reproductive roles,<sup>30</sup> I suggest that female biology might be *produced* by discourses which conflate women with the private sphere. The distinction between women's bodies

as produced and as manipulated is important because a focus on production does not take for granted any biological process which may seem to be common sense or, simply, physical, and attempts to understand how all kinds of embodiments materialize in and through capitalist relations. This notion of production is also important, I would argue, for feminist praxis, as it encourages political action and feminist theory that questions and disrupts essentialist understandings of women's reproductive capacities. As well, the psychoanalytic approach employed in this dissertation furthers political economists' understanding of how post-war shifts from an industrial-based to a service-based economy, a fundamental economic change that created a need for women's labour that existed simultaneously with the ideological retention of the breadwinner husband/homemaker wife model, were made tenable and sustained through embodied and psychic processes.

Historically speaking, my dissertation shows how the crises in gender, race, and national identities of the post-war era to 1970, that have been well-documented by Canadian historians,<sup>31</sup> were moulded on and in the body. By using a psychoanalytic understanding of embodiment that suggests that bodies are a malleable collection of perceptions framed by and felt through social relations,<sup>32</sup> I have been able to postulate how bodies may have been materialized through the discourses of crises articulated in state, popular, corporate, and medical texts of the period under study. Additionally, by applying psychoanalysis to the social body, a technique McClintock calls "situated

psychoanalysis,”<sup>33</sup> and employing such theories as performativity, abjection, and fetishism to an archival account of Canada in the post-war period to 1970, my dissertation helps to explain why the social crises experienced in the period were so meaningful to dominant Canadians. As psychoanalytic theories of identity have led me to suggest, it was not “just” the fact that “exalted” Canadian subjects worried about a loss of power *per se*,<sup>34</sup> but that this race- and class-based patriarchal power that they worried over was intrinsic to these dominant subjects’ very Selves and bodies. The crises of the post-war period to 1970, and the array of epistemologies and regimes that arose to assuage them, were thus borne in the interplay between social and individual identifiatory processes, which were always embodied.

Finally, the dissertation encourages everyone concerned about obesity, from public health policy makers, to medical researchers and practitioners, to academics, to epidemiologists, to writers in the popular press, to ask different questions regarding the current so-called epidemic of obesity. Questions about obesity should move beyond whether or not obesity is “really” healthy or unhealthy, if people today are “really” more fat than they used to be, or whether the world is “really” suffering from a growing epidemic of obesity. These questions are either unanswerable, or they have already been answered by feminists, fat activists, and critical obesity theorists. The National Association to Advance Fat Acceptance (NAAFA), for example, has been arguing for years that fat people can be healthy.<sup>35</sup> Critical obesity scholars have shown that current

techniques of BMI calculation, adopted by the WHO and Health Canada to measure global and national obesity rates, are as fallible as insurance company height/weight charts were in the post-war period to 1970.<sup>36</sup> It is therefore as impossible to tell now as it was in the late 1940s, 1950s, or 1960s whether or not Canada's and the world's obesity epidemics actually exist, or if Canadians are, in fact, fatter than they were a generation or two ago.

Rather, queries about obesity should concentrate on exploring why obesity matters in the first place. Scholars might ask whether the mobilization of obesity discourse has been and continues to be useful in the maintenance of power imbalances, and if oppressions based on race, class, and gender, as well as colonial-capitalist relations, have been furthered by anti-obesity rhetoric. These are the questions I have attempted to answer about obesity in Canada's not-so-distant past, and urge others to pose of the present.

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<sup>1</sup> College of Midwives of British Columbia, "Indications for Discussion, Consultation and Transfer of Care," College of Midwives of British Columbia, <http://www.cmbc.bc.ca/pdf.shtml?Indications-for-Discussion-Consultation-and-Transfer-of-Care> (accessed January 19, 2009).

<sup>2</sup> Sarah D. McDonald, "Management and Prevention of Obesity in Adults and Children," *Canadian Medical Association Journal* 176, no. 8 (2007), 1110. See also: J. Douglas Williams, "Early Childhood Obesity: A Call for Early Surveillance and Preventive Measures," *Canadian Medical Association Journal* 171, no. 3 (2004): 243-4.

<sup>3</sup> Ross E. Andersen, "The Spread of the Childhood Obesity Epidemic," *Canadian Medical Association Journal* 163, no. 11 (2000): 1461-2; Paul J. Veugelers and Angela L. Fitzgerald, "Prevalence of and Risk Factors for Childhood Overweight and Obesity," *Canadian Medical Association Journal* 173, no. 6 (2005): 607-13; World Health Organization, "Global Strategy on Diet, Physical Activity and Health: Childhood Overweight and Obesity," World Health Organization, <http://www.who.int/dietphysicalactivity/childhood/en/> (accessed February 19, 2009).

<sup>4</sup> World Health Organization Regional Office for Europe, "European Forum of National Nursing and Midwifery Associations: Statement on Maternal, Child and Adolescent Health with Focus on Obesity,"

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World Health Organization, [http://www.euro.who.int/efnma/work/20050427\\_2](http://www.euro.who.int/efnma/work/20050427_2) (accessed February 19, 2009).

<sup>5</sup> Michael Gard and Jan Wright, *The Obesity Epidemic: Science, Morality and Ideology* (New York: Routledge, 2005), 68.

<sup>6</sup> Brian D. Best, "Toxaemias of Pregnancy: Diagnosis and Management," *Canadian Medical Association Journal* 77, no. 5 (1957): 505-11; W. A. Cochrane, "Overnutrition in Prenatal and Neonatal Life: A Problem?," *Canadian Medical Association Journal* 93, no. 17 (1965): 893-9.

<sup>7</sup> Best, "Toxaemias of Pregnancy"; *Canadian Medical Association Journal*, Advertisement, 74, no. 6 (1956): 497.

<sup>8</sup> Betty Friedan, *The Feminine Mystique* (New York: Adell, 1964); Boston Women's Health Book Collective, *Our Bodies, Our Selves: A Book by and for Women* (New York: Simon and Schuster, 1973).

<sup>9</sup> Oprah Winfrey, "I'm Mad at Myself. I'm Embarrassed. I Can't Believe that After All These Years, I'm Still Talking About my Weight," *O: The Oprah Magazine*, January 1, 2009, 150.

<sup>10</sup> Wally Lamb, *She's Come Undone* (New York: Pocket Books, 1992), 244-5.

<sup>11</sup> Lee F. Monaghan, "Big Handsome Men, Bears and Others: Virtual Constructions of 'Fat Male Embodiment,'" *Body & Society* 11, no. 2 (2005): 81-111; Lee F. Monaghan, "McDonaldizing Men's Bodies? Slimming, Associated (Ir)rationalities and Resistances," *Body & Society* 13, no. 2 (2007): 67-93; Lee F. Monaghan, "Men, Physical Activity, and the Obesity Discourse: Critical Understandings from a Qualitative Study," *Sport and Society* 25, (2008): 97-129; Lee F. Monaghan, *Men and the War on Obesity* (New York: Routledge, 2008).

<sup>12</sup> CBC News.ca, "Obese Men Have Lower Quality Sperm: Researchers," July 9, 2008, <http://www.cbc.ca/health/story/2008/07/09/obesity-sperm.html> (accessed February 19, 2009).

<sup>13</sup> Ibid.

<sup>14</sup> Carly Weeks, "Fat Wallet, Thick Waistline," *The Globe and Mail*, December 18, 2008.

<sup>15</sup> Ibid.

<sup>16</sup> Work along these lines has been carried out by Robyn Longhurst in her discussion of central banking districts in *Bodies: Exploring Fluid Boundaries* (New York: Routledge, 2005). See also Linda McDowell, *Capital Culture: Gender at Work in the City* (Oxford: Blackwell, 1997).

<sup>17</sup> David Vance, "Too Fat to Fight," A Tangled Web: A Dissenting Review of Contemporary British & American Politics, <http://atangledweb.squarespace.com/httpatangledwebsquarespace/too-fat-to-fight.html> (accessed August 29, 2009).

<sup>18</sup> Kevin Patterson, "Southern Exposure: How Bad is the Global Obesity Epidemic?," *The Globe and Mail*, October 7, 2006.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Joan Wallach Scott, *Gender and the Politics of History*, revised ed. (New York: Columbia University Press, 1999), 217-8.

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<sup>25</sup> April Michelle Herndon, "Collateral Damage from Friendly Fire? Race, Nation, Class and the 'War Against Obesity,'" *Social Semiotics* 15, no. 2 (2005): 127-141.

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