



Jung Journal

Culture & Psyche

ISSN: 1934-2039 (Print) 1934-2047 (Online) Journal homepage: <http://www.tandfonline.com/loi/ujun20>

Fat

Patricia Reis

To cite this article: Patricia Reis (2018) Fat, Jung Journal, 12:1, 62-69, DOI: [10.1080/19342039.2018.1403260](https://doi.org/10.1080/19342039.2018.1403260)

To link to this article: <https://doi.org/10.1080/19342039.2018.1403260>



Published online: 21 Feb 2018.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

way shedding light on his outrageous behavior as president. An exploration of the protagonists' vulnerabilities reveals how the archetypal dynamics of the shadow, trickster, and Self explain Mr. Trump's "fool show," appearing not only on television but also in real life.

KEY WORDS

Catholic Church, Hillary Clinton, Elizabeth II, empty self, fool, Claire Foye, jester, Jude Law, Lenny Belardo, narcissism, outsider, persona, projection, Self, shadow, *The Queen*, *The Young Pope*, trickster archetype, Donald Trump

Fat

PATRICIA REIS

Review of: Cheryl Fuller, *The Fat Lady Sings: A Psychological Exploration of the Cultural Fat Complex and Its Effects*, London: Karnac, 2017.

Cheryl Fuller's *The Fat Lady Sings: A Psychological Exploration of the Cultural Fat Complex and Its Effects* is part memoir, part research inquiry and self-analysis, and a passionate, intimate, fierce, and intelligent exploration and exposé into one of our most intransigent prejudices.

Taking a page from the experiences of blacks and gays, Fuller says to be a fat person is to live in "fat space" while normal size people occupy a privileged "thin space." Substitute black and white, gay and straight, and you get her point. If you live in "thin space" and have ever wondered what kind of hell awaits you if the top number of the scale doesn't go high enough to register your weight, then Fuller will tell you: "Fat people swim in a sea of toxic prejudice." By most measures, she says, "the fat body is seen as ugly, unhealthy, immoral, undisciplined, out of control, sexless, a

failed body. And therefore rightfully subject to this war against fat, because it represents a scourge that must be eliminated" (31). Once she decides to no longer live as "the good fatty"—the one who spends her life on diets, cultivating a pleasing persona, eating only salad—Fuller uses her outrage and brilliance to deconstruct the juggernaut of our cultural fat complex. Her unflinching examination of the social tyranny and internalized pain inflicted by such a stigmatized identity is a consciousness-raising tour de force.

Language structures how we think. The word *obesity*, which appears to be scientifically arrived at, makes fat into a medicalized condition, a pathology, and therefore something to be treated. Obesity as a disease is considered by medical clinicians to be less stigmatizing than the word *fat*. Fuller points out studies that show how untrue this is. (Fat people, she says, are generally not consulted in studies on obesity.) She reports on how the weight loss industry, diet industry, and bariatric surgery proponents have benefitted greatly from studies funded by pharmaceutical industries, the World Health Organization (WHO), and the National Institutes of Health (NIH) that changed the definition of obesity by lowering ideal weight numbers and thereby adding 15 million previously normal people to the category of people who need treatment. Along with an exponential number of media-related articles on obesity (over five million) written over the past several years, obesity has been turned into a national "epidemic."

As a fat person, Fuller knows firsthand what it means to live in a large body in a fat-stigmatizing culture. She describes everyday life trials—shopping for clothes, eating in restaurants, going to the doctor, finding a therapist, entering a room where you are the fattest

person at a gathering, and feeling the unspoken judgments. I am someone who can live in privileged “thin space.” My weight undergoes the usual five to ten pound fluctuations, and I have long since given up any attempts to modify. Though I fall within the “normal” weight range, I, too, internalized the cultural fat complex. That is, I did until twenty-five years ago when I encountered Lily.

She is fat. That was my first thought when Lily entered my counseling office, her short body filling the width of the doorframe. Really fat. Hypervigilant, I thought. Trauma, I thought. She was simply dressed, her long curly hair freshly washed, her delicate features compressed between round cheeks. I took her measure as she was taking mine. Later Lily would tell me she was categorizing me as too beautiful and from a different class and thinking of herself as too poor and unbecoming to warrant my attention. We didn’t have Fuller’s notions of “thin space” and “fat space” at the time. Nor was the word *privilege* a concept, although its many manifestations were evident in the room with us. Lily took a seat in one of my comfortable “therapy chairs,” a chair that could accommodate her large girth.

For the next hour, she recited a litany of troubles: she was born a twin, the bad twin who, according to her mother, had eaten her sister’s food in the womb, the evidence being that she weighed four pounds at birth as opposed to her sister’s three and half pounds, leading to her mother’s practice of food deprivation. Her family lived in rural northern Maine, poor but not destitute. They were Pentecostal—of the variety that speaks in tongues; her childless aunt loved her to the point of smothering her with kisses and food; the aunt’s husband, a church minister, sexually molested her as a young child, saying he wanted to make her eyes shine. When she became old enough to resist

him, she was subjected to a ritual exorcism in front of her church community.

After graduating from Bible College, Lily found a therapist outside the church’s purview in an attempt to get real help. She had been fat since she was a child. The next twenty years included a long succession of therapists, psychiatrists, mental health and rehab treatment programs for losing weight, numerous psychological diagnoses, and a pharmacopeia of drugs to treat her weight, depression, anxiety, and even psychosis. When I asked what she wanted from therapy, she replied, “I want to be able to preach.” That got my attention.

I sat for a long while before I spoke. Here is what I saw: Lily was a forty-year-old woman who carried the stigmata of abuse with all its terrible and recognizable sequelae. She was a deeply determined, intelligent, if poorly educated, woman who, despite all, struggled mightily to hold on to and enlarge her spiritual faith in God—not her religious beliefs, but her spiritual faith. Fat was not on her agenda, but it was on mine.

A wave of hopelessness washed over me. I understood the impulse to medicate, the impulse to refer her quickly onto another therapist, the promise of various rehabs and weight loss programs. She had tried them all. I registered my dread of coming into relationship of any kind with such a traumatized person. But here is what happened: I did not refer her on to somebody else. I did not take out my calendar and make the usual therapy appointments. I did not ask about her weight or ask her for money, as it was clear she had none other than a puny disability check.

From the deepest, darkest heart of wisdom, heard myself say, “According to what you have told me, you have undergone many therapies and had many therapists. I will not be another one. I will be your friend.” I thought I must be

crazy, but somewhere I knew that in offering to enter into a friendship and not therapy, I would be free from standard therapy practices and protocols. Meeting Lily as a friend also meant I would not have the protective buffer built into the therapeutic structure and I would have to rely on my personal strength, limits, and boundaries. What I had no way of knowing was that the relationship would continue for the next twenty years and would bring some of the most time-consuming, challenging, brilliant, love-enlarging, warmhearted, enraging, sometimes traumatizing events of my life. Befriending Lily meant confronting my prejudices, my preconceived notions, my privileged position as a middle-class, educated, normal-sized woman. Over the years, I began to think of Lily as “my person,” not in a possessive way, but as one assigned to me in this life to push, pull, stretch, and teach me to become larger in ways I never believed myself capable. And I was “her person,” the one she could count on to be honest, the one she learned to trust. “Thin space” and “fat space” met and formed a third space.

Fuller claims that making a choice to accept her body size meant arguing for her right to exist in the world just as she was. Her experience matches what I encountered for twenty years with Lily. In those days, we could have used a book like Fuller’s.

Like each of us, every fat person is unique. There is no one-size-fits-all explanation that will account for, or comprehend, the multiple determinants that go into creating a body that falls outside a culture’s acceptable norm.¹ What is not unique is Western culture’s phobic response to fat, what Fuller calls the “Cultural Fat Complex,” which is supported by slews of medical diagnoses as well as questionable and unproven studies, Body Mass Indexes, psychological theories, and an endless

array of diets and surgeries that promise but don’t deliver and are meant to make that fat go away. A billion-dollar industry, as Fuller’s research points out, is funded by medical, federal, and pharmaceutical institutions and corporations. Fat is the enemy, a threat to social norms, a drain on public resources, a pathology, a moral offence. Fat generates fear and judgments to such a degree that it enters the collective mind like bad air, and the poisonous effects become deeply internalized, just as with racism, homophobia, sexism, and all the other hateful isms that give rise to social opprobrium. But unlike them, being fat is assumed to be controllable, and the failure of a fat person to control his or her weight translates into an internal and external war on his or her body and psyche. Fuller questions the ethics of promoting weight loss. “Evidence does not exist that obesity can be effectively treated over the long term through behavioral change. No so-called treatment for obesity has a more than five to ten percent success rate long term. Most types of cancer have better prognoses” (50).

Unstinting in her self-examination, Fuller tries on various psychological theories offered by therapists to see how they fit. But very little does. Most of all, everyone just wants the fat people to be thinner. So do they. It takes a great deal of work to get those Fuller encounters to move beyond her weight as the primary thing about her. It is not fat per se that concerns Fuller, but the socially constructed stigmatized identity: “the trauma of being judged or rejected because of some basic aspect of ourselves” (148). The stigmatizing effects of the Cultural Fat Complex and Fuller’s search for personal meaning are the beating heart of her work. Eventually she finds a Jungian therapist who is willing to engage with the powerful projections and introjects of blame and self-hatred and work with her

to find meaning (neither cause or cure) in her life as a fat person.

Fuller is a Jungian-oriented psychotherapist, and she considers the issue of her weight from the point of view of both patient and practitioner. She spends more than a third of her book on the work of Marion Woodman, the only Jungian analyst who made disordered eating her focus. She does not dismiss Woodman's theories out of hand—she finds points of recognition—the mother-hunger, the repressed rage, the need to be accepted as she is—but she interrogates Woodman's conflation of weight with pathology, lumping obesity, which is a condition, with anorexia, which is an illness. As Fuller points out, when obesity is designated as disease, it becomes synonymous with pathology and weight loss becomes the signature of health, both physical and mental. She suspects that Woodman herself is at times captive to the Cultural Fat Complex. She quotes Woodman as saying, "Obesity is one of the chief symptoms of neurosis in the Western world" (62). The harshest critique of the Jungian approach comes late in the book when Fuller is denied her Jungian diplomate. Despite being told she would make a good analyst, she was denied due to her weight, and this experience was deeply traumatic.²

Fuller finds resonance with Donald Kalsched's work on trauma and finds traumatic incidents in her history, but not necessarily ones that would cause her body size. She finds more identification and solidarity with gays and people of color who have had the blunt fact of their "differences" stigmatized. Just as psychological theories cannot change skin color or sexual preference, nor should they wish to change someone's body size. Understanding the Cultural Fat Complex within the context of other cultural discrimination practices greatly assists practitioners

and their clients in their mutual assessment of focus. As Fuller says, her weight was not the only, or most important thing, about her.

When I first met Lily, she was so deeply dissociative and overmedicated that she could barely function. Evicted when she could not pay her rent, I offered to help, and she opened her door to me. The inside of her apartment was terrifying. Groceries that had been bought weeks, maybe months ago, had never made it to the cupboards; the floor was littered with broken boxes of cake mix, crackers, and unidentifiable foodstuffs; the furniture was broken; clothes had never been put in closets. I ordered a dumpster, loaded up bags of trash, and did what I could to clean. Being no holy saint, I was deeply traumatized, having never witnessed such profound incapacity. I helped her move into a room in her aunt's house—the minister husband long since dead.

Fuller talks about the lethargy of depression and her need for medication, a reality for many people regardless of their weight. Depression is a capacious and complex category with biological, emotional, and situational causes. Lily felt that the amount of medications prescribed for her played a large part in her inability to function. A psychiatrist friend helped get her off the powerful medications that had made her comatose and kept her on a low dose of Prozac, so her depression was manageable without overwhelming side effects. Lily had been terrified of hospitals since childhood, and the few doctors we saw when she had to go to the emergency room for pneumonia or some other infection were hurtful. "She has to lose weight," they warned me while Lily sat in a Johnny that didn't completely cover her. "She will die from this weight and it won't be pretty," they predicted. No matter the scoldings, Lily never lost weight. Her earlier attempts had not been successful.

It wasn't denial; it just wasn't the most important thing on her mind, and after a while, it wasn't on mine either.

Fuller is a thorough researcher. As a Jungian-oriented psychotherapist, she searched the database of Jungian journals and writings finding very little that was encouraging:

Though I wish it were otherwise, I have seen no evidence that Jungians are free of the cultural fat complex.... Anorexia warrants books and articles, but on obesity, nothing.... In the *Journal of Analytical Psychology*, with archives spanning over sixty years, there are but eight articles that even contain the word obesity and none that considers obesity as itself and what it means.... (42)

She concludes that "In five years of research I could find only two articles written by fat therapists about their experiences of being fat (161).

Fuller's work offers a great corrective, especially since she has both the perspective of a psychotherapist and of a fat person. She asks, "If therapy is about putting feelings into words and about becoming more conscious and aware of the meaning of something like weight and appearance, is a specific goal of weight loss one that a depth psychotherapist should be taking on or advocating?" (169). On the basis of her research and her experience, she answers her question: "For both fat and thin therapists, the more ethical stance, the more analytic stance is to remain neutral on the subject of weight and to consider instead feelings about weight and what weight and appearance mean for our patients" (170). Her stance requires acknowledgment not only of a person's individual experience and perception but also a consciousness of the Cultural Fat Complex and its effects on both patient and therapist.

Once Lily's meds were regulated, she secured employment as an aide to an autistic child. Earlier in her life, despite her lack of formal education, Lily had worked as a mental health consumer advocate for the state of Maine. Like Fuller, she was knowledgeable about issues arising from labeling others. She understood the desires of the stigmatized—the cultural and biological outliers—to be seen as human beings needing love and acceptance. She was patient, compassionate, loving, and present to her charge in ways his often overwhelmed and frustrated parents could not be. When the boy grew into a truculent teenager, other plans had to be made for him. Lily grieved the loss. She then found employment as an aide to formerly institutionalized mentally disabled adults living in a boarding home, and again, she brought love, care, and compassion, meeting her clients on their own terms, understanding their needs, likes, and dislikes. She was earning a minimum wage, had health care, and had the esteem that came with using her skills.

I believe Fuller when she says she is not a binge eater and that she enjoys a range of healthy food. Lily was not a binge eater either. Fuller writes about the anguish of eating in a restaurant. Under the pressure of the Cultural Fat Complex, she felt she was expected to eat salad, not other delicious food, as if she were being punished for the sin of gluttony. When Lily and I ate in restaurants, we always asked the hostess for a table with bench seating. Walking through the restaurant was like running a gauntlet of patrons' looks of disgust and revulsion, their judgments hanging in the air. People stared at us, trying to calculate what this normal-appearing woman was doing with this very fat woman. It took an act of courage for Lily to take up space in a

place where she knew people would be staring. I would often stare back until people would lower their eyes.

Although Fuller digs deeply into the world of medical research, only once, in a brief mention of a friend, does she consider what hospitalization might mean for a fat person. Leaving work one winter night, Lily slipped on an icy deck, breaking her hip—badly. The operation was botched, leaving her in terrible and unrelenting pain, and when a further operation proved unsuccessful, she was confined to a rehab nursing home for a year. As her health care advocate, I witnessed an occasional kind, nonjudgmental nurse or aide, along with far more who cared for her with revulsion and disgust, often speaking to her as if she were a child or mentally incapacitated.

On one visit, she told me she had not been showered for over a week. She took pride in her hair, and it was greasy and stringy. I asked the nurse if they could shower her while I was there. The beleaguered nurse said they were chronically short staffed. “Can I do it?” I asked. “Sure,” she said, and into the shower we went. I kept on my bra and panties, while Lily was naked seated on a shower seat. I washed her hair and soaped her body where she couldn’t reach. I had never encountered this kind of naked flesh, mounds and rolls, an indistinguishable landscape. A wonderment. The human body, I thought, is magnificent in its variations, its ability to accommodate to conditions, in its sheer tenacity to exist. Diversity in the gene pool. The nurses were grateful for the extra hand in helping with her care. And Lily, who was always particular about cleanliness, was relieved of the shame of neglect, and I felt I had been granted a holy privilege.

The long nursing home stay and chronic pain meant another influx of medications—oxycodone, morphine, and a load of

psychotropic drugs for her anxiety and depression. A monstrous weight gain ensued. Attendants changing her bed required an electric hoist lift, a gigantic canvas lift placed under her now four-hundred-pound body and then cranked into space. I watched as Lily’s bare legs and arms dangled over the sides while she was raised 5 feet off the bed. She was immobile, in a rehabilitation hospital; she could not be accused of overeating. The doctors and nursing staff could not explain her weight gain. By this time, there was no place in her life that I had not entered. I had met her family, her pastors, her clients, and hospital staff. I was given power of attorney for her health care and other directives. When deemed ready to live on her own, she was outfitted with an extra-large wheelchair and was eligible for Section 8 housing for the handicapped. She would never walk again.

A year later, bariatric surgery was recommended. She had lost some of the nursing home weight but was still on a regime of medications for pain, anxiety and depression, diabetes, and her heart. After a battery of physical and mental tests, she was accepted for bariatric surgery. Another surgery removed an apron of fat that reached her knees. Later, she showed me a great band of black necrotic skin across her midsection. She had lost her belly button. She healed from these surgeries but was still in the “obese” category and eventually she gained some of the weight back. Yet she had mobility in an electric wheelchair and had found a church and female pastor who was warmly welcoming. She moved into a more spacious handicapped living arrangement, partially paid for by a generous insurance payout from the accident. She was studying Hebrew with a rabbi so she could read the Old Testament in Hebrew and did

some preaching to her church congregation from time to time.

Lily had never had an intimate relationship. Around this time, she developed a loving friendship with Walter, a man who came to her church's free Sunday breakfasts and lived on disability. They spent a great deal of time together, and he took good care of her and her cat. This was such a poignant and beautiful thing for me to learn. "He puts his arm around me when we watch television," she told me. My contact with Lily at this point was an occasional phone call. The trust that had been built during our twenty years of knowing each other was a powerful teaching that helped her experience love.

She was engaged with life, about to turn sixty, when a car hit her as she was crossing the street in her wheelchair. She recovered, but one day on the phone she said she thought she was dying. She was not in good health, but not in crisis either. Her body had suffered tremendously, but her mind was clear and her desire for life was strong. We talked about what this meant. She wanted to write her story. It was the last conversation we had. She died several weeks later. Walter found her slumped over her computer, no evidence of struggle, a peaceful death.

"Coming Out as Fat" is the last chapter in *The Fat Lady Sings* and is the most personal. Fuller says, "For me, healing is to end the war within. To be able to be at home with myself in myself. To inhabit my body without shame" (121). Moving out of the Cultural Fat Complex, as Fuller writes, is a challenging process, even if you are "out" as a fat person and are engaged with the world. It is also a process that our culture would do well to engage in, one of the last bastions of debilitating prejudice.

No matter what the scale says, you will feel enlarged after reading Fuller's book. You will also feel relieved of a tonnage of disinformation, moral judgments, half-baked truths, dietary solutions that promise and never pay off, dangerous surgical procedures that hold out hope for the desperate; you will be filled with a generous and open-hearted spaciousness that can make you grateful for life in all its variations and give you compassion toward those whose lives and shapes fall outside the constraints of "normal."

ENDNOTES

1. In his recent book *The Gene: An Intimate History*, Siddhartha Mukherjee writes about the Dutch *Hongerwinter* famine that occurred in Holland in the last year of World War II. The people who survived this severe famine later became the subjects of numerous studies. In the 1980s when the children born to women who were pregnant during the famine had grown up, they had higher rates of obesity. When the famine survivors' grandchildren were studied, they had even higher rates of obesity and heart disease. "Some heritable factor, or factors, must have been imprinted into the genomes of the starving men and women and crossed at least two generations" (Mukherjee 2016, 394). The *Hongerwinter* had penetrated genetic memory. "Historical memory was thus transformed into cellular memory" (406).
2. "Weight discrimination in employment has been documented as one of the most common forms of employment discrimination that people experience," says Rebecca Puhl, a professor at the University of Connecticut and the Deputy Director of the Rudd Center for Food Policy and Obesity. "Some research in the U.S. has found that among women, weight discrimination is comparable to rates of racial discrimination" (Puhl and Heuer 2009). According to a 2014 study by Jennifer Shinall, an assistant professor of

law at Vanderbilt Law School, “Overweight women (are) likely to earn less than average-size women and less than all men, regardless of weight” (Wolf 2014).

BIBLIOGRAPHY

- Fuller, Cheryl. 2017. *The Fat Lady Sings: A Psychological Exploration of the Cultural Fat Complex and Its Effects*. London: Karnac.
- Mukherjee, Siddhartha. 2016. *The Gene: An Intimate History*. New York: Scribner.
- Puhl, Rebecca H., and Cheryl Heuer. 2009. “The Stigma of Obesity: A Review and Update.” *Obesity: A Research Journal* 17(5): 941–964. doi/10.1038/oby.2008.636/full.
- Wolf, Amy. 2014. “Overweight Women Lose in the Labor Market: Vanderbilt Study,” Research News @ Vanderbilt, October 21, <https://news.vanderbilt.edu/2014/10/21/overweight-women-labor-market/>.

PATRICIA REIS, MFA, has published five books along with numerous essays and reviews. Her recent memoir, *Motherlines: Love, Longing, and Liberation* (She Writes Press, 2016), won a gold medal for memoir from Independent Press Publishers. Her other titles are *Women’s Voices* (Spring Journal and Books, co-edited with Nancy Cater); *The Dreaming Way: Dreamwork and Art for Remembering and Recovery* (with Susan Snow, Spring Journal Books, 2000); *Daughters of Saturn: From Father’s Daughter to Creative Woman* (Spring Journal Books, 2006); and *Through the Goddess: A Woman’s Way of Healing* (Bloomsbury Academic, 1995). She conducts a psychotherapy practice for women artists and writers and divides her time between Portland, Maine, and Kingsport, Nova Scotia. Visit her website <http://www.patriciareis.net> for her publications and a book trailer and gallery of photos from her memoir. Correspondence: preis@midmaine.com.

ABSTRACT

Cheryl Fuller’s *The Fat Lady Sings: A Psychological Exploration of the Cultural Fat Complex and Its Effects* (Karnac, 2017) explores what Fuller calls the Cultural Fat Complex as it appears in Western cultural perceptions and institutions, especially medicine and psychology. She examines Jungian analyst Marion Woodman’s pioneering work on eating disorders, which she finds limiting. The reviewer includes her own experience of companioning a very large woman

for twenty years and corroborates Fuller’s assessment of the need for a major cultural re-examination of the way it views those who live in large bodies.

KEY WORDS

Cultural Fat Complex, depression, fat people, Jungian psychotherapy, obesity, prejudice, Marion Woodman

Involved in Mankind

CRAIG SAN ROQUE

Review of: Joerg Rasche and Thomas Singer, eds., *Europe’s Many Souls: Exploring Cultural Complexes and Identities*, New Orleans: Spring Journal Books, 2016.

I am involved in mankind, and therefore never send to know for whom the bell tolls; it tolls for thee.

John Donne

Certain complexes arise on account of painful or distressing experiences in a person’s life, experiences of an emotional nature which leave lasting psychic wounds behind them.

C. G. Jung

“Analytical Psychology and Weltanschauung”
(1931/1969, CW 8 ¶594)

Psychotherapy as a Cultural Responsibility

I have beside me two books: *Europe’s Many Souls* (2017), the subject of this review, and, by chance, *An Armenian Sketchbook* (1962) by Vasily Grossman, a Russian novelist writing under Stalin’s shadow.¹ Had Stalin not died in 1953, Grossman would have been exiled or erased, along with so many others who dared