

“Haram, she’s obese!” Young Lebanese-Canadian Women’s Discursive Constructions of “Obesity”

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Abstract

Using feminist poststructuralist and postcolonial lenses, we explore how young Lebanese-Canadian women construct “obesity” within the context of the current and dramatic hype about “obesity” and its impacts on the health of individuals and populations. Participant-centered conversations were held with twenty young Lebanese-Canadian women between the ages of eighteen and twenty-five. In examining what discourses the participants adopted, negotiated, and/or resisted when discussing “obesity,” we found that the young women constructed it as a problematic health issue and a disease, as a matter of lack of discipline, and as an “abnormal” physical attribute. They also expressed feelings of disgust and/or pity toward “obese” women by using the Arabic term “haram” (what a shame or poor her). While the participants emphasized that Lebanese and Lebanese-Canadian cultures prize physical appearance and “not being fat,” they also attempted to dissociate themselves from “Lebanese” ways of thinking and, in doing so, reproduced a num-

ber of stereotypes about Lebanese, Lebanese-Canadian, and Canadian women.
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Résumé

Selon un point de vue féministe poststructural et postcolonial, nous explorons comment les jeunes femmes libano-canadiennes perçoivent l’obésité dans le contexte du battage médiatique actuel et dramatique à ce sujet et de son impact sur la santé des gens et des populations. Des conversations axées sur les participantes ont eu lieu avec vingt jeunes femmes libano-canadiennes âgées de dix-huit à vingt-cinq ans. En examinant les discours que les participantes ont adoptés, négociés ou évités pendant les discussions sur l’obésité, nous avons conclu que les jeunes femmes perçoivent l’obésité comme un problème de santé et une maladie, un manque de discipline et une caractéristique physique « anormale ». Elles ont aussi exprimé des sentiments de dégoût ou de pitié envers les femmes « obèses » en utilisant le terme arabe « haram » (qui signifie « quelle honte » ou « pauvre elle »). Bien qu’elles aient insisté sur le fait que la culture libanaise ou libano-canadienne valorise l’apparence physique « non obèse », elles ont aussi tenté de s’éloigner des points de vue « libanais » et, ce faisant, ont reproduit certains stéréotypes au sujet des femmes libanaises, libano-canadiennes et canadiennes.

Introduction

The tremendous increase in media attention on “obesity” as well as the growing attempts to eradicate this so-called “disease” mirror the “moral panic” (Boero 2009) about fatness that has emerged in the last few years. Despite the problems associated with the pathologization and medicalization of fatness (Murray 2007; Oliver 2006), a considerable number of epidemiological studies have focused on “obesity” rates around the world (see an overview in Gard 2010). Much discussed in the media and among educators, health and fitness practitioners, and public health officials, these findings have sparked growing anxieties about “obesity” (Boero 2007; Gard 2009; Saguy and Almeling 2008) and the production of what some scholars have identified as a dominant obesity discourse (Campos 2004; Gard and Wright 2005; Evans et al. 2008; Oliver 2005; Rail 2012). Critical obesity scholars have challenged the use of the term “epidemic” (Boero 2007; Campos et al. 2006; Gard 2004), the notion of “obesity” as a disease (Gaesser 2003a; Jutel 2009; Oliver 2006; Murray 2009), the health problems attributed to “obesity” (Gaesser 2003b, 2003c; Mark 2005), the attribution of deaths to “obesity” (Farrell et al. 2002; Mark 2005), and the identification of “obesity” as a public health priority (Campos et al. 2006; Gard 2007, 2010). Other researchers have disputed the conventional methods used to diagnose, measure, and treat “obesity” (Herrick 2007; Holm 2007; Jutel 2009) and have challenged the pathologization and medicalization of “obese” bodies (Jutel 2009; Murray 2007, 2009; Oliver 2006). In much of this work, scholars maintain that the dominant obesity discourse offers a mechanistic view of the body and focuses on the assumed relationship between inactivity, poor diet, “obesity,” and health; in the same breath, it frames “obesity” in moral and economic terms. “Obese” and “at-risk” bodies are constructed as lazy and expensive bodies that must be controlled and subjected to expert intervention (Rail 2012). Finally, the dominant obesity discourse insists that individuals are primarily responsible for the regulation of their weight and health through the adoption of “good” lifestyle habits (Aphramor and Gingras 2008; Coveney 2006; Gard and Wright 2005; Murray 2009; Whitehead and Kurz 2008), which does not take into account structural and environmental determinants of weight and health.

While there is a burgeoning literature critical of the dominant obesity discourse, the ways in which this discourse is taken up by “ordinary” young women (i.e., of varying weights and shapes and from a variety of sociocultural locations) is still unknown. What we do know is that sexist, heterosexist, classist, and racist assumptions structure this discourse. While young adult women are increasingly being identified as an “at-risk” population in relation to “obesity” (WHO 2015), they also continue to suffer disproportionately from eating disorders (see a review in Grogan 2008). In particular, studies that have examined the “effects” of the dominant obesity discourse on body-related issues among anorexic women (Evans 2006; Rich and Evans 2005a; Malson 2008) have suggested that this discourse promotes a thin body ideal, which sometimes results in young women adopting unhealthy and disordered eating and exercise patterns. Empirical studies of women labelled as “overweight” or “obese” (Annis, Cash, and Hrabosky 2004; Darby et al. 2007; Friedman et al. 2005) have reported that they experience body dissatisfaction and weight preoccupation as well as increased binge eating, lower self-esteem, fewer social networks, less social capital, and less satisfaction with life. As such, women with diverse body sizes continue to be targeted by the intertwined discourses of thinness, beauty, femininity, and fatness, which as various feminist scholars have argued, contribute to the internalization of bodily pressures and the adoption of self-disciplining practices (Bartky 1990; Orbach 1988; Bordo 1993). Susan Bordo (1993), for example, has argued that the disciplining and normalization of the female body constitutes a strategy of social control and gender oppression designed to counter-attack shifts in power relations between men and women:

...preoccupation with fat, diet, and slenderness are not abnormal. Indeed, such preoccupation may function as one of the most powerful normalizing mechanisms of the century, insuring the production of self-monitoring and self-disciplining ‘docile bodies’ sensitive to any departure from social norms and habituated to self-improvement and self-transformation in the service of those norms. (186)

It is not surprising, then, that fat bodies are constructed as lazy, unproductive, and indicative of a lack of control and discipline. Fat is, in other words, constructed as the enemy that should be destroyed and eliminated

with diet aids, extensive exercise, and cosmetic surgery (Bordo 1993).

With respect to class, a number of studies indicate that low-income individuals are at a higher risk of “obesity” (Braunschweig et al. 2005; Gibson 2003; Mobley et al. 2006) due to multiple factors, such as “obesogenic environments” (Boehmer et al. 2006; Brownell and Horgen 2003; Dalton 2004; Nestle 2002; Tartamella, Herscher, and Woolston 2005). However, given that the dominant obesity discourse portrays the maintenance of body weight as a personal responsibility, low-income individuals are blamed for their excess weight. Some studies also suggest that ethnic minorities are more susceptible to excess weight and “obesity” (Kumanyika 2008; McDonald and Kennedy 2005). Laura Azzarito (2009), however, argues that the dominant obesity discourse idealizes white bodies and constructs non-white ones as fatter, less fit, and in need of more surveillance and intervention. Margery Fee (2006) further maintains that racialized notions of “obesity” and diabetes disproportionately focus on their prevalence among Indigenous populations, which results in “race” often being constructed as a biological determinant of health. Furthermore, the dominant obesity discourse, along with traditional discourses of femininity, construct the ideal woman as white; as such, these discourses reinforce the marginalization of and discrimination against non-white populations, especially non-white women.

It is clear that intersections between gender, ethnicity, socioeconomic status, as well as other structural factors must be taken into account in any discussions of “obesity.” However, the critical literature on “obesity” in Canada is still in its infancy and there has been little empirical research conducted on how “obesity” is constructed and understood by young women from ethnic minorities in Canada. In addition, the field of fat studies has tended to focus on Western perspectives on body size (Cooper 2009). Jenny Lloyd (2006) has argued for a “trans-sizing” (i.e., across all sizes) approach in order to broaden and deepen understandings of “obesity” and fatness. This approach seeks to create spaces in which people from non-Western backgrounds who embody diverse shapes and sizes can share their perceptions of fatness. In our own study, we adopt such a “trans-sizing” lens. Using a qualitative methodology that is informed by feminist poststructuralism and postcolonial theories,

we explore how the intersections of gender, culture, migration experiences, and geographical locations shaped twenty young Lebanese-Canadian women’s discursive constructions of “obesity.” By doing so, we aim to address some of the gaps in the current obesity literature.

Methodological and Theoretical Considerations

In 2008 and 2009, the first author conducted participant-centered conversations on issues related to fatness with twenty Lebanese-Canadian women between the ages of eighteen and twenty-five years. This group of participants was relatively homogenous, as the majority of them were able-bodied, heterosexual, middle class, predominantly Christian, and not particularly fat. We chose to interview women between the ages of eighteen and twenty-five years, as we felt that, in contrast to younger women, they would have developed more independent perspectives on the body and had more experience negotiating both “cultural” and Western discourses related to obesity. With regard to religion, we decided to exclude Muslim women from participation in our study, as we suspected that Arab-Muslim culture would be a significant factor in shaping young women’s understandings of health, “obesity,” and the body; as a consequence, a separate study was conducted with them (see Tlili and Rail 2012).

Our analysis of the conversation transcripts involved two consecutive methods. First, a thematic analysis was conducted using the Nudist NVivo 8 software: text fragments were regrouped according to themes based on semantic affinity. Following a “horizontal” analysis (one conversation after another), we looked “transversally” or comparatively between participants. Second, a feminist poststructuralist discourse analysis (Denzin 1994; Weedon 1987; Rail 2009; Wright and Burrows 2004) was conducted. With its focus on the relationships between discourse, power, knowledge, and subjectivity as well as multiple socially-constructed and context-dependent “truths” (Denzin and Lincoln 2005), this theoretical method enabled us to examine more deeply how the participants, as subjects, positioned and constructed themselves within dominant or alternative/resistant discourses, particularly with regard to “obesity.” Our analysis also draws on postcolonial and feminist postcolonial theory (Bhabha 1994; hooks 1981; Spivak 1988; Anderson et al. 2003; Said 1978), which allows for an examination of the ways in

which cultural identity and diasporic spaces inform young Lebanese-Canadian women's understandings of "obesity." No doubt, the participants' discursive constructions of "obesity" were articulated in the context of recorded conversations. The interviewer's identity (as a university-educated, heterosexual, Christian, Lebanese-Canadian woman) and her notions of health, obesity, and the body may have influenced the content of the conversations. Had the second author (an atheist, white, queer *Québécoise*) interviewed the participants, they might well have constructed their ideas about body size and Lebanese-Canadian identity in slightly different ways. Furthermore, it is also possible that had the interviewer been "obese" or "overweight," the conversations with the participants (most of whom were not fat) might too have unfolded differently.

Results and Discussion: Discursive Constructions of Obesity

Our conversations with the young Lebanese-Canadian women involved a discussion of what "obesity" meant to them. Listed in order of frequency in the conversational texts, the participants constructed obesity as: (1) something unhealthy; (2) a disease causing other diseases; (3) something related to bad eating habits and inactivity; (4) a problem resulting from a lack of control; and (5) an extremely high body mass index (BMI). Interestingly, the participants mostly invoked individual-level factors to discursively construct "obesity." Only a few discussed "obesity" in relation to structural or social issues (e.g., "fast food restaurants") or to other elements that are beyond the control of "obese" persons (e.g., "genetics," "early childhood experiences"); however, even when doing so, they often tied these issues back to the realm of personal responsibility. In what follows, we elaborate on the results of the thematic analysis with a particular focus on the above themes and the numerous sub-themes that surfaced in the conversations. We also discuss how the young Lebanese-Canadian women (pseudonyms are used here), as subjects, positioned themselves within the dominant obesity discourse as well as in relation to neoliberal and/or alternative discourses.

"Obesity and health do not work together"

All the participants constructed obesity as "unhealthy" and some of them even viewed obesity as a

"life-threatening" disease that causes other potentially dangerous health problems such as cardiovascular disease, cholesterol, diabetes, and cancer. Nora, Jessica, and Rania, for example, stated the following:

- Nora: If you're obese, that means you're very overweight, and if you're very overweight, that means your BMI is very high and that means your levels of cholesterol and diabetes are going to be high too. Many obese people even come to a point where they might die.
- Jessica: 'Obesity' and 'healthy' don't really work together. It is scientific. When you're overweight, your heart arteries will be clogged.
- Rania: Being twice the size of what you should be has to be followed by other problems. It is very rare that an obese person won't have other medical issues such as heart problems and diabetes. Actually, there will be malfunction in the whole system in your body.

Like Nora, Jessica and Rania and consistent with the dominant obesity discourse (Campos et al. 2006; Gard and Wright 2005), all the participants considered "obesity" to be a serious health problem. Most also invoked biomedical notions associated with perceived "scientific facts." Despite the ongoing debates between "mainstream" and "critical" obesity researchers about the conclusions of epidemiological studies, it seems that the participants, like most Canadians, accepted mainstream "scientific" information on "obesity."

The participants' understanding of "obesity" were also positioned in relation to what they referred to as "traditional" and "modern" "Lebanese" ideas about body size. They explained that, while "traditional" grandparents tended to value "plumpness" as an indicator of good health and as a strong shield against disease, the younger generations of "modern" Lebanese and Lebanese-Canadians, like themselves, did not share such views. They also indicated that more "modern" Lebanese and Lebanese-Canadian ideas about body size were influenced by Western ideals, but carried them to the so-called "extreme," given the value attached to extreme slenderness. This group of young Lebanese-Canadian women, then, constructed their notions of "obesity" within a diasporic space that is neither traditionally "Lebanese" nor "Canadian."

While they adopted “modern” Lebanese and Lebanese-Canadian views on “obesity,” the participants also resisted them in a number of ways. Suzie, for example, indicated that her “modern” Lebanese-Canadian parents characterized obesity as a brutal “disease:”

Zeina: How do you think your parents perceive obesity?

Suzie: I think they automatically perceive it as an illness. Like, when they look at a girl or a guy who’s obese, they say: ‘this person is sick.’ They will say: ‘she is “*sakhneh*.” They make assumptions, because that person eats too much, she’s either just sick or mentally sick.

Zeina: Do all Lebanese-Canadians think this way?

Suzie: I don’t know if everybody sees it that way, not everybody obviously, but a lot of Lebanese-Canadians think that way, you know. They pity the person as if they have cancer or something, do you know what I mean? I’m not saying there is no reason to pity them, but what if this person is completely happy?

Similarly, other participants observed that their parents referred to “obese” bodies as “*sakhneh*” (a word which, in Arabic, means “sick,” but refers to females—“*sakhen*” is used for males), a term that points to an intolerance of “obese” women in Lebanese and Lebanese-Canadian cultures. While Suzie and others expressed some resistance to such discriminatory attitudes, they simultaneously portrayed “obese” people as sick creatures in need of pity and as personally responsible for their weight and “health.”

“I would never let myself get to that point”

The neoliberal notion of individual responsibility figured predominantly in the participants’ discussions of “obesity” and its relationship to health. Most of the young women emphasized that each person had a duty to prevent “obesity” or to “cure” it via proper individual-level solutions. Consistent with the dominant obesity discourse (Gard and Wright 2005; Murray 2008; Rail 2012), they associated “obesity” with a set of bad choices (i.e., “eating too much junk food,” having “low levels of physical activity”) and negative character traits (i.e., “lack of control,” “techno-dependency,” “laziness,” “love of food”). They portrayed the body in a mechanistic fashion, circulating the idea that maintaining a thin

body is simply a question of balance between energy intake and energy output. For them, “overweight” and “obese” bodies indicated a failure to adopt appropriate disciplinary practices, while the thin body was equated with self-control, virtue, and success (Evans, Rich, and Davies 2004; Rich and Evans 2005b; Whitehead and Kurz 2008).

While the young Lebanese-Canadian women did, in part, attribute “obesity” to inactivity, they focused primarily on the overconsumption of fat- and sugar-laden foods. Referring to her cousin, Christina stated that, “She is literally addicted to junk food like McDonalds, chips, greasy food, desserts, poutine, OMG poutine!” Similarly, Catherine condemned “obese” people who overindulged in “bad” foods. She mentioned: “I see these people twice my size, even sometimes three times my size with a massive plate of poutine in their face and then they go on to some other dessert and what else can I think other than ‘what the hell is the person doing to him or herself?’” The participants’ discussion of overconsumption was also gendered. For instance, they pointed to “obese” women’s “emotional eating,” hormonal imbalances, and biological tendencies that propelled them to consume food in large quantities. While essentialist notions about women were identified as contributing factors, this did not diminish the focus on individual responsibility. Notably, the Western culture of consumption was not mentioned. As such, the participants’ narratives were silent on the social contradiction between excess and consumption on the one hand (Cummins and MacIntyre 2005; LeBesco 2004), and self-control and containment of bodily desires on the other.

Even in instances when participants mentioned non-lifestyle factors as potential causes of “obesity,” the notions of individual (or family) responsibility and self-discipline remained paramount. For example, Lea blamed her parents for her sister’s situation: “My sister is overweight and it’s not her fault actually. I blame my parents for that. If you don’t control the kid from her early start, she’s not going to be able to control herself later on.” Some participants also identified “genetics” and/or “low metabolism” as factors that rendered bodies susceptible to gaining excessive weight. However, as indicated by the conversation with Raina, these conditions required more rigorous monitoring, self-con-

trol, and disciplinary practices for the sake of health:

Rania: Sometimes obesity is like a health problem with the system. It could be genetic or hormonal or related to your metabolism. If you have a sweet tooth and you have a low metabolism, then you gain fat as soon as you eat a lot. I know a girl, she's half my size, she can eat five chocolate bars in five minutes and she eats food with lots of carbs and fat and she doesn't gain any weight. She has a very high metabolism. Her sisters are like that too. Other people eat quarter of what they eat and still gain weight.

Zeina: So are obese people always guilty for their weight problems?

Rania: Um, yes and no. For example, I know if I eat a lot, I will gain weight cause I have a low metabolism so I should be able to control it more. It is related to genetics, but it is also in your head, you can control it. I am not saying 'starve yourself,' but if you already know you have a tendency to gain weight, then just eat in moderation, eat a balance of everything, eat a bit of sweets but a lot more veggies and control what you eat. But the problem is that a lot of overweight people have a low metabolism and still eat a lot and in that case it's their fault, their responsibility.

Rania's simultaneous use of the terms "yes" and "no" points to the ambivalent subject-position she occupies within the discourse of personal responsibility for "obesity" and health. This was the case among many of the participants. Whereas, at first glance, their appropriation of the "fat gene" discourse (Aphramor 2005) seemed to remove individual blame, the discourse in fact medicalizes and pathologizes the fat body, while discounting the broader social determinants of fatness and health.

Most participants, then, tended to construct "obesity" as an individual failure or, in a few cases, as the consequence of inadequate parenting. Some, like Christina, also suggested that "obese" bodies were a burden on the Canadian healthcare system: "Our medical and healthcare system spends money on unhealthy people. If you are too obese to wash yourself or to walk around, we have to pay for your problems and that, I don't agree with... Yes, I guess, I feel like they're a bu-

rden but personally, I always think, I would never let myself get to that point." At the same time, a few participants expressed feelings of pity toward "obese" individuals. When referring to "obese" women, for example, they used the word "*haram*" (which means "poor her" in Arabic). Some also insisted that one should not judge "obese" individuals, when they alluded to factors that went beyond individual lifestyle (i.e., "childhood experiences," "certain medications," "gland problems," and "fast food restaurants"). With the exception of identifying the lure of fast food restaurants, however, they did not mention other potential environmental factors, such as the cost of and distance to recreational facilities, the lack of safety when engaging in outdoor physical activities in the neighbourhood, the availability of walking trails, the cost and availability of fresh foods, and the culture of consumption and over-consumption. Social and economic issues were also absent from the young Lebanese-Canadian women's discussions of "obesity." Despite the numerous studies on such factors (Boero 2007; Braunschweig et al. 2005; Gibson 2003; Mobley et al. 2006), they generally remain outside of dominant understandings of "obesity," which focus on individual self-control and discipline.

Obesity, Femininity, and Lebanese-Canadian Culture

Another theme that emerged in the conversations with the young Lebanese-Canadian women was the notion that "obesity" constituted an extreme transgression of body norms, especially in the case of women. For example, despite numerous studies that challenge the BMI as an appropriate tool to measure "obesity" (Burkhauser and Cawley 2008; Gard and Wright 2005; Kragelund and Omland 2005; Monaghan 2007), participants referred to it to differentiate between "normal," "overweight," and "obese" people and used terms like "extreme BMI." They also compared themselves to "obese" persons (e.g., "she's twice or three times my size") and/or, in a few cases, described "obese" bodies as "ugly," "unpleasant," or "disgusting." Some participants, like Nicole, however, provided a more nuanced analysis, highlighting the extent to which "Lebanese" standards of femininity and beauty are highly gendered. Her use of the term "they" seemed to signal her efforts to distance herself from certain discriminatory attitudes about women:

Obesity is different for men and women. An obese man is an obese man, maybe women don't find that attractive but there are obese men who are funny and people won't say 'he's obese'; they'll say 'he's funny.' But an obese woman is not acceptable, oh my God! Lebanese people will say: 'she gained even more weight? She's huge. Poor thing.' They don't leave her in peace. When I see an obese woman, I'll say '*haram*,' thinking, 'it's hard to live with all that weight, to take the stairs, to walk, etc.' But Lebanese women will say '*haram*' with another intention: they mean 'poor her, she's ugly'!

Nicole's narrative points to the gendered forms of discrimination that "obese" individuals face. Such trends have been analyzed by feminists (e.g., Bartky 1990; Bordo 1993; Orbach 1988) and critical obesity researchers (e.g., Braziel and Lebesco 2001; Murray 2008) who have critiqued dominant feminine ideals. Emma Rich and John Evans (2009) have gone farther and linked the dominant obesity discourse to classed and racialized constructions of the feminine body: "The racialized, classed, and gendered specificities of these discourses are tied to the ways in which the promotion of the ideal feminine body as disciplined, normalised and slender, has been historically rooted to a middle class femininity that is specifically tied to whiteness" (170). In the end, Nicole's discussion of the discrimination that "obese" Lebanese women suffer indicated a degree of resistance to a prevailing discourse that blames women for their weight.

Other participants also mentioned that there was an over-emphasis on women's physical appearance as a central element of what they understood to be the "Lebanese" and "Lebanese-Canadian" "cultures." In the following excerpt, for instance, Catherine used the term "us" to dissociate herself from Lebanese women ("them"), but also used the "us/them" trope to distance herself from those she understood to be "Canadian" women (i.e., in her view, white Euro-Canadian women):

[The Lebanese-Canadian community perceives obesity] very badly, I think. As a Lebanese woman, you have to be perfectly beautiful. Perfect size, no extra belly fat, no cellulite, no wrinkles, picture perfect: as if they draw you and you walk out of the page, nothing wrong with you. Lebanese people have such extreme standards for women. If you gain a pound, I don't know how many people will

tell you: 'you gained a pound!' [Lebanese standards are] different. I find Canadians are more lenient, more... They do not really judge as much. They're more open-minded than Lebanese and also Lebanese-Canadians. [Canadians] live in their own world and they don't really care about the other person: they're not as judgmental about a girl's weight or physical appearance in general... Lebanese-Canadians are less extreme than the Lebanese in Lebanon. Well, actually, it depends on how long they've been here and on their surroundings also... I find that people who lived here long enough, who have been surrounded by different cultures, will tend to have less extreme views... I definitely don't agree with the extreme views of Lebanese people, but I don't find big women attractive either, like some Canadians do. Umm, but it depends. I find very thin women in Lebanon disgusting as well. I think I mix and match from the Lebanese, Canadian, and Lebanese-Canadian standards when it comes to obesity.

In the above narrative, Catherine reproduced a number of negative stereotypes about Lebanese-Canadian women who she contrasted to their Canadian counterparts. She suggested that one factor that might contribute to a modification in Lebanese-Canadian attitudes towards "obesity" was Canadianization. Furthermore, she herself borrowed various perspectives from "Lebanese" and "Canadian" cultures (as she sees them) to construct her own hybrid understandings. In contrast, other participants indicated that their parents were intent on preserving "Lebanese" cultural traditions and values in the Lebanese-Canadian diaspora, a pattern that Dalia Abdelhady (2006, 2008) has noted among Lebanese immigrants in Montreal, New York, and Paris despite the pressures to assimilate in a Western context. Given such diasporic complexities, the Lebanese-Canadian participants, including Catherine, did not, as subjects, demonstrate stable cultural identities, but rather multiple, hybrid, and fluid ones. In other words, "Lebanese" and "Canadian" cultures cannot be conceptualized as separate and fixed entities that influenced these young women's constructions of "obesity" in clear-cut ways.

While size oppression is a significant issue in Canada, the participants discursively constructed Canadian attitudes as being more nuanced, understanding, empathetic, and tolerant. In general, they also constructed Canadian women as being more educated, ath-

letic, and balanced in their lifestyles and health practices. For example, Lea spoke about Lebanese women's attitudes toward physical activity:

I've never known anyone Lebanese who exercises to prevent diabetes, cancer, and these kinds of diseases. I'm talking about what I see around me, all the people that I know that work out, my friends, me, sometimes. We just do it to lose weight; not because we want to be healthy, but because we want to be in shape. Lebanese girls are so desperate to get guys so they work out to look good and compete for the best Lebanese guy. Canadian women work out because they love it. They love working out. When you see girls like us, not us, actually, because I don't go the gym, but those Lebanese girls who go to the gym, they will walk out tired and complaining, but Canadian girls walk out happy. For Lebanese girls, it's like 'let's get done with it, thank God I worked out,' and next thing you know, they're at McDonalds.

Lea used the term "we" and implied that the only reason Lebanese-Canadian women engaged in physical activity was to "look good" so they could attract a male partner. Other participants, like Rania, also cast Lebanese-Canadian women in a less than positive and homogenous light, suggesting that they focused too much on their appearance: "Lebanese women, not all of them but most of them, are very concerned with the way they look. Some of them are not as worried about being healthy as by being seen as healthy or skinny... The difference is that [Canadians] put also more importance on the inside of a person, how a person is, and their health. The Canadians are more aware of the health issues." In many respects, then, Rania and other participants' representations of "Lebanese" women were at least partially grounded in hegemonic white colonial views and stereotypical assumptions about Third World women. Furthermore, the "extreme" standards of slenderness to which they referred were somewhat compatible with modern Lebanese ideals about the female body, but seemed incompatible with traditional Lebanese norms that value feminine curves.

While many of the participants associated Lebanese women and themselves with demeaning stereotypes, others constructed Lebanese culture in a much more positive light. For instance, Jocelyn praised the cohesion in the Lebanese-Canadian diaspora: "As Lebanese, we keep together, family stays together, friends

keep together, we talk to each other on the phone, we go places together. We are different than other cultures; we are different than the Canadian culture. We love each other, we are more into people. And when somebody has a problem, Lebanese people always stick to each other." Natasha used the expression "more mature," when discussing Lebanese-Canadians in comparison to Canadians:

When I'm at school or I'm with other friends that are not Lebanese, I am completely different. I'm, like, more Canadian, making more Canadian jokes about things that I wouldn't say with Lebanese people, having more fun, actually it's a different kind of fun. Like, when you're at a Lebanese festival or anything, your fun is really different; it's more close, there's no use of bad words or anything, it's a really mature environment. Actually, I think that Lebanese people are more mature. Because we're always talking, it's really like a big family and when you feel like a big family, that's when you're having fun because everyone is related, it's as if, like, you take the hands of everyone and never let go.

Natasha's narrative suggests how she performs a fluid cultural identity in different temporal and social contexts. According to Homi Bhabha (1994), the cultural hybridization of minorities often involves the valorization of one's non-Western culture without a rejection of the dominant culture. Like Jocelyn, Natasha highlighted the positive attributes of Lebanese culture and her own subjectivity, in an effort to challenge existing stereotypical assumptions (i.e., superficial, ignorant, backwards, lazy, over-focused on physical appearance, and dependent on men) that are associated with Middle-Eastern and Arab-speaking women (see Mama 1995 for a similar pattern among Black women in the British context).

Overall, the young Lebanese-Canadian women in our study oscillated between compliant and resistant subject-positions within dominant discourses of whiteness, heterosexuality, cosmopolitanism, and middle-class modernity. The participants engaged in a process of association with and dissociation from their Lebanese-ness and Canadian-ness, when sharing their perspectives on "obesity." They occupied a number of subject-positions within the dominant obesity discourse, appropriating some of its elements (i.e., idealization of whiteness and thinness) at times and, to a small

extent, resisting them at others (i.e., showing acceptance and empathy toward “obese” bodies).

Conclusions

In this paper, we focused on how twenty young Lebanese-Canadian women understood “obesity” and how this related to their sense of cultural identity. The conversations indicated that the participants constructed “obesity” as a major health issue and a disease, as a matter of bad eating habits and inactivity, as the result of a lack of will and self-discipline, and as an “abnormal” and “revolting” physical attribute. They also spoke about obesity in terms of personal responsibility and in relation to the conventional (i.e., white, heterosexual, able-bodied, bourgeois) norms of femininity.

Our feminist poststructuralist analysis allowed us to explore how the participants were hailed by subject positions available to them within various social discourses. In particular, we examined the ways in which they appropriated and reproduced elements of the neoliberal discourse of obesity, with its focus on traditional femininity, meritocracy, consumption, and individual responsibility for one’s health and lifestyle, as well as how they articulated some modest resistance to this prevailing discourse. Indeed, the conversation transcripts provide evidence of the intermittent and, at times, contradictory subject positions adopted by the young Lebanese-Canadian women. While resistance to the dominant obesity discourse seemed to have little impact on the participants’ health practices, they appeared to be aware of, and could recite, alternative discourses with regard to health, “obesity,” and body matters.

Complementing our poststructuralist stance, we used feminist postcolonial theory to better understand how young Lebanese-Canadian women’s multiple and fluid cultural identities informed their discursive constructions of “obesity.” The interviews offered them an opportunity to discuss their relationships, as diasporic subjects, to “Canadians,” “Canadian-ness,” “Lebanese-Canadian-ness,” as well as the “Lebanese-ness” of their mothers and other women through the lens of the body. Their perspectives were informed by social class, religion, and socio-historical context. The participants clearly adopted elements of the dominant obesity discourse, a neocolonial discourse that constructs health in ways that confirm the value of thinness, whiteness, and

middle class “modernity.” Furthermore, when speaking of Lebanese women, they often used the “us/them” trope. This suggests a desire—not always present, but there nonetheless—to dissociate themselves from Lebanese women and to affirm their Canadian-ness.

When this happened, the reasons they offered included representations of Lebanese women as inferior, less knowledgeable, more intransigent, and less nuanced, indicating the participants’ partiality for white colonial discourses. In the context of Lebanon’s past and present geopolitical positioning, we would further argue that young Lebanese-Canadian women’s appropriation of “Canadian” ideas about “obesity” and the body was at least in part a way to differentiate themselves from Muslim-Arab women and enhance their association with what they perceived to be “modern,” open-minded, and tolerant Euro-Canadian/Western ideas about physical appearance in general and “obesity” in particular. For instance, given the legacies of consecutive Ottoman, French, and Syrian presences in Lebanon and Muslim-Christian tensions as the result of colonialism, Muslim-Canadian and Arab-Muslim women in surrounding Arab countries are constructed as uneducated, backward, and old-fashioned in both Christian Lebanese and mainstream Western discourses. In this context, we could interpret the participants’ intense and frequent reproduction of the dominant obesity discourse—which is a white racialized discourse that constructs white bodies as the healthiest and fittest—as a desire to assert themselves as more Canadian/Western, more “Christian,” and less Arab. It follows that they spoke about “obesity” in ways that they viewed to be “Canadian.” At the same time, there were also moments when they resisted mainstream Western discourses that construct Third World and Arab-speaking women as backwards and constrained by culture, and highlighted the positive features of Lebanese and Lebanese-Canadian cultures.

Finally, this study has important practical implications. In particular, we hope that this work can assist health professionals and inform programs and organizations that seek to improve young minority women’s overall wellbeing. Given the limited success of current “obesity” interventions that adopt individualistic approaches (Aphramor 2005) and studies that shed light on the importance of the social determinants of health (Raphael 2008; Wilkinson and Marmot 2003),

it seems crucial to shift the focus from individual-level interventions that concentrate on the weight and shape of the body to broader and more structural interventions that focus on health. For instance, additional resources could be allocated to re-evaluate and design policies that would enhance the physical environments of Lebanese-Canadian and other minority women as well as provide them with more culturally-appropriate health services. Similarly, the development of programs and policies that address social and economic factors that potentially shape the health of minority women will likely be more effective than those that seek to prevent and eradicate the so-called “obesity epidemic” and promote weight loss activities that may cause more harm than good (Brownell 1991; Keel et al. 2007; Neumark-Sztainer et al. 2006). Finally, the participants’ moments of resistance to both the dominant rhetoric surrounding “obesity” and the cultural stereotypes about Lebanese and Lebanese-Canadian women could form the basis for the development of alternative and non-stigmatizing (i.e., less racist, heterosexist, sexist, classist) messages and discourses about fatness, health, and minority women.

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