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Reproducing fatness and disability: Risk avoidance and the womb

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ABSTRACT

This article focuses on neoliberal discourses of health, “obesity,” and disability by analyzing pregnancy biopedagogies, specifically maternal “obesity,” through United States government agencies and public health campaigns warning against fat pregnancy. This discourse constructs fat women as irresponsible mothers and deficient citizens who put their bad habits ahead of their unborn children’s health. Focusing on pre-pregnancy weight essentializes women, reducing them to their reproductive capacities and exposing them to increased state interference in their reproductive choices. Conceptualizing health as risk avoidance seeks a future in which fatness and neurodiversity do not exist. I propose crippling and fattening time as possible remedies for this erasure. Reconceptualizing time allows fat people to live in the present without prescriptive cures to achieve normativity. Fat time and crip time challenge the capitalist logic that the only desirable bodies and minds are lean, intelligent, fast, independent, and productive. Instead, these non-normative temporalities provide a slower and more sprawling experience of time and offer an expansive understanding of what minds and bodies are expected to do and be.

KEYWORDS

Pregnancy biopedagogies; fatness; neurodiversity; fat time; crip time

Over the last three decades, the American medical establishment has presented fatness as a serious public health issue requiring urgent attention. “Obesity” science defines fatness as a pathology requiring medical intervention and claims that “obesity” has reached epidemic proportions in the United States population. To combat this national health crisis, a “war on obesity” was declared with the primary goal of ending childhood “obesity.” Following this objective, the White House Task Force on Childhood Obesity launched the Let’s Move! campaign in 2010, which was “dedicated to solving the problem of obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams” (Let’s Move! [n.d.c](#)). The “war on obesity” has led to increased surveillance and regulation of people’s bodies and behaviors by governments (Ikeda, Crawford, and Woodward-Lopez 2006; Rich 2010), which disproportionately affects people of color, women, and the poor (Herndon 2005; Rail, Holmes, and Murray 2010). People with the capacity

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for pregnancy are particularly susceptible to biopolitical control and surveillance. Government agencies and public health campaigns urge women to monitor and maintain their weight; this surveillance is especially stringent during reproductive years.

Regulatory power is exerted on wombful people through government agencies promoting pregnancy biopedagogies such as calorie counters, daily food plans, pregnancy weight trackers, and BMI calculators to ensure future citizens' health. For example, Let's Move! provided a link to the United States Department of Agriculture (USDA) ChooseMyPlate.gov website that provided pregnant people a daily food plan and a calorie counter. MyPlate "serves as a quick visual reminder to all consumers to make healthy food choices when you choose your next meal" (Let's Move! n.d.a). MyPlate consists of an illustration of a plate, cup, and fork. The cup represents the recommended daily amount of dairy. The plate is divided into four unequal sections representing the recommended daily amount of vegetables, fruits, grains, and protein. These tools are offered not to ensure that pregnant people consume enough calories to maintain their health and that of the fetus but primarily to monitor their daily caloric intake to prevent too much weight gain during pregnancy.

Similarly, the Center for Disease Control and Prevention's (CDC) Reproductive Health website offers "Pregnancy Weight Gain Trackers," so pregnant people can compare their "progress to recommended ranges of healthy weight gain." The weight tracking sheet has a 40-week chart with instructions for calculating and documenting weight gained during each week of pregnancy and a graph to mark oneself either within or outside the acceptable range of weight gain. The weight trackers remind all women, regardless of BMI, that "In general, *the first trimester (or first three months) does not require any extra calories*" (CDC, n.d.c, italics in the original). The tracking sheets base daily calorie intake for the remaining trimesters on pre-pregnancy BMI. In the second trimester, the CDC advises pregnant people categorized as "underweight" and "normal weight" need an additional 400 calories, those categorized as "overweight" require an additional 200–400 calories, and those categorized as "obese" only need an additional 200 calories. During the third trimester, those categorized as "underweight" require an additional 400–600 calories per day, while "normal weight," "overweight," or "obese" only need an additional 400 calories per day (CDC, n.d.c).

Each of these web pages, Let's Move! "Learn the Facts," CDC "Weight Gain During Pregnancy," and USDA "Get Your MyPlate Plan," provide visitors with a BMI calculator so they can surveil and categorize themselves as "underweight," "normal weight," "overweight," or "obese." There are several problems with using the Body Mass Index (BMI) as a measurement; it is a weak measure of body fat (Nicholls 2013), a poor predictor of mortality or ill-health (Evans 2010; Nuttall 2015), and the cutoffs for various categories designating

levels of health are arbitrary (Campos 2004; Evans and Colls 2009; Gard and Wright 2005). Beyond the issues of using BMI to predict individual health outcomes, this measurement primarily functions to construct all thin bodies as “healthy” and all fat bodies as “unhealthy.”

This article brings fat studies and crip theory in conversation to explore how pregnancy biopedagogies reinforce fatphobia, ableism, and healthism, focusing on how the discourses of health and risks are deployed in government health campaigns warning against maternal “obesity.” Healthism refers to the preoccupation with personal responsibility to be healthy and the moral obligation to maximize health (Crawford 1980). Analyzing maternal “obesity” discourse through the lens of healthism allows for an examination of “how the problem of ‘health’ is understood at a particular historical moment?” (Crawford 1980, 367). Metz (2010) argues that the term health is full of assumptions, value judgments, and hierarchies that are as much about power and privilege as they are about well-being. Therefore, it is vital to critique healthism as it has been used to justify racism, segregation, and eugenics (Skrabanek 1994). Focusing on U.S. government public health campaigns to prevent maternal “obesity” provides insight into how weight gain is framed as a risk to children’s health and the nation’s health. Conceptualizing health as risk avoidance is a form of governmentality that seeks to identify citizens who need intervention, surveillance, and regulation based on their (in)ability to manage risk. Risk avoidance has become a significant technology of social control (Maher, Fraser, and Wright 2010). Pregnancy biopedagogies and the governance of fatness illustrate how bodies with the capacity for pregnancy are surveilled and controlled in service of a normative future where fatness and disability are imagined not to exist. This article concludes by exploring the possibilities for resistance that reconceptualizing time provides for fat wombful people, specifically the alternate temporalities of fat time and crip time.

Fat studies and crip theory have shared principles; both are skeptical of medicalized beliefs about what bodies should do and be (Rothblum and Solovay 2009). Fat studies scholars critique the negative assumptions, stereotypes, and stigma of fatness and fat bodies by analyzing the social, historical, cultural, and political aspects of “obesity” research (Gard and Wright 2005). Fat studies scholarship attempts to reframe “obesity” discourse by asserting the problem is the cultural production of fatphobia, not the fat body (Gard and Wright 2005). Crip theory rejects the ableism that permeates and structures our social world (McRuer 2006). Crip theorists argue that disability is not merely a biological fact, “but is a manner of becoming-in-the-world that reorganizes lived space and time as well as the social relations between the self and other bodies” (Erevelles 2011, 36). Disability refers to the disadvantage and exclusion of those with impairments from the social world. People with impairments are prevented from participating fully in the economic and

political systems and often encounter barriers to employment, housing, education, and healthcare. Another area of exclusion is from the concept of health itself; for people with disabilities and fat people, health is always already foreclosed.

Pregnancy biopedagogies and healthism

Public health initiatives position women as responsible for producing ill health in their children (Petersen and Lupton 1996). The Let's Move! campaign's target audience was women and centered on caregivers monitoring their children's weight to prevent their children from becoming "overweight" or "obese." The "war on obesity" has shifted its focus from managing and treating symptoms (reducing individuals' weight) to eliminating risks (preventing bodies from becoming fat) (Evans 2010). Let's Move! illustrates this by warning wombful people that "studies have shown that a child's risk of becoming obese may begin before birth if the mother uses tobacco, gains excessive weight, or has diabetes" (Let's Move! n.d.c). Wombful people find themselves entangled in a complex network of discourses that seek to surveil and regulate their bodies (Lupton 1999). Lupton (1999, 61) posits, "the ontology of pregnancy is constructed and experienced through the discourses, experiences, and strategies of risk" avoidance. The shift to eliminating risk has changed the intervention's target from the child's weight to their birth parents' weight.

In the late 1990s, the new research area of epigenetics began to focus on maternal "obesity" as a cause for childhood "obesity" (Low, Gluckman, and Hanson 2015). "Obesogenic environments" are defined as environments that promote weight gain and are not conducive to weight loss (Swinburn, Eggar, and Raza 1999). "Obesity" science has deemed the womb an "obesogenic environment," and maternal "obesity" a causal factor for childhood "obesity" (Sridhar et al. 2014). Recently researchers have looked to maternal "obesity" as a causal factor for other childhood "maladies." The CDC web page "Women's Weight Before Pregnancy and Child Development" reports that a 2015 study published in *Pediatrics* found a relationship between maternal "obesity" and children's neurodevelopmental outcomes. The study claims children of "obese" women were almost five times more likely to have a diagnosis of attention deficit hyperactivity disorder (ADHD) and three times more likely to have a diagnosis of autism (ASD) or developmental delay compared to children of "normal" weight women (CDC, n.d.d). This research situates the womb as a site where both "obesity" and "developmental disabilities" are potentially (re)produced through fat pregnancy.

Evans (2010) refers to the process of placing sole responsibility for childhood "obesity" on maternal weight as preemptive biopolitics in an attempt to control "the future through action in the present" (21). Public health campaigns seeking to prevent maternal "obesity" have been critiqued as

biopolitical projects in service to neoliberalism because the cause and solution to fatness are positioned as issues of personal responsibility (McPhail et al. 2016; Parker 2014; Parker and Pausé 2018; Warin et al. 2012). Preemptive biopolitics requires wombful people, regardless of pregnancy status, to discipline themselves through this self-surveillance and make the right choices for their future children. The first right choice is reaching and maintaining a “healthy” weight in preparation for future pregnancies.

Biopolitics provides a useful framework for interpreting how healthism is deployed in anti-obesity campaigns. Biopolitics focuses on the administration of life and exerts regulatory power on the body through biopedagogies, including prescriptions for eating, moving, and living to promote health. Biopedagogies are the normalizing and regulating discourses that instruct individuals how to think and feel about their bodies. Through biopedagogies, people learn to assess and monitor their bodies and behaviors concerning social norms of appearance and body shape (Bordo 2003). Biopedagogies operate by requiring individuals to monitor themselves while also increasing their knowledge about “obesity” and health (Harwood 2009; Wright 2009). U.S. government public health campaigns urging Americans to maintain their weight and health to be good citizens enact biopolitics through biopedagogies and biocitizenry (Foucault 1990; Foucault et al. 1988). Through enacting biopedagogies, the biocitizen emerges who is responsible for their health and whose body becomes the visible marker of moral investment in health, normality, and citizenship. Fat people’s bodies are interpreted as neglecting the moral imperative to maintain health and biocitizenry. While a lean, toned body signifies not only health but moral worth (LeBesco 2011).

Vigilance against fat futures

“Obesity” discourse is not just for those categorized as “overweight” or “obese”; all people with the capacity for pregnancy must be vigilant against weight gain. Wombful people are cautioned that weight gain during pregnancy puts their potential future children at risk for “obesity” and “developmental disabilities.” Maternal “obesity” research claims that weight gain *during pregnancy* is not the only risk factor for (re)producing fatness and neurodiversity; wombful people are warned they must monitor their weight stringently *before pregnancy* and *postpartum*. According to U.S. public health campaigns, mothering responsibilities begin even before pregnancy. The CDC’s “Before Pregnancy: Planning for a Pregnancy” web page advocates preemptive biopolitics stating, “Preconception health and health care focuses on taking steps now to protect the health of a baby in the future” (CDC, n.d.a). Waggoner (2017) defines this time before conception as the zero trimester, during which wombful people are urged to behave in ways that will prepare their bodies for healthy pregnancies in the future. Postpartum weight gain is also reportedly

linked to an increased risk of childhood “obesity.” This time period encompasses the three months after pregnancy and is known as the fourth trimester. The extension of reproductive responsibility before conception (zero trimester) and beyond pregnancy (fourth trimester) to include all the reproductive years of wombful people’s lives illustrates that pregnancy is the ultimate site of biopedagogical social control.

Embedded in these public health warnings and pregnancy biopedagogies is the “perpetual pregnancy myth,” that all people with wombs “are capable of pregnancy and will choose to become pregnant” in the future (Alemzadeh 2012, 18). According to U.S. government health campaigns, all wombful people should consider themselves future mothers and align their bodies and behaviors toward their future potential children’s health. The promotion of pregnancy biopedagogies is not only for those preparing for actual future pregnancies but also for imagined future pregnancies. The CDC web page “Before Pregnancy: Overview” states:

Preconception health is important for every woman—not just those planning pregnancy. It means taking control and choosing healthy habits. It means living well, being healthy, and feeling good about your life. Preconception health is about making a plan for the future and taking the steps to get there! (CDC, [n.d.b](#)).

Below this statement are two links “I want to get ready for pregnancy” and “I’m not even thinking about pregnancy.” These links take visitors to almost identical lists of 10 steps to take for either “healthy pregnancies” or “healthy habits,” the only difference being the last step is “Have a Healthy Pregnancy!” or “When You’re Ready – Planning Your Pregnancy” respectively (CDC, [n.d.a](#)). Understanding reproductive health as preconception health requires wombful people to imagine their future primarily through their reproductive capacities and future potential pregnancies. Edelman (2004) defines reproductive futurism as the agreement that the goal of all politics is a better future, a future symbolized by the figure of The Child and promised through reproduction. “That figural Child alone embodies the citizen as an ideal, entitled to claim full rights to its future share in the nation’s good, though always at the cost of limiting the rights ‘real’ citizens are allowed” (Edelman 2004, 11). The Child represents the never-ending prospect of politics where all political interventions are for The Child’s benefit (Edelman 2004). However, reproductive futurism values children only if they “can further reproduce whiteness, heterosexuality, the gender binary, able-bodied/mindedness” (Mollow 2012, 288).

Mollow (2012) crips Edelman’s (2004) concept of reproductive futurity and introduces rehabilitative futurity. Rehabilitative futurity is the cultural fantasy of a future without illness, disease, or disability and views the “healthy” subject as autonomous, productive, and rational (Mollow 2012). Futurity is “imagined in terms that fantasize the eradication of disability, a recovery of a crippled (or

hobbled) economy, a cure for society's ills, an end to suffering and disease" (Mollow 2012, 288). Thus, futurity is an investment in the future figured in reproductive terms shaped by the discourses of health, ability, and risk avoidance. The fantasy of rehabilitative futurity is evident in former President Obama's statement seven years after the launch of the Let's Move! campaign: "We must keep working together to put this generation of kids on a healthier, more prosperous path" (Let's Move! n.d.d).

Through a combination of reproductive and rehabilitative futurism, the womb is discursively constructed as a biopedagogical tool to promote healthism and ensure a lifetime of better health and futures for children. There cannot be a better future without health, and since health is not guaranteed, everyone must effectively manage risks. Let's Move! described "obesity" as a danger to the social order. The first thing posted on the "Learning the Facts" section is a statement made by Michelle Obama regarding childhood "obesity" where the former first lady stated, "The physical and emotional health of an entire generation and the economic health and security of our nation is at stake" (Let's Move! n.d.c). Let's Move! encouraged wombful people to maintain a "healthy" weight in the interest of their children, families, communities, and nation through enacting pregnancy biopedagogies. The campaign proclaimed, "The first step you can take towards a healthy family is starting your child on a path to a healthy life by eating well during pregnancy and breastfeeding" (Let's Move! n.d.b).

Pregnancy biopedagogies rely on the individualization of risk and reproductive futurism. The individualization of risk enlists people into "the ethical government of their own temporal orientation" by encouraging a "lower threshold for risk" and an "extended awareness of the temporality of their own actions into a far-reaching future" (Binkley 2009, 87). Hamilton (2018) maintains that governmentality fundamentally depends on a political temporality that is repetitive and seemingly endless. Reproductive and rehabilitative futurism, The Child, and the individualization of risk are all structured through normative linear time or straight time. The remainder of this article focuses on the alternate temporalities of fat and crip time and the possibilities for resistance that reconceptualizing time provides. Critical theorists have reconceptualized time in many ways, but the most pertinent concepts for this discussion are straight time (Halberstam 2005), curative time (Kim 2017), fat time (Tidgwell et al. 2018), and crip time (Kafer 2013).

The future is for the fit

Straight time aligns with modernist narratives of progress centered on heterosexuality, reproduction, and family (Halberstam 2005). According to Kafer (2013), straight time firmly demarcates "between past/present/future" with the "expectation of linear development from dependent childhood to independent

reproductive adulthood” (34). Straight time consists of life events, birth, marriage, reproduction, and death, each following the previous without deviation. The notion of “the future” in straight time is deployed in the service of compulsory heterosexuality, able-bodiedness, and able-mindedness (Kafer 2013; McRuer 2006; Rich 1980).

If a departure from the linear path of straight time does occur, the expectation is to fix the impediments and realign ourselves within straight time. Disability and fatness are considered disruptions to normative time. Disability is tacitly understood as “what ends one’s future” (Kafer 2013, 33), and fat people are seen as lacking a future. Fatness is assumed to impede achieving normative life events such as dating, marriage, birthing children, and weight loss is considered a marker of successful transition into adulthood (Hass 2018). Curative time runs parallel with straight time and is a liminal space in which recovery, treatment, rehabilitation, and cure can be achieved (Kim 2017). Kim (2017) maintains an imagined cure requires “that we suspend our living in the present and instead wait for a future without disabilities and illness” (8). Waiting for a future without impairment or illness ultimately places the cure “as a destination which one never arrives” (Kim 2017, 8).

Similarly, working toward normativity through weight loss requires fat people to suspend the present as they submit themselves to the biopedagogical “cure” of diet and exercise. For people categorized as “overweight” or “obese,” the promise of the future depends on weight loss that may never happen. Fat wombful people are encouraged to enter curative time and lose weight in service of a rehabilitative future. The need for rehabilitation through weight loss suspends their future, as they are advised to reach a “healthy weight” before becoming pregnant. Since, culturally, weight loss is depicted as vital for achieving normative life events, visitors to the CDC’s Reproductive Health website could infer that losing weight is a prerequisite to becoming pregnant, having a “healthy” pregnancy, and birthing “healthy” children. The CDC web page “Planning for Pregnancy” lists reaching and maintaining a healthy weight as one of ten steps to planning a pregnancy, stating:

If you are trying to have a baby or are just thinking about it, it is not too early to start getting ready for pregnancy. Preconception health and health care focus on things you can do before and between pregnancies to increase the chances of having a healthy baby. For some women, getting their body ready for pregnancy takes a few months. For other women, it might take longer. Whether this is your first, second, or sixth baby, the following are important steps to help you get ready for the healthiest pregnancy possible (CDC, n.d.a).

While diets and exercise routines may result in weight loss in the short-term, they fail in the long term. Research shows that “weight regain is the typical long-term response to dieting, rather than the exception” (Mann 2018, para. 1). For some fat wombful people, postponement of pregnancy may

become permanent, a perpetual suspension of reproduction for the rehabilitative future. Cultural anxieties saturate public health warnings claiming fat wombful people risk the successful reproduction of a healthy future by potentially giving birth to fat neurodiverse children. Fat wombful people are seen as “contaminating future generations by creating obesity lineages” (Warin et al. 2012, 361). This anxiety is not just that fatness and disability will be (re)produced in a particular family but that it will be (re)produced in the nation, continuing the social imaginary of a fat, disabled nation. According to maternal “obesity” discourse, fat pregnancy is an embodied transgression of normative time because it allegedly demonstrates a willingness to risk reproductive futurity and a refusal to submit oneself to the discipline necessary to ensure rehabilitative futurity.

Fat and neurodiverse futures

Fatness casts fat people out of time through experiences of their fat embodiment as unlivable in the present (as a chronic disease) and unimaginable in the future (as a symptom of slow death). Those who cannot or will not commit to cure and rehabilitation are left out of neoliberal narratives of progress. Fat bodies are seen as failing to “keep up” with the normative tempos that render bodies productive. Borrowing from Kafer’s (2013) *crip time*, which calls for a “reorientation of time,” Tidgwell et al. (2018) propose fat time as a corrective. The tempo of fat temporality is described as abundant and spacious. Fat time resists containment by stretching boundaries as it “moves toward many places at once” and “makes fatness more knowable” (Tidgwell et al. 2018, 116). Fat time offers more by situating “fatness as a communally binding, culturally important, and desirable way of living” (Tidgwell et al. 2018, 121). Fat and crip temporalities ask us to reconceptualize cultural notions of productivity and success while maintaining that all bodies and minds are valuable. Crip time is flexible; time not only expands but explodes, requiring a reimagining of what can and should happen in time (Kafer 2013, 27). Crip and fat time function to unsettle the assumptions underlying rehabilitative fantasies by disrupting linear time and providing new temporal logics (Mollow 2012). These alternate temporalities do not cast people out of the present (through curative time) or out of the future (through rehabilitative futurism). Instead, crip and fat time offer a way to live fully in the present without a need for cure or rehabilitation and allow fat wombful people to envision their current fat embodiment included in the social imaginary. “Obesity” discourse demands the destruction of the fat self through discipline and weight loss, but fat time rejects ableist and fatphobic futures by claiming space and engaging at a slower pace. Remaking time serves as a survival tool against weight stigma and shame by unapologetically taking up space in the here and now and in the imagined “better future” of tomorrow.

Starting from minds and bodies that are impaired, chronically ill, or fat may provide a tentative step to recognizing that all discourses, diagnoses, and definitions are contestable and unstable while also exploring how public health discourse founded on risk avoidance reinforces ableism, fatphobia, and healthism. Government agencies' warning of the risks associated with maternal "obesity" taps into norms of thinness as "healthy." By placing responsibility for childhood "obesity" and "developmental disabilities" primarily on the bodies and personal choices of those who bear these children, regulatory power is exerted over wombful people. Maternal "obesity" warnings focused on the risks that fatness poses for the unborn or not-yet-conceived child confirms that while the wombful person is the primary target of these biopedagogical interventions, their health is not the primary goal. Instead, the primary beneficiary of wombful peoples' health is The Child and the nation. Wombful bodies exist to reproduce a normative future that excludes bodies and minds deemed unruly and problematic to the social order. Situated in pregnancy biopedagogies is the eugenic fantasy of a future free of both "developmental disabilities" and "obesity."

Furthermore, focusing on wombful people's weight solely in the context of possible future pregnancies essentializes them, reducing them to their reproductive capacities and exposing them to increased state interference of their reproductive choices and behaviors due to the perceived "risk." Theorizing time nonlinearly creates an opportunity to both collapse and expand time, offering us a way to explore the multitude of temporalities occurring in the present and provide a way to imagine a future that does not require adherence to normative standards for bodies and minds. Fattening and crippling time combat ableism, healthism, and fatphobia in maternal "obesity" discourse and pregnancy biopedagogies by situating dependency as a site of collective care, rather than a burden, deficiency, or limitation. Fat and cripp time challenge healthism's logic, which claims health is achieved through self-reliance and self-discipline. Fat pregnancy ruptures hegemonic notions of health and the future by refusing the eugenic project of reproducing exclusionary norms of embodiment. Fat pregnancy provides a subversive way to see purpose and function in fat bodies rather than disease, impairment, and ultimately death. Both fat and cripp time are forms of queer world-building that challenge the logic of who deserves a future and call for a restructuring of time and a reevaluation of the possibilities presented by "not keeping up" with ableist fatphobic notions of productivity.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Mary C. Dickman is a Ph.D. candidate in the Department of Communication at the University of Massachusetts Amherst. Their research explores how bodies are surveilled and disciplined toward neoliberal ends by examining the techniques used to maintain and reproduce normative embodiment boundaries. Their doctoral work examines the discursive struggle to define “sex” and “gender” as conceptual categories in U.S. law.

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