

Food Demons:  
Weight Watchers and the Backlash to the Medicalization of Obesity

HIS423: The Social History of Medicine in the 19<sup>th</sup> & 20<sup>th</sup> Centuries

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Shortly after 9/11, the Secretary of Health and Human Services encouraged a frightened and shell-shocked America to lose ten pounds as a “patriotic gesture” and the Surgeon General warned that “unless we do something about [obesity], the magnitude of the dilemma will dwarf 9/11 or any other terrorist attempt.”<sup>1</sup> Americans, in particular, American women, had long been “doing something” about obesity; in 2000 about half of Americans were actively trying to lose weight, a figure that had been on the rise for the past few decades.<sup>2</sup> Why were Americans so eager to lose weight? Why was the language so moralistic rather than medical? The key to answering these questions lies in examining the often-overlooked role of the rise of commercial weight-loss groups, such as Weight Watchers. Though commercial weight-loss groups are often characterized<sup>3</sup> as a symptom of the preoccupation with weight that infected the United States and Canada in the 1970s, this rationale diminishes the important causal role they played in shaping how we understand obesity. Commercial weight-loss groups took obesity from a bio-medial to a moral affliction; snatching obesity care from the hands of medicine and into those of private weight-loss companies. The development of commercial weight-loss groups in the 1960s, such as Weight Watchers, was a response to the failures of dieting, increasingly strained relationships between doctors and their female patients, and changing cultural aesthetic preference for thinness. The emergence of these programs had lasting societal ramifications for the treatment of obesity, ushering in a new era of the “obesity epidemic” with treatments centered around psychoanalysis and group therapy.

In 1888, seventy-five years before the founding of Weight Watchers, a *Washington Post* article decried, “Are Girls Growing Smaller?”. The first weight epidemic was not fatness. Rather, doctors were concerned about the meekness of American women – in the view of the prevailing medical authorities of the time, the situation was dire. The scrawniness of young well-to-do women was a marker of illness that had swept over the middle and upper classes. These sickly and empty-wombed women were most certainly not the kind of women who could be the breeding stock of the nation.<sup>4</sup> The *Washington Post* article lamented: “our women will go on getting thinner and thinner until they disappear. It has happened in Boston already. The American stock... can’t hold its own against the big-boned strong-built foreigner”.<sup>5</sup> To physicians’ bafflement, the problem did not seem to be a lack of nutritional knowledge.<sup>6</sup> Instead, fashionable women wanted to be slender out of aesthetic preference and national identity.<sup>7</sup> The Protestant church played an important role in this rise. Slenderness was a moral virtue for elite Anglo-Saxon women.

“Abstinence at the table” was a common Protestant virtue by the 1800s, spurred on by perceptions of the “greedy fat African” and mass immigration of people deemed “part-Africanoid” to the United States.<sup>8</sup> Weight was a double-edged sword: fatness was associated with Blackness, so slenderness was a virtue for well-to-do women. However, women who were too thin were seen as a grave sign of the health of the White race within mainstream eugenics.<sup>9</sup> Dr. John Harvey Kellogg, the director of the Battle Creek Sanitarium and later famous for his breakfast cereals, was extremely concerned with the state of women’s bodies. He saw the thinness of women as a corollary of the “suicide of the White race” unfolding in front of his eyes.<sup>10</sup> The slenderness that had overtaken elite women’s fashion felt an intractable problem to the medical establishment of the moment.<sup>11</sup>

While thinness was the issue of focus in early twentieth century America, there were hints of what was to come. Some physicians, such as Dr. Henry Friedman in 1912, were decrying the grave situation of fat women, particularly Jewish women and southern and eastern European immigrants, out of fear of immigration from “inferior” races.<sup>12</sup> In 1927, Wendell Philips, the former president of the American Medical Association addressed the grave situation of women’s low weights in the introduction to a book by Morris Fishbein. Interestingly, he also noted the risk of being overweight. In Philips’s view, young girls ought to fatten up to become proper women, but their mothers should watch their weight. Philips and Fishbein thought underweight was the greatest concern for those under thirty, and overweight was the greatest concern for those over thirty.<sup>13</sup> The concept of a ‘normal weight’ was new, first introduced a decade earlier by insurance companies, who would charge insurance premiums on people whose weight was outside the “normal” range.<sup>14</sup>

In 1912, statistician and later vice-president of Metropolitan Life Insurance Company Louis Israel Dublin helped develop the Standard Table of Heights and Weights.<sup>15</sup> The concept of keeping track of the underlying conditions that caused sickness, rather than just total births and deaths was relatively recent, enabled by the process of standardizing death certificates that would be complete in 1933.<sup>16</sup> The insurance industry also had access to publicly unavailable patient medical examinations, empowering them to conduct more detailed large-scale epidemiological studies.<sup>17</sup> Dublin found that overweight was a concern for those over thirty-five and, in 1930, he was the

first to associate overweight with heart disease.<sup>18</sup> By the 1930s, actuarial health and weight tables gleaned their way into medicine and the tide began to turn towards an obesity panic.<sup>19</sup>

Consequently, the medical establishment's focus on treating obesity intensified, and hormone therapy was the treatment of choice. Following the isolation of the thyroid gland in 1917, scientists discovered that hormones for the thyroid gland could induce weight loss. It was now believed that "slow" metabolism was the cause of obesity, and disorders of the thyroid and the pituitary gland were the culprits. By the 1930s, a frenzy had ensued and hormonal medications to manage the thyroid and pituitary glands were being taken widely by women who wanted to lose weight regardless of whether they had an underlying glandular problem.<sup>20</sup> The field of endocrinology created a crisis when it became clear that in addition to making people thin, the hormones also stopped their hearts. The toxic effects of thyroid hormones were especially common among people with no underlying symptoms of a thyroid disorder who were just trying to lose weight.<sup>21</sup> In response, the Federal Trade Commission (FTC) stepped in to regulate the hormone market, writing in their 1937 report that "only a small portion of cases of over-weight result from thyroid condition", and subsequently requiring a prescription to access thyroid medication in 1938.<sup>22</sup>

Despite the decline of hormone treatment, American medicine's focus on obesity only grew, blurring medicine with aesthetic preferences. Ancel Keys, famous for studying the effects of starvation on men and helping to develop the 'K-Ration' (K for Keys), was very concerned about obesity. He was featured in a 1961 *Time* magazine cover story, summarizing his research on the link between coronary artery disease, weight, and diet. Beyond the health links, the article notes Keys' personal revulsion towards obesity – "disgusting". The author remarks that "[the fat man has] plenty to worry about – over and above the fact that no one any longer loves him."<sup>23</sup> The medicalization of obesity reached its fever pitch in the 1950s, spurred on by a postwar culture that rejected deviance. Amphetamines' popularity as anti-depressants (and for their weight-loss side effects) was essential to obesity's medicalization, with doctors as the gatekeepers for these new drugs.<sup>24</sup> Ironically, the average weight of young white women and girls did not change very much in the first half of the twentieth century.<sup>25</sup> Instead, the medical perceptions of their weight changed.

Jean Nidetch, the founder of Weight Watchers, came of age in this moment of flux. Born in Brooklyn, New York in 1923, she studied business administration in university prior to dropping

out in 1942.<sup>26</sup> She married in 1947 and quit working to be a homemaker for their growing family in 1952. By her own account, Nidetch “struggled with her weight” her whole life. She went into a New York obesity clinic and was prescribed a standard low-fat, low-sugar diet. During the day she would pretend to follow the diet, boastful to her female friends and neighbours, but at nights she gorged on chocolate-covered marshmallow cookies, overcome with grief and shame. According to Nidetch, she was trapped in a secret life.<sup>27</sup> She invited several overweight friends over to her home to exorcise their food demons and discuss the calorie and emotional dysregulation that haunted them.<sup>28</sup> At this intimate gathering, Weight Watchers was born.

The original Weight Watchers diet was the same one Nidetch received at the New York obesity clinic: low-fat and no sweets. The novelty of the Weight Watchers paradigm was not the diet itself, but the intense group confessional sessions, intimate journaling to keep track, motivational speakers, books, magazines, and camps. Although Weight Watchers would later claim to have advanced the science of weight management,<sup>29</sup> Nidetch had not changed the state of medical knowledge on fatness or how to achieve sustainable weight-loss. Indeed, the “Weight Watchers diet” is not even a *diet* and would change with the zeitgeist of the moment over the decades to come.<sup>30</sup> Instead, Nidetch slid psychoanalysis into the field of obesity through the back door.<sup>31</sup>

Nidetch recounts in her memoir, *The Story of Weight Watchers*, that anytime she cried or had a fight with a neighbour, her mother gave her candy. She frames this as the root cause of her obesity.<sup>32</sup> As she puts it: “Compulsive eating is an emotional problem and we use an emotional approach to its solution.”<sup>33</sup> Psychological trauma and emotional dysregulation were the root of obesity. The most notable aspect of Nidetch’s conception of obesity was her usage of language around addiction, including likening food cravings to alcoholism. This new conception of obesity as a product of emotional disturbance and food addiction came at a moment when alcoholism was being re-framed as a disease by many prominent medical professionals of the time.

Alcohol addiction had long been viewed as a problem. Within psychiatry it was widely viewed as a mental disorder, appearing in Kraepelin’s textbook and DSM-I as a personality disorder, presenting a counter-narrative to the idea it was simply a moral failing.<sup>34</sup> In 1960, a few years before Jean Nidetch began Weight Watchers, the prominent Yale psychiatrist E.M. Jellinek published *The Disease Concept of Alcoholism*, arguing that certain types of alcoholics (specifically

Epsilon alcoholics), should be considered victims of disease rather than simply having a personality disorder.<sup>35</sup> The tide began to turn in the field of psychiatry towards viewing alcoholism as a disease, so much so that the DSM-II, published in 1968, categorized alcoholism as a variety of mental illness with biological and physiological underpinnings rather than a personality disorder.<sup>36</sup> Obesity, too, had been historically viewed as a moral failing. Weight Watchers can be seen as one of the first and most successful backlashes to the medicalization of obesity process underway and to new ideas about “obesity as a disease”. For Nidetch, obesity was a personality problem: the solution was moral and psychological, not medical. Her paradigm triumphed, snatching obesity from the clutches of medicine.

Nidetch borrowed frequently from the Alcoholics Anonymous framework. In her memoir she writes, “[Weight Watchers has] been called ‘self-hypnosis’, a ‘revival meeting’, and ‘the fat man’s Alcoholics Anonymous’,” as she describes the new way of life, an almost metaphysical transformation.<sup>37</sup> Compulsive eating, she asserts, “is an emotional problem” with an emotional solution.<sup>38</sup> Yet, Nidetch explicitly rejects the disease framework for obesity. She frequently derides those calling their fatness hereditary or “glandular”, rather than linked to moral and psychological problems.<sup>39</sup> All these explanations are merely excuses. She writes: “Compulsive eaters always say, ‘I can’t lose weight.’ Until Weight Watchers, I said it. Everybody in the world accepted it when one of us said, ‘I take after my mother.’ Or, ‘I eat like a bird. It’s my metabolism.’ Sure, we eat like birds. A bird eats four times its own size.”<sup>40</sup>

At a time when obesity was increasingly beginning to be seen as a health problem, Weight Watchers was one of the first and most successful responses to its medicalization, rejecting biological and explanations of obesity – although not the medical model – opting instead for moralistic and psychological explanations for obesity.<sup>41</sup> Weight Watchers embraced Freudian ideas about disease of the mind, looking to childhood as a source of fatness. In discussing the power of the Weight Watchers group therapy model, Nidetch asserts: “Who else can you tell that your mother used to make sure that you ate everything on your plate?”<sup>42</sup>

While Nidetch helped make it mainstream, she did not invent the concept of obesity as a deeply emotional problem. Indeed, it had been around for a long time, but it was certainly not the consensus view.<sup>43</sup> For example, a 1961 article in Canadian women’s magazine *Chatelaine* demonises what the author views as a new popular psychological model. Most scientists of the

time disputed any psychological origin of obesity, and it was not included in the DSM-II published in 1968.<sup>44</sup> The low cost of Weight Watchers enabled its psychological paradigm to reach a wide audience. Sessions were run by women who succeeded at the program, rather than medical or psychological professionals, making them inexpensive to run.<sup>45</sup> The program also offered a form of group therapy and community making the sessions important fixtures for isolated suburban women beyond the promise of weight-loss.<sup>46</sup>

While doctors were initially skeptical of these women-run weight-loss support groups, Nidetch worked hard to gain their support, closely aligning Weight Watchers with the medical establishment. Nidetch opens her memoir by recounting an anecdote of being invited to a top scientific conference. She credentials herself: Jean Nidetch, F.F.H., Formerly Fat Housewife, meant to conjure scientific credentials like MD and PhD, remarking “I was the only one who didn’t have a bunch of initials like M.D. and Ph.D. to put after my name on the program.”<sup>47</sup> The medical model for her was aesthetic rather than stemming from a belief in the disease paradigm of obesity. Her memoir is littered with these types of anecdotes, lending legitimacy and authority to Nidetch and Weight Watchers. In an advertisement, Weight Watchers emphasized that their “Personal Exercise Plan” was developed by “a leading cardiologist!”<sup>48</sup> Weight Watchers surrounded itself in a veneer of science, even as its ideology was psychological and moralistic rather than scientific.<sup>49</sup>

Despite disdain and initial skepticism from the medical establishment, many doctors were happy to send their patients off to Weight Watchers, creating a symbiotic, if distrustful, relationship between physicians and the commercial weight-loss industry. Doctors had little effective treatment to offer their fat patients beyond the standard advice of going on a diet, and more people – especially women – wanted to lose weight.<sup>50</sup> The glandular theory had been mostly discredited within the scientific literature since the 1930s. New scientists came along, proposing that fatness was caused by “overeating” in most cases, and the solution was simply to consume fewer calories.<sup>51</sup> However, the new theory would fail to translate into sustainable weight-loss. Long-term randomized control trials of weight-loss lifestyle interventions have not succeeded in making fat people thin, producing at best an average weight-loss of about 5-6%.<sup>52</sup>

All evidence suggests that Weight Watchers is no different. A recent meta-analysis of commercial diet programs found meek performances across all diet programs with Weight Watchers doing just 2.5% better than the control group after one year – an effect enough it would

likely disappear in any long-term study.<sup>53</sup> The failure of Weight Watchers and the diet industry more broadly were always pinned at the feet of non-compliant dieters or a problem with a specific diet or program, but never a problem with the theory itself.<sup>54</sup> The migration of fat patients from the doctor's office to commercial weight-loss groups was also intensified by the strained relationships many fat patients had with their doctors in a time when the doctor-patient relationship had become increasingly distant and distrustful.<sup>55</sup> Many patients saw their doctors as someone who had never been fat<sup>56</sup> and could not understand their struggle, while many doctors saw their patients as lacking a serious medical problem.<sup>57</sup>

The doctors had a point. Even within Nidetch's book, while she frequently aligns herself with the medical field and occasionally mentions health, her motivation for losing weight and helping others do the same had nothing to do with health. In reflecting on the success of Weight Watchers she writes: "I think the best way to measure our kind of success is to speak to a person who has lost over 200 pounds. When he tells you how his life changed, how he joined the human race, how he has self-respect..." Even on the rare occasion that Nidetch's book mentions health, she quickly switches back to discussing the *real* problem: "[a fat man] could drop dead from a heart attack or a stroke, but even worse, he could die emotionally... There are teenagers who have never roller-skated or gone bowling or ridden a bicycle or gone out on a date. There are children who go to school because their classmates tease them mercilessly. There are men who don't drive a car because they can't fit behind the wheel."<sup>58</sup> Later, she directly asserts: "A desire for cupcakes can be replaced by a desire to look good. In other words, vanity. There is no more compelling reason to lose weight... I never cared about nutrition. But I did care about how I look."<sup>59</sup> The non-medical nature of her concern is even identifiable throughout the book in her choice to use the colloquial term "fat" rather than the medical term "obesity". Fatness for Nidetch is not a medical issue at all, and physicians are a source of clientele.

Even as Weight Watchers would push to expand their programs to men in the 1990s, the vast majority of participants in Weight Watchers would continue to be women.<sup>60</sup> Boero remarks from her time at Weight Watchers that most of the men who attended Weight Watchers did so with their wives, and the program was directed at mostly middle-class women with children.<sup>61</sup> The gendered aspect of Weight Watchers clientele also reflects the gendered aspect of their ideology. For Weight Watchers, journaling is central to its program because fatness is a result of disordered eating and



stems from emotional and psychological causes. Women, in their view, are more irrational and emotional, and thus predisposed to disordered eating causing fatness.<sup>62</sup> Never mind that men, rather than women, are more likely to be obese, it nonetheless has had a lot of cultural power in informing the public's understanding of obesity.<sup>63</sup> Weight Watchers, a publicly traded company since 1968, also has a lot to profit in women suffering from disordered eating. As the decades progressed, Weight Watchers' marketing responded to and contributed to a cultural preoccupation with weight that also helped their bottom line.<sup>64</sup>

By 1968, Weight Watchers had over one million members and its numbers continued to grow.<sup>65</sup> The huge number of people these programs served, dwarfed the number visiting their physician for weight-loss. Efforts to combat obesity were now happening in a Weight Watchers meeting or other commercial weight-loss program, not at the doctor's office. Most women were getting their information about obesity from magazines and the marketing of companies like Weight Watchers, so doctors had limited control over how obesity was talked about, understood, or treated.<sup>66</sup> Instead, the psychological and moral paradigm dominated. Over the decades, it even informed many practitioners' understandings of obesity treatment, and it continued to be implicit in medical literature, based on the dogma of un-nurturing mothers and emotional dysregulation as root causes of obesity.<sup>67</sup>

Weight Watchers' stock price has trended downward for most of the 21<sup>st</sup> century. They have struggled to appeal to younger audiences for whom "going on a diet" is a bit gauche.<sup>68</sup> But the diet industry is morphing, not waning. Old diets have been re-packaged as "lifestyle changes". In the 1960s and 70s, Nidetch helped to popularize artificially sweetened foods and beverages, coding them as positive – even possibly virtuous – aids for modern women to achieve feminine ideals.<sup>69</sup> The current Weight Watchers website encodes a different sort of morality, one that is nonetheless measured on a scale. Besides the bright beaming photos of women eating whole foods is the promise of an "eat-real-food" program and testimonials of health and self-actualization.<sup>70</sup> In 2019, Weight Watchers changed its name to WW to reflect this new wellness focus.<sup>71</sup> Despite all the talk of wellness, women still want to lose weight just as they did sixty years ago.<sup>72</sup> This cultural pressure is perhaps why obesity was so ripe to be profited from to begin with, and despite their best efforts, medical authorities have not been able bring it back under their purview. The commercial weight-loss industry changed the way obesity was understood, resisting its

medicalization by casting it as a moral and emotional issue. Doctors helped create the “obesity epidemic”, but it rages on without them.

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<sup>1</sup> Charlotte Biltekoff, “The Terror Within: Obesity in Post 9/11 U.S. Life,” *American Studies (Lawrence)* 48, no. 3 (2007): 29.

<sup>2</sup> Connie L. Bish et al., “Activity/Participation Limitation and Weight Loss among Overweight and Obese US Adults: 1999 to 2002 NHANES,” *Medscape General Medicine* 9, no. 3 (2007): 63.; Santos et al., “Prevalence of Personal Weight Control Attempts in Adults: A Systematic Review and Meta-analysis,” *Obesity Reviews* 18, no. 1 (2017): 32–50, <https://doi.org/10.1111/obr.12466>, Table 1.

<sup>3</sup> Jenny Ellison, ed. *Obesity in Canada : Critical Perspectives*. (Toronto: University of Toronto Press, 2018), 11.

<sup>4</sup> Sabrina Strings, *Fearing the Black Body: the Racial Origins of Fat Phobia* (New York: New York University Press, 2019), 1–2.

<sup>5</sup> “Are Girls Growing Smaller?,” *Washington Post* , Jan. 22, 1888.

<sup>6</sup> Strings, *Fearing*, 4.

<sup>7</sup> Strings, *Fearing*, 175

<sup>8</sup> Strings, *Fearing*, 6.

<sup>9</sup> Strings, *Fearing*, 179.

<sup>10</sup> Brain C. Wilson, *Dr. John Harvey Kellogg and the Religion of Biologic Living* (Bloomington ; Indiana University Press, 2014), 141-142.; Strings, *Fearing*, 178.

<sup>11</sup> Strings, *Fearing*, 184.

<sup>12</sup> Strings, *Fearing*, 195-196.

<sup>13</sup> Strings, *Fearing*, 187.

<sup>14</sup> Georges Vigarello, *The Metamorphoses of Fat : A History of Obesity* (New York: Columbia University Press, 2013), 177.

<sup>15</sup> Strings, *Fearing*, 188.

<sup>16</sup> Nicolas Rasmussen, *Fat in the Fifties: America’s First Obesity Crisis* (Baltimore: Johns Hopkins University Press, 2019), 10.

<sup>17</sup> Rasmussen, *Fat in the Fifties*, 10-13.

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<sup>18</sup> Rasmussen, *Fat in the Fifties*, 10.

<sup>19</sup> Insurance companies continue to play a prominent role in the medicalization of obesity. The most widely used standards for defining obesity today come from the Metropolitan Life Company Tables of Ideal Body Weight first released in 1959. Jeffrey Sobal, “The Medicalization and Demedicalization of Obesity,” in *Eating Agendas: Food and nutrition as social problems*, ed. by Donna Maurer and Jeffrey Sobal (Hawthorne, NY: Aldine de Gruyter, 1995), 71.

<sup>20</sup> Rasmussen, *Fat in the Fifties*, 26.

<sup>21</sup> Rasmussen, *Fat in the Fifties*, 28.

<sup>22</sup> Rasmussen, *Fat in the Fifties*, 28; Lesley Fair, “FTC Mile-stones: Weighing in on Weight Loss Cases,” Federal Trade Commission, last modified December 4, 2014, <https://www.ftc.gov/news-events/blogs/competition-matters/2014/12/ftc-milestones-weighing-weight-loss-cases>.

<sup>23</sup> “Medicine: The Fat of the Land.,” *Time (Chicago, Ill.)*. Vol. 77. Time, Inc, Jan. 13, 1961.

<sup>24</sup> Sobal, “Medicalization,” 73-74.

<sup>25</sup> Rosenbaum, S. “100 Years of Heights and Weights.” *Journal of the Royal Statistical Society. Series A (Statistics in Society)* 151, no. 2 (1988): 276–309. <https://doi.org/10.2307/2982758>.

<sup>26</sup> Robert McFadden, “Jean Nidetch, 91, Dies; Pounds Came Off, and Weight Watchers Was Born,” *New York Times*, April 29, 2015.

<sup>27</sup> McFadden, “Pounds Came Off.”

<sup>28</sup> Joyce Hendley, “Weight Watchers at Forty: A Celebration,” *Gastronomica* 3, no. 1 (2003): 16, <https://doi.org/10.1525/gfc.2003.3.1.16>.

<sup>29</sup> Hendley, “Weight Watchers,” 20.

<sup>30</sup> Natalie Boero, *Killer Fat : Media, Medicine, and Morals in the American “Obesity Epidemic”* (New Brunswick, N.J: Rutgers University Press, 2012), 65-70.

<sup>31</sup> Boero, *Killer Fat*, 72-24.

<sup>32</sup> Jean Nidetch and Joan Rattner Heilman, *The Story of Weight Watchers* (Cleveland: New American Library, 1970), 33.

<sup>33</sup> Nidetch, *Weight Watchers*, 18.

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<sup>34</sup> Peter E. Nathan, Mandy Conrad, and Anne Helene Skinstad, "History of the Concept of Addiction," *Annual Review of Clinical Psychology* 12, no. 1 (2016): 32-36, <https://doi.org/10.1146/annurev-clinpsy-021815-093546>.

<sup>35</sup> Nathan, "Concept of Addiction," 38.

<sup>36</sup> Nathan, "Concept of Addiction," 37.

<sup>37</sup> Nidetch, *Weight Watchers*, 17.

<sup>38</sup> Nidetch, *Weight Watchers*, 18.

<sup>39</sup> For example, Nidetch, *Weight Watchers*, 1-2, 28.

<sup>40</sup> Nidetch, *Weight Watchers*, 28.

<sup>41</sup> Boero, *Killer Fat*, 68.

<sup>42</sup> Nidetch, *Weight Watchers*, 19.

<sup>43</sup> Wendy Mitchinson, *Fighting Fat: Canada, 1920-1980* (Toronto; University of Toronto Press, 2018), 94.

<sup>44</sup> Mitchinson, *Fighting Fat*, 94.

<sup>45</sup> Mitchinson, *Fighting Fat*, 139-140.

<sup>46</sup> Rasmussen, *Fat in the Fifties*, 94.

<sup>47</sup> Nidetch, *Weight Watchers*, 9.

<sup>48</sup> Mitchinson, *Fighting Fat*, 139.

<sup>49</sup> For example, the current Weight Watchers frequently boasts in its advertising that it is the "number one doctor recommended diet". *WW International*, 2023. <https://www.weightwatchers.com/ca/en/>

<sup>50</sup> Mitchinson, *Fighting Fat*, 136.

<sup>51</sup> Rasmussen, *Fat in the Fifties*, 116.

<sup>52</sup> The Look AHEAD Research Group, "Eight-year Weight Losses with an Intensive Lifestyle Intervention: The Look AHEAD Study," *Obesity (Silver Spring, Md.)* 22, no. 1 (2014): 10, <https://doi.org/10.1002/oby.20662>.

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<sup>53</sup> Kimberly A. Gudzone et al., “Efficacy of Commercial Weight-Loss Programs: An Updated Systematic Review,” *Annals of Internal Medicine* 162, no. 7 (2015): 503, <https://doi.org/10.7326/M14-2238>.

<sup>54</sup> For example, Ellison et al. in *Obesity in Canada*, discuss the way the failures of diets in Canada was often blamed on poor and “uneducated” people (p. 328) as well as mothers (p. 187-206), rather than systemic conditions or the calorie-deficit theory of obesity.

<sup>55</sup> Mitchinson, *Fighting Fat*, 130.

<sup>56</sup> McFadden, “Pounds Came Off.”

<sup>57</sup> Sobal, “Medicalization,” 69.; For example, Shorter discusses how substantially more people (especially women) considered them overweight in the 1970s, than actually were overweight, dubbing weight a “hallucinatory obsession of an entire society.” Edward Shorter, *Doctors and Their Patients : A Social History* (New Brunswick, N.J: Transaction Publishers, 1991), 20.

<sup>58</sup> Nidetch, *Weight Watchers*, 24.

<sup>59</sup> Nidetch, *Weight Watchers*, 29.

<sup>60</sup> Mitchinson, *Fighting Fat*, 138.

<sup>61</sup> Boero, *Killer Fat*, 70.

<sup>62</sup> Boero, *Killer Fat*, 73-74.

<sup>63</sup> Rasmussen, *Fat in the Fifties*, 95.

<sup>64</sup> Ellison, *Obesity in Canada*, 354.

<sup>65</sup> Rasmussen, *Fat in the Fifties*, 94.

<sup>66</sup> Mitchinson, *Fighting Fat*, 48.

<sup>67</sup> Mitchinson, *Fighting Fat*, 193.

<sup>68</sup> Asbjørn Osland and Nanette Clinch, *Weight Watchers Rebrands to WW*, (London: SAGE Publications: SAGE Business Cases Originals, 2020), 4.

<sup>69</sup> Peña, Carolyn Thomas de la. *Empty Pleasures : The Story of Artificial Sweeteners from Saccharin to Splenda*. (Chapel Hill, NC: University of North Carolina Press, 2010), 106.; Jean Nidetch was one of many proponents of artificial sweeteners and their necessity for modern women.

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<sup>70</sup> “Weight Watchers,” WW International, accessed April 3, 2024, <https://www.weightwatchers.com/ca/en/>.

<sup>71</sup> Osland & Clinch, *Rebrands to WW*, 3.

<sup>72</sup> Bish, “Activity/Participation Limitation,” 63.; Santos et al., Table 1.

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