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Fucking failures: The future of fat sex

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Abstract

In the context of the obesity 'epidemic' fat people's sex lives are cast as sterile, sexually dysfunctional or just plain non-existent. This article analyzes medical discourses of obesity and sex in order to argue that fat sex is constructed as a type of failure. Using insights from antisocial queer theory, fat sex is further shown to be queer in its failure to adhere to the specifically heteronormative dictates of what Edelman (2004) calls 'reproductive futurism'. The analysis finally engages with Halberstam's (2011) notion of queer failure to demonstrate how deconstructing notions of success and failure might offer fat political projects new ways to imagine the future of fat sex.

Keywords

Fat studies, heteronormativity, reproductive futurism, queer, queer failure

Fucking failures: The future of fat sex

Obesity can sink your sex life. (*USA Today*, 2010)

Tough love: obese women have less satisfying sex lives than cancer survivors. (*Daily Mail*, 2011)

Obese have worse sexual health despite less sex. (Kelland, 2010)

Infertility crisis looms in the west as obesity levels soar. (Curtis, 2007)

If these stories are to be believed, being fat is chronically bad for your sex life. How much you're getting (if any), how satisfying it is and how likely it is to lead to conception on the one hand, or infection on the other, can all now be predicted from your body mass index (BMI). Even the UK government agrees. In one of its recent Change4Life public health advertisements (DH, 2011), a brightly-coloured Claymation figure called Alfie laments the slide from a slim 'Jack the lad' to, 'Jack the rather porky middle-aged bloke'. A literal spare tyre (complete with tread-marks) has grown around Alfie's middle and moving about has become a struggle. 'It's harder getting up the stairs,' Alfie says, 'or up to anything else for that matter.' Anything else being sex. We see Alfie in a bedroom, a rose clenched between the teeth enthusiastically lunging towards a female figure, also sporting the telltale spare tyre. At the moment of contact their tyres repel, bouncing the figures to opposite sides of the room. Fat sex is rendered an impossibility, fat people marked as fucking failures.

The idea that ‘obesity can sink your sex life’, as *USA Today* so succinctly puts it, or that putting on weight will impair one’s ability to have ‘sex’, positions fat people negatively in relation to a hegemonic model of sexual ‘success’ which assumes certain (hetero) normative standards of sexual desire, function and reproductivity which originate largely in medical discourses (Tiefer, 2004: 9-12). It is no coincidence then that recent media interest in the ‘failing’ sex lives of fat people also draws on medical and scientific research which is then disseminated in media news reports and drawn on in public health campaigns such as Change4Life. It is this medical research which will form the focus of this article. By far the greatest attention in the medical literature on obesity has been on attempts to establish clear links between obesity and various co-morbidities (cancer, type II diabetes, cardiovascular disease), the result of which has been the increasing pathologization of fat people and an intensification of stigmatization in the search for ‘cures’ to the problem of obesity (see Gard and Wright, 2005 and Saguy, 2013 for developed critiques of the medicalization of obesity). It is within this context that research into the supposed effects of raised BMI on sexual behaviour, sexual functioning and human reproduction/fertility has become a significant and persistent sub-field of obesity science. However, little attention has been paid thus far to this research in critical studies of the obesity ‘epidemic’ or in fat studies.

The aim of this article is to analyze how fat sex is constructed in a small sample of articles from medical journals, in order to examine how it is produced as a kind of ‘failure’. It will attempt to explore the discourses that make this production possible,

including those of the obesity 'epidemic' and the medicalization of both fatness and sexual function. Rather than simply attempting to disavow the association of fat sex with failure, the later discussion will draw on antisocial queer theory, and in particular the work of Lee Edelman (2004) and Judith Jack Halberstam (2011) in order to rethink the meaning of fat sex within 'reproductive futurism' (the future-oriented, heteronormative social order). Antisocial queer theory provides a particularly rich and apt frame in which to do this and not only allows for a reconceptualization of fat sex as queer, but also offers new avenues for resistance and subversion that may be meaningful to ongoing fat political projects.

The construction of failure

The analysis was conducted using a sample of twenty-five articles from medical journals published in the past decade (2004-2014). The journals were all peer-reviewed publications from the UK or USA specializing in publishing clinical research in the medical subfields of obesity, reproduction, obstetrics, gynecology, diabetes, vascular disease, impotence, urology, behavioural science and family and sex therapy. Articles were selected for the sample that reported on or reviewed research on the connection between obesity and sexual relationships, sexual function, sexual behaviour, or reproduction. Due to the large amount of research in the latter area, articles on reproduction have been limited to those concerned with fertility, conception and pregnancy. To attempt to engage with the immense discourse on, for example, parenting while obese and childhood obesity is beyond the scope of this article, though these

issues have been analyzed to great effect elsewhere in the fat studies literature (see for example, Boero, 2009; McNaughten, 2011).

The articles selected include several that have been reported in mainstream news media in the UK (for example, Bajos, 2010; Binder, 2012; Kaneshiro, 2008; Shayeb, 2009) or that have been referenced frequently across the relevant subfields (Adolfsson, 2004; Brody, 2004; Larsen, 2008) or that have been (co)authored by researchers who are very widely published in their fields such as Adam Balen, Truls Østbye, Ronette Kolotkin, Katherine Esposito and Jeffery Sobal. Thus, while the sample cannot be said to be representative of the totality of medical research in the area, efforts have been made to adequately cover the key concerns, studies and researchers in this field. More importantly, the aim of the analysis is not to provide an exhaustive survey of the available research (Tonkiss, 1998: 252-3), but to use the sample articles to examine how medical discourses operate to produce the relationship between fatness and sex as a kind of 'failure'.

Following selection the articles were categorized into two central themes. The first comprised research on sexual behaviour, sexual (dys)function and sexual quality of life (n=15). Of these articles only three explicitly refuted the association between weight and lesser sexual function. The second category covered the multiple issues around reproduction (n=10). Within each of the categories the individual articles cover a wide range of issues. Those in the sexual behaviour, (dys)function and sexual quality of life

group explore the possible correlations between overweight and obesity and perceived sexual attractiveness, rates and frequency of sexual relationships/activity (particularly (hetero)sexual intercourse), sexual desire, arousal, performance and satisfaction and a range of more medicalized sexual 'disorders' such as erectile dysfunction, female sexual dysfunction, vaginismus and dyspareunia (see Bajos, 2010; Brody, 2004; Esposito, 2008; Kolotkin, 2006; Larsen, 2008; Østbye, 2011).

The research reported in these studies is inconclusive and subject to numerous methodological and interpretive limitations. However, often despite the evidence of their own data, the authors of many of these studies still succeed in discursively producing fat people's sex lives as failure. Østbye's (2011) study of 'sexual functioning in obese adults' is one such example. Like many studies Østbye's begins with the hypothesis that, 'increasing BMI would be associated with decreased sexual functioning' (2011: 226), and sets out to investigate it using a 'Sexual Functioning Questionnaire' (SFQ) originally developed for cancer survivors. The results show varying, though not particularly striking, degrees of difference in the sexual functioning of obese participants, and Østbye reports that, 'although we hypothesized that higher BMIs would be associated with reduced sexual functioning, there was little decrease in SFQ with increasing BMI, especially after adjustment for covariates' (2011: 232).

However, further down the same page these findings appear to be contradicted when Østbye claims that, 'our findings *support* a growing body of research that indicates that

obesity is associated with reduced sexual functioning or sexual quality of life for men and women' (2011: 232 emphasis mine). Hence, despite a disproved hypothesis and some rather underwhelming findings further tempered by a range of mitigating factors, Østbye produces fat sex as failed. This is subsequently reinforced through the novel comparison between the sexual functioning of the obese study participants and that of a group of cancer survivors – the comparison that made the headline of the *Daily Mail's* coverage of this research (2011). No rationale is given for why this comparison might be a meaningful one, but it has the discursive effect of further associating fatness with disease and malfunction and reinforces the legitimacy/necessity of medical intervention into fat people's sex lives.

The selective reporting of findings in both the articles themselves and media coverage of them is common to several of the other studies analyzed. Bajos' (2010) study of the sexual behaviour of 12,000 men and women in France, for example, was widely reported in the news media as having found that obese people have 'less sex' (Cheng, 2010; *Daily Mail*, 2010; *Daily Telegraph*, 2010; Kelland, 2010; *USA Today*, 2010).

What the study itself reports is less clear cut. It found that single obese women were less likely to report a sexual partner in the past year, but were 'as likely as normal weight women to be living with a sexual partner' (2010: 3). Obese men were only less likely to report having more than one sexual partner in the past year, but the rates of having at least one, or living with a sexual partner were not significantly different from men with a 'normal' BMI (2010: 3).

Of course, findings like these do not make good headlines; however it is notable that in Bajos' article the findings that associate irregular sexual behaviour or functioning with overweight or obesity are highlighted whilst discussion of other correlations visible in the data is absent. For example, the various tables of data reproduced in the article show that men in the underweight category are the least likely to have had sex in the previous month, experience premature ejaculation and lack of sexual desire three times more frequently than obese men and reported the lowest rates of sexual satisfaction of all groups (Bajos, 2010: 4-5). Despite their apparent significance, these findings are not discussed in the report nor the media coverage of it, thus presenting obesity as the only weight-related factor relevant to sexual behaviour and function.

Given the work done in the articles on sexual behaviour and (dys)function to produce the idea that fat people's sex lives are pretty much nonexistent it is something of a paradox that there is simultaneously such a wide literature on obesity and reproduction, suggesting that at least some fat people do manage to successfully enter into (hetero)sexual relationships. However, the focus of the articles dealing with reproduction construct a new sphere of fat sexual failure as they attempt to posit obesity as a cause of subfertility, increased time to conception, anovulation, reduced sperm quality and quantity, reduced egg and uterine quality (fat women have 'inhospitable' uteruses – see Luke, 2011; Mahmood, 2009; Rittenberg, 2011) and a whole host of pregnancy and childbirth-related problems such as: gestational diabetes, pre-eclampsia, thromboembolic disease, miscarriage, neonatal mortality, premature birth, caesarean,

postpartum haemorrhage, difficulties using ultrasound, increased in-patient admission, neural tube defects, larger or small neonates and maternal death (Mahmood, 2009; Metwally, 2007; Ramsey, 2006).

As with the articles on sexual behaviour and (dys)function, the studies of obesity and reproduction are subject to varying degrees of conclusiveness. Although there seems to be some certainty that high(er) BMI does have a negative effect on reproductive success for both men and women, the reasons why this might be remain largely unknown, and the articles invariably include a call for further research to be conducted. The other major similarity between the two categories of article is their endorsement of weight loss as *the* solution to the entire range of sex-related problems 'caused' by obesity. Weight loss is advocated in all of the articles analyzed on reproduction, despite a professed lack of evidence that it will have a beneficial effect.

In their study of male infertility Kay and Barratt (2009) state that '*if* the changes that cause infertility by obesity are reversible, then weight loss *is likely to be* an effective treatment' (2009: 239 emphasis added). The speculative tone here does not deter them from recommending weight loss as the 'primary management' (2009: 240) for obese men with infertility problems. Similarly Shayeb and Bhattacharya (2009) recommend weight loss advice as an, 'obvious first step in the management of obese men' (2009: 10) seeking fertility treatment, and follow it up with the admission that, 'to date, there are no interventional studies which demonstrate a beneficial effect of weight loss on

semen parameters or male fertility' (2009: 10). The same advice is given to women by Brewer and Balen (2010) and Van der Steeg (2008) who states that, 'we can only speculate about the pathophysiological explanations for the lower pregnancy chances in obese women,' but still argues, 'it could be hypothesized that lifestyle interventions that focus on weight reduction are an effective intervention' (2008: 327).

Weight loss is also advocated in twelve of the fifteen articles in the sexual behaviour and (dys)function category. Esposito (2008), for example, expounds at length on the possible benefits of physical exercise and a Mediterranean diet for improving sexual function in women (2008: 363), despite having earlier stated that, 'evidence linking FSD [female sexual dysfunction] to obesity is very scanty' (2008: 361). Perhaps it is the unswerving belief the articles display in the curative power of weight loss that most strongly constructs fat sex as failure. The 'solvable' problem is not sexual dysfunction, or infertility per se, but fatness, and in recommending it be removed from the equation the articles make clear their prescription for successful sex: don't be fat.

Critiquing failure

From a critical fat studies perspective the sample articles present a highly problematic account of the relationship between fatness and sex. The following discussion will elaborate a possible critique of the assumptions and knowledges underpinning the discursive production of fat sex as failure. To begin, it seems almost too obvious to note that the sample articles approach obesity from within a medical framework. However, it

is this which fundamentally shapes why the articles are produced at all, as well as how they contextualize the problems and solutions they identify. All but three of the articles in the sample contain an explicit reference to population-wide increases in obesity or the obesity 'epidemic'. These references function to rationalize the research being conducted/discussed and operate to preclude the need for any further explanation of the value or necessity of that research.

This feature of the discourse is can be explained using Julie Guthman's (2013) analysis of the 'artifactual construction' of the obesity 'epidemic' which argues that it is, 'specifically an artifact of particular epidemiological measures and conventions' (2013: 264). Such conventions include the use of BMI as a measure of obesity and subsequently health, and 'bell curve thinking' which has come to measure normality in a way that, 'makes non-normality tantamount to pathology' (2013: 270). The core assumptions of the obesity epidemic – that high BMI is abnormal and correlates with increased morbidity and mortality, are thus shown by Guthman to be the outcome of a particular way of measuring weight in a population. The discourse around obesity and sex has also been produced as a consequence of this way of thinking. The articles analyzed rely on attaching fixed characteristics to the BMI categories (categories that Guthman points out do not, 'very well align with mortality outcomes' (2013: 268)) and in so doing (re)produce those categories as meaningful in the first place. To complete the circular argument they then almost universally locate 'problems' as an *outcome* of

the obesity 'epidemic' despite there being no apparent concern about any reported increase in sexual dysfunction or infertility.

Implicit in fat studies critiques like Guthman's is an understanding of the obesity epidemic as a kind of moral panic that operates to intensify social control and the stigmatization of fat people (see Campos 2006; Gard and Wright, 2005). The endorsement of weight loss in the articles can be seen as part of this process wherein responsibility (or more often blame) for sexual function or fertility is placed on the individual. What makes the continued recommendation of weight loss in the sample articles even more problematic is the absence of any the counter-literature that presents evidence of the failure of most weight loss attempts long term and questions its benefits to health (see for example Aphramor, 2005). Similarly, Hanne Blank's ground-breaking fat-positive sex guide *Big Big Love* (2011) raises issues around weight loss and sex that are completely neglected in the sample articles. Blank argues that 'dieting is likely to be bad for your sex life' (2011: 47) due to the stress and anxiety it causes and the physical effects of under-nutrition which are documented to lower libido. This is aside from the general observation that, 'dieters can become obsessive, tedious, and boring' (2011: 49) – presumably something that would be problematic for both the dieter and their (potential) sexual partner(s).

Blank's assertions not only challenge the medical opinion that weight loss will improve sexual functioning, but also highlight some methodological questions about the studies

reported on in the articles. Some of the studies explicitly recruit their participants through hospital-based weight loss programmes (Kadioglu, 2010; Kolotkin, 2008; Østbye, 2011) but do not discuss the impact of this on their findings. The majority do not report on the dieting status of their participants at all, with the exception of one study which compared the sexual quality of life of two groups engaged in medically supervised weight loss with a group of non-treatment seeking obese control subjects (Kolotkin, 2006). Results showed the control group experienced less 'impairment' in sexual quality of life, though the reasons for this are not discussed. This is typical of the sample articles' tendency not to consider social factors in relation to sexual behaviour, as Aphramor and Blank imply. Hence, a separate study by Kolotkin (2008) that did find weight loss improved the sex lives of a sample population, did not explain *why* this happened given that at the end of the study participants' BMIs were still in the 'obese' range, and some had regained some of their original weight (2008: 490).

The same neglect of social factors cannot be said of Jeannine Gailey's (2012) study of fat women's sexual and dating experiences. Gailey interviewed 36 women who had had some involvement in the US size acceptance movement and found their sexual confidence and satisfaction improved as a result. This is credited to changes in how the women viewed their bodies – a shift from 'shame' to 'pride' (2012: 122-3). Gailey argues, 'women who accept their bodies, or are beginning to, not only experience freedom from the pressure to diet or change their bodies, but also the freedom to be sexual' (2012: 124). However, perhaps what is most striking about Gailey's study are

the accounts given by the women of disrespectful or abusive relationships, sexual ridicule, fetishization, dehumanization, lack of self-worth and absence of sexual agency that characterized their sex lives prior to any involvement in size acceptance politics. These are aspects of fat sex related to stigmatization and fatphobia. From a fat studies perspective this is crucial to understanding fat people's sex lives, yet it is only considered in a minority of the sample articles and even then in rather limited ways (Bajos, 2010; Chen and Brown, 2005; Halpern, 2005; Swami and Tovée, 2009).

For example, in their research on male fat admirers Swami and Tovée (2009) argue that, 'understanding the factors that influence fat admiration will likely help researchers challenge the contemporary societal fixation with extreme thinness, which has been linked with eating and body image disorders' (2009: 94). Whilst undoubtedly motivated by a laudable desire to reduce fat stigma, it is questionable whether this approach is a useful one. Fat admirers may subvert some norms of sexual attraction, but continue to operate in an economy of desire based on the value (and objectification) of particular body types. It is difficult to accept that extending the legitimacy of this would significantly challenge the conditions that have produced fat stigma to begin with.

Chen and Brown's (2005) study encounters similar problems as it attempts to explore the relationship of stigma and sexual attraction. Their study took a sample of 449 undergraduate students and showed them pictures depicting six 'types' of potential sexual partner described as,

He/she is healthy (healthy), he/she is missing their left arm (armless), he/she is in a wheelchair (wheelchair), he/she is obese (~100 lbs. overweight) (obese), he/she has a history of suicide attempts and self-harm (mental illness), and he/she has a history of curable STDs and currently practices safe sex with all partners (STDs). (2005: 1394)

Participants were then asked to rank the drawings in order of sexual attractiveness. Results showed the obese figure to be the least popular, especially for men (2005: 1395). Methodologically this study operates along some rather problematic assumptions. First, that any of the characteristics depicted are significant in determining sexual partner choice and second that the 'choices' offer any meaningful rationale for comparison (see also Østbye's (2011) comparison of fat people to cancer survivors). Additionally, there is no consideration of the way, 'men who are attracted to fat women are ridiculed' (Gailey, 2012: 120), and whether this might influence the findings. Though such studies may be motivated by wanting to lessen stigma around fatness and sex, they often ultimately work to recuperate fat people back into the very structures of sexual attractiveness or heteronormative courtship that have produced their stigmatization in the first place (see also Graves and Kwan, 2012, Murray, 2005).

The desire to address stigma can also translate into the increased medical surveillance of fat people. An example of this can be found in the recommendations made by Bajos (2010 see also Kaneshiro and Kessel, 2009). Atypically Bajos does not endorse weight loss but rather looks to the, 'social factors influencing sexual behaviour' (2010: 7) to explain findings concerning obese women's increased frequency of unintended pregnancies despite their lower frequency of sexual intercourse. Bajos concludes that,

‘these data should encourage enhanced awareness of weight on the part of healthcare professionals in the provision of sexual health advice and the careful targeted and tailored advice relating to fertility control, prevention of infection, and psychosexual counselling’ (2010: 8). While seemingly preferable to weight loss, this approach is not without its limitations. Bajos does not acknowledge the fatphobia many fat women and men experience directly from healthcare providers that may prevent them from seeking sexual health advice altogether (Blank, 2011; Saguy, 2013). Secondly, sexual health advice delivered by healthcare practitioners operates as a form of disciplinary surveillance. The question might then be what kind of advice, adhering to what kinds of sexual (and raced, classed and gendered) norms, is going to be offered to socially stigmatized fat sexual failures?

This is no idle question. In fact it raises one final, but vital issue to examine in relation to the medical articles. The discussion thus far has attended only to questions around weight while the larger problem with medical research may be not its inconclusive results or inadequate methodologies, but rather the models of sexual ‘function’ and ‘normality’ it operates with. Historically, medically defined sexual function/dysfunction has been understood in terms of Masters and Johnson’s human sexual response cycle, a framework feminist sexologist Leonore Tiefer considers to be mechanistic and biologically reductionist as well as overly focused on genital functioning (or not) during/for sexual intercourse (Tiefer, 2004). Tiefer argues that, ‘full genital performance during heterosexual intercourse is the essence of sexual functioning, which

excludes and demotes nongenital possibilities for pleasure and expression' (2004: 55). Moreover, although Tiefer does not, 'doubt that many (most? all?) human bodies can produce genital vasocongestion and orgasm,' there is little to justify the claim that, 'absence of these features constitutes a "disorder"' (Tiefer, 2004: 190). Yet, this is how disorder is constituted, despite the absence of any acknowledgement of the interpersonal and social factors affecting sexual behaviour and activity or a widely-agreed standard for measuring 'function' or 'dysfunction' (Tiefer, 2004: 192 see also Adolfsson, 2004; Kadioglu, 2010; Kolotkin, 2006; Larsen, 2008; Østbye, 2011 for the range of scales used to measure elusive sexual 'satisfaction').

This is the model of sexual (dys)function reflected in the medical articles analyzed. 'Sexual behaviour', when it is quantified at all equates to heterosexual intercourse (Bajos, 2010; Brody, 2004; Kaneshiro, 2008). Nowhere is this more apparent than in Brody's study of the correlation between slimness and greater frequency of intercourse (2004). Brody states unequivocally that, 'there are many differences between penile-vaginal intercourse and other sexual activities, with only the former being associated with indices of better physical and psychological health' (2004: 252). Further, despite not actually surveying any people whose BMI would put them in the obese category, Brody is able to claim by the end of the analysis that, 'this study provides yet another example of an index of better health (slimness) being positively and specifically associated with frequency of penile-vaginal intercourse' (2004: 259). The disturbing hetero-superiority of this argument hardly needs further comment here. Suffice to say

that by establishing such a narrow parameter for (fat) sexual success, Brody manages to produce a wide range of potential failures.

Queer failure

The aim of the preceding discussion was firstly to provide an account of how fat sex is constructed as failure in the sample articles, and secondly to show how a critical approach informed by fat studies and feminist discourses can offer alternative frameworks for understanding the relationship between fatness and sex. In the remainder of this article I would like to return to the question of the failure/success binary and to use insights from antisocial queer theory to suggest some potential limitations of existing fat political approaches and propose some alternative ways of thinking about fat sex. I start with Lee Edelman's (2004) delineation of 'reproductive futurism' as a productive theoretical lens through which to view fat sexual failure.

Edelman uses the term reproductive futurism to describe the 'organizing principle of communal relations' (2004: 2). This principle is one in which society's desires and hopes for the future are channeled into the figure of the Child. The Child not only signifies the future, but simultaneously imbues all those people and practices contributing to bringing it about with value and meaning. However, reproductive futurism has a dark side, a negative 'other' which must be abjected in order to (re)produce the social order. Edelman argues that this 'other' is embodied in 'the queer' which is called on to figure the social order's death drive, or 'the negativity opposed to

every form of social viability' (2004: 9) and which threatens to bring about the end of the future, or precisely 'no future'. Edelman finds reproductive futurism problematic because it is secured through the abjection of the queer and ensures the 'absolute privilege of heteronormativity by rendering unthinkable, by casting outside the political domain, the possibility of a queer resistance' (2004: 2). While the logic of reproductive futurism rules, there can be no escape from heteronormativity.

The convergence of queer theory and fat studies is by no means novel and discussions of the productive connections between them recur frequently in the literature (e.g. Levy-Navarro, 2009; Murray, 2005; White, 2013). Edelman's brand of queer theory seems particularly apposite for developing a critical analysis of fat sex for two reasons. First, if as Edelman suggests, reproductive futurism is the logic of all social organization and thus dominant discourse, then it follows that the discourse of the obesity epidemic is inevitably produced within this system. Indeed, much obesity epidemic rhetoric engages societal fears about a dystopian future dominated by disease and early death, while anti-obesity campaigners are heavily oriented towards ensuring a 'better' fat-free future (White, 2012). This already suggests fat people are positioned as counter to reproductive futurism.

Secondly, there is the possibility of considering fat people as queer. Though Edelman is not always clear about who or what constitutes the queer, there is a persistent implication that it is intended to name a structural position within the logic of

reproductive futurism, and queers are identified as, 'all so stigmatized for failing to comply with heteronormative mandates' (2004: 17). It is largely by dint of their non-heteronormative and non-reproductive sexuality that gay men and lesbians have most obviously embodied this figure of the deathly queer (see also Bersani, 1987). However there is nothing in Edelman's formulation to suggest that other heteronormative failures could not also apply. Therefore, when as in the medical literature analyzed here, fat people's sex lives are characterized as 'failed' within a heteronormative model of success, as well as non-reproductive, it becomes conceivable that they are not only being figured in the place of the death drive, but that fat sex is queer.

Even fat heterosexual sex is queered in the medical articles, effected ironically via the erasure of homosexual sexuality from the studies. The majority of studies simply fail to mention the existence of non-heterosexuals. One gathered data on the sexual orientation of participants, but deemed the sample too small to be significant (Bajos 2010: 6) and another merely 'assumed' the majority of its participants would be heterosexual (Chen and Brown, 2005). Elsewhere there is an entire(ly heterosexual) sub-field dedicated to studying the links between marriage and weight (Sobal and Hanson, 2011). As previously discussed, all of the articles in the sample operate within a particular biologically rooted, genitally-centred model of sexual function which defines heterosexual intercourse *as* sex. The effect of erasing non-heterosexual sex serves to further establish this as *the* standard of sexuality so that not only homosexual but also non-normative heterosexual practices are ranked beneath it. This also explains why in

the rare instances that sexual activity that is not penis-in-vagina sex is mentioned, fat people are reported as doing it more often. Brody (2004) claims a higher BMI is linked with more frequent masturbation. Bajos reports that fat people more likely to have seen a pornographic film in the past twelve months, met their partner online, have an also-obese partner or to have engaged in 'risky' sexual behaviour (2010: 4-6). In each case these differences are reported as evidence of disorder and of fat people's failure to live up to a mythical model of sexual success.

Fat people's divergence from the heterosexual gold standard also manifests in the medical discourse via the construction of fat gender as less than fully binary. The articles on fertility frequently reiterate the idea that obesity alters 'natural' gender through references to the 'elevated oestrogen levels' (Kay and Barratt, 2009: 238) and 'decreased levels of testosterone' (Shayeb and Bhattacharya, 2009: 7) in overweight and obese men and to 'ovarian androgen secretion' (Ramsey, 2006: 1159) or 'hyperandrogenism' (Metwally, 2007: 516), in women. While these references are to gendered characteristics operating at the hormonal level, they strongly insinuate fat men and women's failure to produce the sexual dimorphism required for successful (reproductive) heterosexuality. One article goes even further. In a scenario reminiscent of Emily Martin's classic feminist restaging of 'the sperm and the egg' as a patriarchal fertilization narrative (1991), Binder (2012) constructs what might be read as the story of the 'fat sperm and the egg'.

In a study investigating the 'functional effect of male obesity on sperm quality' (2012: 2), mice were fed a high fat diet said to 'emulate a Western-style fast food diet' (2012: 2) before their sperm was used to fertilize an egg. Results showed that 'male obesity negatively affects sperm function, reducing its ability to generate a competent embryo capable of developing into a viable offspring' (2012: 2). The image conjured here of the incompetent, incapable and generally ineffectual fat sperm is not only suspiciously reminiscent of the worst stereotypes of obese people as lazy and stupid, but emphasizes how far from the model of virile hegemonic masculinity fat men are. To further compound these associations, when Binder's research was reported in the media it was under the title 'men need to be "match fit" to conceive' (*Daily Telegraph*, 2012) – the sporting metaphor here reinforcing fat men's distance from heteronormative gender.

This is not the only example of the way, as Gailey notes, 'weight is connected to the heteronormative system of meaning and value that constitutes what it means to be feminine or masculine' (2012: 116, see also Graves and Kwan, 2012). It is also connected to the shape of gender difference within heterosexual couples where the female partner is expected to be smaller than the male (Blank, 2011: 15). Moreover, the physicality of fatness can work to prevent the achievement of certain kinds of symbolically heterosexual body configurations. Consider the following statements:

My belly hangs down and presses my dick down so it's pointing toward the ground even when it's hard. (Blank, 2011: 201)

Fat women have so many folds and rolls that you can't even find their pussies. (Blank, 2011: 9)

The bodies described here don't conform to gendered or heterosexualized expectations. Bluntly, there is no pole and no hole, or at least, not where you'd expect to find them. Though Blank uses these statements as examples of the myths surrounding fat sex, they are not so far from the discourses constructed in the sample articles. If these discourses are subsequently understood as operating within the logic of reproductive futurism, the anxiety they exhibit over the absence of 'proper' heteronormative embodiment can be explained as the threat non-normatively gendered bodies pose to the possibility of a future. It is unclear how they would bring forth a future in the figure of the Child, thus they are consigned to an association with negativity, failure and ultimately death. Nowhere is this final linkage more strongly invoked than in the articles concerning obesity and reproduction.

The sheer volume of medical literature on obesity and its role, or not, in fertility, conception and pregnancy perhaps speaks to the perceived threat(s) fat sex poses to the possibility of a future, namely in the form of an 'infertility crisis' (Curtis, 2007). The literature on fertility is, somewhat ironically, littered with references to death. Not only are there invariably references to the health consequences associated with obesity, most often conjuring the spectre of (mass) death as obesity rates rise throughout the population over time, but sex and death are inextricably linked in discussions of maternal, foetal and neonatal death. While this is nihilistic enough, the prospect of a more apocalyptic social death is also raised via warnings that when fat people do reproduce, their offspring will be susceptible to more disease, obesity, infertility and

early mortality. As Mahmood puts it, 'maternal death is just the tip of the iceberg' (2009: 19). Luke elaborates the lurid long-term scenario in more detail,

The excess reproductive morbidity associated with obesity may increase with longer duration, making the current trends among children and young adults particularly critical in terms of their future reproductive potential...Recent findings from the Study of Women's Health Across the Nation indicate that adolescent obesity is associated with a 3-fold increased risk of lifetime nulliparity and a 4-fold increased risk of lifetime nulligravidity. (Luke, 2011: 245-6)

Not only are fat people reproductive failures in the present, but any offspring they do bring forth will only hasten the degenerative downfall of the human race. The only thing fat people succeed in doing in this scenario, is breeding a next generation of even bigger failures.

What I hope to have provided here is a reading of fat sex as 'queered' within the medicalized discourses of the obesity epidemic. This reading is useful because the dominant construction of fat people's sex lives as substandard, sterile and closer to death than to ecstasy can open up the possibility of fat people participating in Edelman's call to, 'fuck the social order and the Child in whose name we're collectively terrorized' (2004: 29). The point of Edelman's argument about reproductive futurity is not just to use it to produce evermore deconstructive accounts of heteronormativity, but to urge queers not to organize their politics by its logic. Edelman argues that queers should be, 'abjuring fidelity to a futurism that's always purchased at our expense' (2004: 4). Politics that seeks to argue and lobby its way to a brighter, more inclusive future can, for Edelman, only reproduce the very structures that have produced

abjection in the first place. In fact, any politics aimed towards a better tomorrow is doomed only to reproduce the past (2004: 30). Hence, in the place of an existing politics that demands we disavow the queer's figuration as the death drive, Edelman argues that queers would, 'do better to consider accepting and even embracing it' (2004: 4) in an outright refusal of the social order.

Edelman's proposal to accede to the negative is compelling. It offers a way to reassess some of the existing critical fat approaches to the dominant constructions of obesity and of fat sex. The critique of the medical literature offered earlier in this article is a case in point. What is at stake when fat studies scholars analyze the endless contradictions, methodological shortcomings and fatphobic assumptions that are woven through the dominant discourse? From Edelman's perspective they are as engaged in the project of reproductive futurism as the discourses they are critiquing. So in Edelman's view, when Hanne Blank airs the myths around fat sex (such as the one about fat women's disappearing genitals cited above) in order to 'bust' them, this is oriented towards producing a future in which those myths no longer have credence. Moreover, to reject the narrow constructions of medical discourse and assert that fat people can be sexually functional and engaged in respectful, responsible sexual activity, can, for Edelman only reproduce a system of sexual value based on the abjection of the queer – the very structural position fat people currently occupy.

The limitation of Edelman's position is that it politically and literally goes nowhere.

Edelman describes the embrace of queer negativity as 'impossible', and states that, 'such queerness...promises, in more than one sense of the phrase, absolutely nothing' (2004: 5). Dead-endism is precisely the point of Edelman's project, even as it is left troublingly unclear whether it is possible to simultaneously reject future-oriented action *and* engage in the action of embracing negativity. These internal contradictions have in part inspired the further development of antisocial queerness in Judith Jack Halberstam's *The Queer Art of Failure* (2011). Halberstam seeks to articulate, 'a more explicitly political framing of the antisocial project' (2011: 106), and one that is not mired in Edelman's, 'self-enclosed world of cleverness and chiasmus' (2011: 107). Halberstam's model of queer failure rejects the idea that in laying claim to negativity queers must give up their futures, and rather focuses on its potential rewards;

Perhaps most obviously, failure allows us to escape the punishing norms that discipline behavior and manage human development...And while failure certainly comes accompanied by a host of negative affects, such as disappointment, disillusionment, and despair it also provides the opportunity to use these negative affects to poke holes in the toxic positivity of contemporary life. (2011: 3)

For the analysis of fat sex, Halberstam's queer failure offers a more nuanced model that can deal with the complexities and ambiguities of contemporary fat politics. Firstly it offers a means to challenge existing fat politics that too easily disavow the negativity attached to fatness in imbuing it with positivity. Halberstam argues that, 'rather than just arguing for a reevaluation of these standards of passing and failing,' a position that, 'dismantles the logics of success and failure with which we currently live' (2011: 2) could be embraced instead. This offers a way of considering fat sex as not just good

instead of bad, but as something other than successful or failed, and a rejection of a model of sexuality that operates along these lines. This could reveal the limitations of approaches like Gailey's that equate success with the 'embodiment of fat pride' (2012: 114) and thus reproduce new spheres of fat failure in those who, for whatever reason, cannot learn to 'love themselves' or who feel ambivalent about their bodies. Indeed, in relation to this Halberstam argues that,

The social and symbolic systems that tether queerness to loss and failure cannot be wished away...to simply repudiate the connections between queerness and negativity is to commit to an unbearably positivist and progressive understanding of the queer. (2011: 97-8)

This could be what is needed to resist the construction of 'triumphant political narratives with progressive stories of improvement' (2011: 98) around fat sexual success, and instead engage with the untidiness, incompleteness and the lapses in the process of imagining an alternative to the narrow parameters of success and failure laid out by dominant discourses of obesity and sex.

Conclusion: The future of fat sex

The future for fat sex imagined in the medicalized discourses of the obesity 'epidemic' is a depressingly bleak one. Not only is fat sex not happening often enough in the 'right' kinds of ways with the 'right' kinds of outcomes, but it is only going to get worse as more people get fatter. At heart, fatness and sex are incompatible, leaving would-be fat lovers like Alfie from the Change4Life video with only two possible choices: lose weight or die a swift, sexless death.

In this context it is valuable to articulate a thorough understanding of how fat sex is being pathologized, how it is being ‘artificially’ (Guthman, 2013) produced as a public health concern and how this in turn intensifies both the surveillance and stigmatization of fat people. It is crucial that fat people construct their own knowledge of fat sex (e.g. Blank, 2011). However, if this work is done and it succeeds only in producing a new model of sexual success (and hence a new class of fucking failures) it is unclear that the future would be any different from the present.

I have argued in this article for the usefulness of antisocial queer theory and its call to ‘embrace negativity’ in resisting the miserable outcomes of the scenario outlined above. Translating this into action is less straightforward. It can appear churlish, if not irresponsible, to ‘celebrate failure’ if that entails tolerating sexual frustration, bad or abusive sex, body shame or the inability to conceive a child, if that is what one desires. If this was all that antisocial queer politics could offer its value would certainly be questionable. Happily, it has the potential to offer more. The point is not to accept failure, but to re-imagine it, to ‘recognize failure as a way of refusing to acquiesce to dominant logics of power and discipline and as a form of critique’ (Halberstam, 2011: 88). It does not mean accepting things the way they are, but forging alternatives that do not reproduce the measures of ‘success’ or ‘failure’ that characterize the past and present of fat sex.

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