



Ear to Asia podcast

Title: Framing and shaming body size in Japan

Description: In Japan, slender bodies are prized and body size is regarded as a personal responsibility. Meanwhile, Japan's government views the trend of increasing average body weight as a public health problem. In this social milieu, how do those with non-conforming body sizes feel about themselves? How is Japan's conception of body image changing? Gender studies researcher Assoc Professor Claire Maree and cultural anthropologist Dr Cindi SturtzSreetharan examine the relationships between body size, body image and culture with presenter Ali Moore. An Asia Institute podcast. Produced and edited by profactual.com. Music by audionautix.com.

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Voiceover:

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Ali Moore:

Hello, I'm Ali Moore, this is Ear to Asia.

Cindi SturtzStreetharan:

Japan, in the mid-2000s, began to consider lowering the BMI cut off to what it would consider obese, and it ultimately lowered the BMI to 25. So Japan, at this point, began what is often thought of as a moral panic around an obesity epidemic.

Claire Maree:

It is at the level of the individual and there is so much stigma that's attached to it. So to try and fight against that, it requires a greater understanding of how we talk to people around issues of the body, how we are sensitive to the narratives and the lived experiences of people, and how we rejoice in all bodies.

Ali Moore:

In this episode, framing and shaming body size in Japan.

Ear to Asia is the podcast from Asia Institute, the Asia research specialists at the University of Melbourne.

In Japan, slender bodies are prized while portlier ones are shunned and body size is regarded as a personal responsibility. Social and biological factors contributing to a person's physique are often ignored, even as sedentary jobs and long work hours of Japan's highly urbanised population increasingly play a role in dietary choice and opportunities for physical activity.

Japan's government views the trend of increasing average body weight as a public health problem in the making, and has set about enacting policies to address it. Yet at the same time public services like Japan's famously efficient rail system have failed to keep up when it comes to accommodating the increasingly diverse body sizes of the Japanese public. So how is Japan's concept of body image evolving? How do those with non-conforming body sizes feel about themselves? And how are they made to feel by their social and

physical environment? And what impacts the social and behavioural expectations around gender roles have on maintaining the desired body size?

Joining me to unravel the complexities behind body image, body weight, and health in Japan are Gender Studies specialist, Associate Professor Claire Maree from Asia Institute, and cultural anthropologist, Dr. Cindi SturtzSreetharan, who joins us from Arizona State University. Claire, welcome back to Ear to Asia and welcome, Cindi.

Cindi SturtzStreetharan:

Thank you so much.

Claire Maree:

Thanks so much, Ali. It's wonderful to be here.

Ali Moore:

Well, it's lovely to have you both. Let's start by putting some context around our discussion. Cindi, culturally, how important is body size in Japan and how does that importance vary across age and socioeconomic groups?

Cindi SturtzStreetharan:

Yes. I think one thing to keep in mind is that for humans in general our bodies are one of the things that signal information. And so when we think about the specific context of Japan we think about the ways for example that children are socialised early on, for example, to wear particular kinds of clothing at the preschool to comport their bodies in particular ways. And this of course over time leads to body shapes being normalised. Whether people fit into them or not is not the question but this normalisation of particular body sizes and ways then of maintaining that body size.

Ali Moore:

In Japan, is it more significant for example than in other countries that you've studied or would you say that it's similar?

Cindi SturtzStreetharan:

Yes. I wouldn't say that it's more significant, I would just say that there are particularities to Japan that might not hold the same importance in other places, for example. If I think about body size ,in particular a body shape, we might think about how in Japan the very infrastructure that people interact with on a daily basis, bus seats, train seats, these are moulded and shaped in particular ways by industry and they're only a certain size and they don't come in larger sizes. And so if your body doesn't fit these seats then you perhaps don't sit down as often or you feel out of place, or it can be stigmatising. In the U.S. there are different aspects of infrastructure that remind people on a daily basis that their body is not fitting in.

Ali Moore:

Cindi, you just talked about the U.S. there, but what about other countries that we might be able to get a comparison with, because I know that you're in a research group that's also done work in Paraguay and also Samoa?

Cindi SturtzStreetharan:

Yes. We've just done some interesting work where we were comparing across these four sites of the U.S., Paraguay, Samoa, and Japan. And there was some things that we learned that are very similar. For example, one of the things you mentioned in the intro, this idea that individuals are increasingly feeling responsible for their own body size and their own body weights.

But we also learned, for example, that people in Paraguay do a lot more, what we might say is direct statements about people's bodies. So they might say, "Oh, you've gained so much weight. What's going on?" And they'll be very direct often about mentioning someone's weight. And that's something we absolutely didn't find in Japan and it's very much not done in the U.S. as well. Samoa though as well we find people will talk more directly sometimes about the body. Sometimes there'll be told that your body is looking too thin and what's going on? Is someone not taking care of you appropriately? And so, again, what we're finding here is this reshaping of body ideals but the ways that it gets expressed or the particularities where someone feels less like they fit in shifts across these different sites.

Ali Moore:

Claire, if I can bring you in, how has the focus on weight in Japan changed over time? If we go back say to mid last century, was there a very different narrative about body size?

Claire Maree:

I think so. If we put it in a historical framework, in the middle of the last century, Japan is emerging from colonising the area and also devastation with the Hiroshima and Nagasaki bombings. And we have a population who is underfed, malnourished, and severely fatigued, and suffering different forms of trauma. So the body is a very different concept to the one that we have perhaps in contemporary Japanese social context and cultural context.

If we look towards the representations of body in film in the 1950s and '60s, the style and shape of what is considered to be an attractive body is perhaps a little different to what we might find in contemporary media as well. Even in the 1970s and 1980s, sizes and shapes and attractiveness appear in contemporary culture in ways that differ slightly to the present day. But we do know, for example, in cultural representations of the body across the globe, with the increase of what Cindi was just referring to in regards to personal responsibilities for the body and also the medicalization of obesity or large bodies, this drive and strive to reframe the narrative particularly in popular culture around the body itself and how we must control it and tame it.

And there's a lot of research that has happened on the global stage. Very famous in gender studies is [Susan] Bordo's work on the body which looks at how there's a shift to achieving the slender body, the toned body, and anything that deviates from that ideal is abject, something that is not only to be pitied but which is a source of cultural disgust.

So within the Japanese makeover media that I've studied as part of the work that I do, this before and after, the larger body before and going through this process of slimming down then emerging as a better self or more lovable self, a more employable self, a kind of a morally good self who is in charge and taking control of themselves and has overcome, has not given in, has strength within themselves to go on this journey and to achieve positive results.

And we see that in Australian culture as well. The Biggest Loser and things like that are examples of that kind of makeover transformation where you reframe the body into a particular style, a particular shape, a particular musculature, and also through clothing, accessories, lifestyles, et cetera.

Ali Moore:

Claire, do you see Japan as any different or do you think that that particular trend is almost universal?

Claire Maree:

I think we have to be careful about framing things as universal because we're talking about neoliberal markets. So do they go to all corners of the globe? That is something that is probably debated. And as Cindi has said there are particular vocal articulations around this. In the Japanese societal context is annual medical checks, health checks that are done through education and through places of work that we don't see on the same scale in Australia, for example. Within that annual check where the workforce goes on mass to have their health checked. There are within that discourses around the size of the shape of

people's bodies as well that emerge that are perhaps a little different to how they emerge in Australia because there is not that system.

Ali Moore:

I want to return to that, the medicalization as you say, of weight and those annual health checks. But first I suppose just a picture of how many people in Japan are deemed to be overweight. Cindi, what percentage of the population is deemed to be overweight and I guess what's the definition of overweight because Japan actually has its own version of the BMI or the body mass index, doesn't it?

Cindi SturtzStreetharan:

Yes. It uses different cutoff points for determining a category that would be labelled something like overweight-obese versus normal weight versus underweight. If you go by global standards that the WHO uses, Japan along with places like South Korea always ranked the lowest in terms of looking at obesity as defined by the BMI. So the WHO uses a cutoff of 30, a BMI of 30, and above would put you into a category called obese. And I know that we don't speak in writing but that would be with a capital O because I want to underscore that this is a medicalized way of understanding this and that there's a lot of controversy around the BMI itself.

Having said, that there has been research done that has suggested that East Asian people have similar health issues at lower BMI. So when that research was trending in the mid-2000s, Japan began to consider lowering the BMI cutoff of what it would consider obese and it ultimately lowered the BMI cutoff of obese to 25. And so as of 2019, about 29% of men are in this obese category, so that would be a BMI of between 25 to 30 and there are about 21% of the population of women in that BMI category. When we look at a higher BMI, 30 and above, we noticed that it's the same then as what gets reported in global statistics around 4%, 4.5% for the entire population. So Japan at this point in the mid early 2000s began what is often thought of as a moral panic around an obesity epidemic.

Ali Moore:

Which essentially was created by changing the benchmark other than anything else.

Cindi SturtzStreetharan:

Correct. Yes. And I think that was fed through watching rising healthcare costs that then became attributed to particular health issues that are now talked about sometimes as lifestyle disease but also match up with metabolic syndrome as Japan defines it.

Ali Moore:

So in this environment where you have this medicalization of weight, you have this change to the BMI, we have the annual medical checks which we'll explore a bit further in a minute, but Claire, in that environment, how do people in Japan who are overweight view themselves compared to how society views them?

Claire Maree:

Well, I think that that is a very personal question for anyone who is labelled as being comparatively large to what is the norm or expected to be the norm. It's a very personalised thing. Each person will be different, I don't think we can generalise it in that way.

Cindi SturtzStreetharan:

Claire, sorry, I have to agree with you fully. I wondered though if I could share a small story from the summer of 2017 when I was doing some work in Japan.

Claire Maree:

Sure.

Cindi SturtzStreetharan:

If we have time for a very quick vignette, thank you. I had just gotten done interviewing a young woman at a cafe in a train station and I went back down the stairs to go get on the train and I get on the train and I'm seated there. And this is in July and so students are out of school and they're getting ready to go on maybe a week of summer camp and they often meet at train stations. And so three young women, ages around 10 or 11, get on the train together and there's clearly an adult with them, like a counsellor who is telling them that while we ride the train we're going to do self-introductions. And in your self-introduction I want you to tell me your name, how old you are, and something about yourself.

The first young girl goes, she says her name, she says she's 11 and she says something like, "I like pizza." And the next person states her name, her age, and she says something like, "I play basketball." And the third girl says, "My name is..." Whatever it is. "I'm 11 and I'm fat." And that was what how she chose to introduce herself on their way to camp. And I just got lucky in the sense that I was sitting there thinking about issues around the body but it really struck me that this young girl has decided that that's part of who she is already. And so much so that in this introduction format, which is very formulaic in Japan, that that has become part of herself introduction. And so I think that really gets at what Claire is talking about in terms of how personal it becomes, about how you see yourself and then how you represent yourself to others.

Claire Maree:

Does that come, Cindi, from an environment where the undesirability is in your face which is why an 11 year old felt compelled to describe herself like that?

Cindi SturtzStreetharan:

Yes, I think that's absolutely the case. When I was asking people in Japan, basically, do you make fun of others when you see large bodies? How do you react when you see a large body? And people on the whole told me no, but they did say to me that that's what children do. So it struck me that particularly in elementary school and junior high school these are probably spaces where children are made fun of by other children and some people told me by PE teachers for the shape of their body not conforming to how people felt that it should. Some people I spoke to told me that they can remember from PE class in elementary school that the child who was potchari or chotto debu, chubby and a little bit fat, they would just be told, "Oh, don't even show up to PE because you're not going to be able to do these things that we're doing anyway because your body is too large."

I think definitely in these younger years is where a lot of that language around the body happens and people hear it a lot. As people age, they understand that these are not appropriate things to say and I think it becomes clamped down upon. We did learn though that these kinds of shaming statements and stigmatising statements still live in families. So around the dinner table, husbands to wives, wives to husbands, mothers to their adult sons, it's still very much is a strong discourse within a family even if you refrain from saying it out in public to strangers or acquaintances.

Claire Maree:

I can add also to that around the idea of teasing and making fun of, and that kind of a vector around the body, is very prominent in a lot of the comic work that happens, for example, on mainstream TV. That's not particular to Japan but there is within Japanese comedy a very formulaic expression of what a comic body is and it can often be a large body, a woman who is considered to be not attractive and maybe a bit too brash. And someone that can be simultaneously teased, played with, become the fall person and that it's not just the female body but also the male body and increasingly queer bodies within that space too can occupy a very interesting position culturally of excess that is both enjoyable to consume and to be entertained by, but also a bit of a benchmark of how we should be aware of how we need to take control and not over reach that excess.

Within that space itself, mainstream comedy duos of women, often larger women, not large by any stretch of the imagination, and part of their comedy is around the body itself. So that's the other part that feeds into, I think, how is it okay to tease someone or is this the moment something that is playful and when's it's

not playful anymore and that is pejorative or that is not to be done. I think that that can be managed maybe a little better in some spaces than it is in others.

Ali Moore:

And, Claire, the thing that we haven't talked about and seems extraordinary in the Japanese context is the fact that Japan celebrates the biggest of the big, the Sumo wrestler.

Claire Maree:

Yeah. The Sumo body is a wonderfully, beautiful body. And to watch a Sumo wrestler wrestling is an awe to be hold. There is a lot of respect for the body of a wrestler and they have a specific position within society that is to do with strength and many other things that are culturally read into that body. But once the wrestler has retired there's also a discourse of how to tame that body and to bring it back to the more mainstream version of that body. There's success stories of how Sumo wrestlers have been able to then slim down, for want of a better word, and to become part of the mainstream. And then there are other "failures where that is not possible and the trauma and the anxiety around that is also portrayed in the media as well."

Cindi SturtzStreetharan:

And just to follow up on that, a woman I spoke with in Japan was telling me that after she returned from spending a year in France she had gained about 20 kilos. And when she went to school one day she overheard someone say, "Oh, look, the Sumo. Osumo-san has returned", the Sumo has returned. And in that sense then we can also see how this culturally-revered body of the actual wrestler can be then placed on to someone as a pejorative and a way to shame them, and of course she was a woman too, which Sumo wrestlers never can be.

Ali Moore:

You're listening to Ear to Asia from Asia Institute at the University of Melbourne. And just a reminder to listeners about Asia Institute's online publication on Asia and its societies, politics, and cultures. It's called the Melbourne Asia Review. It's free to read and it's open access at melbourneasiareview.edu.au. You'll find articles by some of our regular Ear to Asia guests and by many others, plus you can catch recent episodes of Ear to Asia at the Melbourne Asia Review website, which again you can find at melbourneasiareview.edu.au.

I'm Ali Moore, and I'm joined by Associate Professor Claire Maree from Asia Institute and Cultural Anthropologist, Dr. Cindi SturtzSreetharan from Arizona State University. We're talking about Japanese notions of body size. Claire, in Japan, how are the reasons behind weight gain and higher weights enunciated? Is it straight out eating, is it lifestyle, is it work-life balance? What's the sort of narrative behind it?

Claire Maree:

I think that all of those play into the different representations. I was just looking back through the research that I've done around transformation and the make over media and a lot of that is around making the best of difficult situations and getting back on track, becoming in control of the body because you have kind of let yourself go either due to hard work in terms of your occupation or because of some kind of internal struggle and an inability to be able to control your eating and/or get enough exercise, whatever that means. I mean, get enough exercise is a very strange term. Enough exercise for who, in what conditions when, why, and how are the questions that we need to ask about that.

For example one of the major queer queen personalities of the mid-2000s, where we were getting a lot of the discourse around metabolic syndrome and the moral panic that Cindi has been talking about was the figure of beautiful legs and all of this cultural production about getting the best legs through slimming and different products, it's linked to consumption as well. But also before that we have figures of everyday people who are oversized, they're deemed to be too big. And the transformation, the before and the after

pictures and one younger person who ran from one end of the country to the other, and we had weekly updates and how they were going and how much weight they had lost and how they were battling their inner demons and they hadn't given up this struggle, getting on top of it and rising to be able to control something that you've let become uncontrollable.

And there's also a gendered element. If you are looking to find romance particularly heterosexual romance, then you need to be a certain shape. You don't want to be too big, you want to be attractive, there's all these kinds of discourses. So slimming in order to make yourself a viable product on the heterosexual market, we might put it that way. I mean, it sounds very cynical but there is a market around that, and this is also a concept that has valency I think not just in Japan but in other societies and cultures as well. And I was going to say a little bit about disease, the idea that if you are overweight any disease that you have is kind of self-inflicted, that discourse I think too is very strong.

Ali Moore:

When we look at that gender lens there's also, Cindi, isn't there in Japan, a great deal of responsibility placed on women to not just keep themselves well, that personal responsibility side of things, but their entire families?

Cindi SturtzStreetharan:

Yes, that's what I was repeatedly told by women, married women I should say that I spoke with, women married to men so in heterosexual relationships. And when I would ask them how their eating has changed over the years and I would specifically ask around at the point of getting married and so forth, has the way you cook, the way you eat, has it changed? And they would always tell me, if they were married and had children, they would always tell me that the eating has changed because of children. They want to develop a wide palette of things that their children will eat so that they will be healthy and nutritious, so lots of vegetables. And then they wanted to be sure that their husbands were fed in a way that gave them maximum nutrition without too many calories.

And so I found over time that women, when we look across the narratives, women were repeatedly telling me about how they've not only had to watch their own bodies and waistlines but they really were responsible for their family's health and waistlines in particular. One woman I spoke to had just been married for about six months and she told me in detail about her husband's ill health in terms of blood work and liver and kidney function. And she explained to me that if you looked at him he looks quite thin but he's clearly not well on the inside.

And she lived in a multi-generational family with a grandmother who still did most of the cooking and she described the meals that would be prepared every day and that her husband has had a radical change in his health outcomes as measured in these various blood work ways. And she was quite pleased that she had been able to turn this situation around quickly both for his own health but also for their future.

Ali Moore:

Again, that goes to that medicalization of weight. So let's look at that. And also, as Claire mentioned earlier, those annual health checks or weight checks, really, for Japanese workers. Can you tell us Claire about the Metabo test, what is it and how does it work?

Claire Maree:

Well, the Metabo test I think is basically measuring your girth. Am I correct in that, Cindi?

Cindi SturtzStreetharan:

It's actually quite fascinating in the sense that it's not just your girth, it measures your blood glucose, it measures a number of other blood issues. It looks at your blood pressure, it does measure your girth and then it also is height and weight. And so those factors combined is how you either pass or fail and you're graded like A through F whether you pass or fail the test.

Claire Maree:

Okay. So the A is the one that we want?

Cindi SturtzStreetharan:

You want an A, correct.

Claire Maree:

Yeah, you want an A. Yeah. And there's repercussions if you don't get the A.

Cindi SturtzStreetharan:

To lower you down on the scale, right?

Claire Maree:

Yes, yeah.

Ali Moore:

But, Claire, this is extraordinary, isn't it? I mean, well, it seems extraordinary to an Australian. This is put in place as a mandatory requirement for all workers. I'm curious as to what people think about it. I mean, do they see it as being ultimately a benefit or do they see it as a huge intrusion into their own personal lives?

Claire Maree:

I'm not quite sure if we've got any research on how people think about annual checks. They're what you do, they want you to have to do, from the time that you went to school and right through if you're in full-time continuing employment in a company where your health insurance is also tied to your company you have to have a medical every year. So it's your responsibility as a worker to front up and to do this. I mean, personally, my first experience of them was when I was still in my late teens and at a school, but I also did them annually when I was in grad school in Japan and then when I worked at universities there was an annual health check that we all had. The students had it on the day before and then the staff had it the next day.

And so the medical team would roll in and they'd set up shop in one of the larger classrooms and then there'd be an x-ray unit and things like that that came in. The first time I experienced it was just something that I'd never experienced at all in Australia. But I mean, is Australia too lax on this, is maybe something else. So it's responsibility to yourself, to the society, to your employment, keeping your employment. I mean, it's just something you have to do, right? You have to do it every year. You just do it.

Ali Moore:

Cindi, I know... I mean, for example in many places including in Australia, for insurance purposes you might need an annual medical. I guess the difference with this one is that it's not just a check that then determines whether you still get your insurance cover, it's actually a check that can then lead to intervention, and am I right, penalties to the employer if you're considered to be overweight?

Cindi SturtzStreetharan:

Yes, that is correct. And I want to back up for just one minute and address a little bit about how people feel about these. We do know that when this law was being put into place there was dissent. [Wolfram] Manzenreiter has documented some of this where there was a lot of argumentation around not just the exam itself but where did that information go? So part of it was this idea that all of your health information is then being passed to who, who gets to have that and keep it and for how long? It was of course ultimately passed.

Some people we know skip work on those days or skip the test but ultimately they will eventually have to undergo it. We also know that people practise very rash, dietary things prior to undergoing the test. So

they'll stop eating or they'll take laxatives or they'll go on some of the very trendy diets where you just eat cabbage soup for two weeks in order to get the measures in place.

Let me add one other thing and that is, when, however, you look at the Ministry of Health Labour, and Welfare's webpage where they're talking about health statistics in Japan, one of the things leaped out to me as I was doing a little bit more work on these statistics for our very discussion and that is, in very large, bolded font, the website makes it clear that 42.7% of people who underwent the annual medical exam reported that they've sought additional help later because a variety of serious health problems had been revealed. And so I took that to understand it as a way of at least the government's website of letting us know that this is a good thing in these ways that we might not fully understand, that things are caught that are devastating and people can be saved.

Ali Moore:

And it's not just about weight.

Cindi SturtzStreetharan:

It is not just about weight, exactly. But back to your earlier question which is what are the longer-term consequences of this, Amy Borovoy has looked into this and she has talked to both nutritionists and to people who are part of this annual exam. And what she has found is people who did not score in that A level they could be put on a variety of educational pathways. One might just be that you get encouraging messages to your phone or an email encouraging you to exercise more or eat better or make sure you're having enough vegetables.

The next step after that is to be put into a counselling situation with a nutritionist so that it's not just push notifications but it's actually face-to-face or something beyond just email notifications. And then, yes, ultimately, my reading tells me that companies can be fined if too many of their employees are not passing this test. I am still struggling to find strong documentation of statistics on which companies or how many and so I keep looking for that kind of information.

Ali Moore:

It's interesting that you talk about what's on the website, the fact that it's not just a narrative around weight but it is a broader health narrative, which is very much goes to this whole conversation we've been having earlier about the medicalization of weight and tying that up with health. Cindi, you write that there is clear medical evidence that not all fat people are diseased. The narrative in Japan would seem to be different to that, is that fair?

Cindi SturtzStreetharan:

Yes. Let me contextualise that just a little bit. Part of the way that we should think about this is population level versus individual level. When we look at large population like the Japanese government is doing, the Japanese government looks at its population, and it says there seems to be associations between larger weights and some of these negative health outcomes like diabetes or high pressure. But when we begin to look at individuals and we look at an individual with a high weight, let's say, we don't know that they have diabetes, they don't have diabetes, or they don't have high blood pressure, potentially they're perfectly healthy. They have potentially a great functioning metabolic system.

We can also look at people with low weights and find out that they actually have a variety of health issues at this individual level. So one of the things that's important to keep in mind is that once the society like Japan or the U.S. or Australia, or somewhere, or Paraguay, wherever we're looking, once we put the lens on the individual, we are now making a false connection between population level arguments and individual's health and this is where I think we need to be really careful.

Claire Maree:

I think that's a great point as well. I mean, both Cindi and I work with language and the power of the way that this is talked about and framed and the images, for example, around that really conflate that

population level, individual level, which makes it very difficult for individuals themselves to make a space where they can talk about these things in a way that is open and understanding and non-threatening. Because the dominant discourse around it has placed the body in a certain vector and any amount of trying to go against that in any way can be negated through the use of the population discourse to kind of flatten that out. I think that on the individual level it can be a great source of distress and of anxiety. And I think that that's really an area that is of great import when we talk about these things.

Cindi SturtzStreetharan:

Yes. And I just want to make this point really clear about distress and mental stress and anxiety. There is plenty of research that lets us know that people who perceive themselves as unacceptably large are at a very high risk for behaviours that are potentially disastrous to their health. They are at very high risk for a negative psychosocial outcomes, self-isolation, depression, eating disorders, or disordered eating. So we know that this emphasis on individuals and the size of their bodies has actually undermined efforts to try to make a body healthier, at the individual level, not just at the population level. So these discourses around large bodies equal disease and ill health are absolutely undermining any national effort to try to get people to exercise more and eat better, for example.

Ali Moore:

And how do you... And, Claire, I'll put this to you first. How do you change that narrative? How do you break the nexus between diseased and unhealthy and overweight?

Claire Maree:

Well, I think it's a very difficult thing to do because it is at the level of the individual and there is so much stigma that is attached to it. So to try and fight against that it requires a greater understanding about the points that Cindi has touched on, about how we talk to people around issues of the body, how we are sensitive to the narratives and the lived experiences of people, and how we rejoice in all bodies, rejoicing in what your body can do rather than trying to fit it into something that is unattainable for the individual themselves.

Ali Moore:

But isn't it also about education, about education-

Claire Maree:

Yeah, I was going to get to-

Ali Moore:

Yes.

Claire Maree:

... Education. I didn't want to go into education first. I mean, that's obvious, of course, education, but how, how do we do it? How do we get to education if we don't understand the way that language is being used? People don't understand that they are perpetuating this cause of distress. And I think that actually having a lot more research that shows the effects of this and how it is done in the everyday, which is the kind of research that we do on the everyday level of language, the vignette that Cindi gave earlier was around young children going to camp. That's kind of an educational framework. So how do educators then step in and shift the discourse?

They need to understand how that discourse is coming within the spaces in which they're working. I don't think that that's understood. So understanding the power of this is also a big part and then we can get to thinking about education around that because the education at the moment is paternalistic. We have to take care of these poor bodies that are uncontrollable and are going to be riddled with disease. The focus is very much on controlling certain peoples.

Ali Moore:

And, Cindi, if we go back to that 11-year-old girl at the train station, I'm guessing the teacher did not step in and say, "Why do you call yourself fat?" Is that really appropriate?

Cindi SturtzStreetharan:

Correct, she did not. And I think you've asked the perfect question, is if we know that stigmatising bodies is stigmatising an individual and a person and that this is distressing and causing problems, what do we do to fix that? And I would like to add to that education piece that I think education could help. But part of what I've seen in educational campaigns around the body and health is actually nutrition lessons and caloric lectures which I actually think is not what needs to be done.

Ali Moore:

That goes to the medicalization of the issue, doesn't it?

Cindi SturtzStreetharan:

Yes, because basically what those kinds of lectures or information telling you is that you need to only eat this many calories a day, or you should eat these kinds of foods and you should run around the block five times or something like that. That's the exact same discourse even if it is couched in this is just good for you kinds of practises. One of my collaborators, anthropologists who works in Samoa, Jessica Hardin, one of the things that she does in classes that she teaches here in the U.S. is that she makes students say the word fat several times out loud over the course of the semester every time she gives a lecture.

Cindi SturtzStreetharan:

And part of her goal in doing that is trying to get students to say this word and not be afraid of it or not to feel distressed by it. Part of I think the education has to be an embracing, of a diversity of body styles. And the only way to do that is to see more pictures, have more exposure to bodies of all shapes and sizes doing all sorts of things, not just medicalizing and making the large body the diseased body.

Ali Moore:

Cindi, though, do you see any realistic idea of that actually happening in the context of Japan, particularly where wherever you look the world is designed for a smaller person. So it's physically as well as environmentally reinforcing this. Even if there's ads on a bus saying, "Big is beautiful," that's not going to help when you can't get into a seat on the bus.

Cindi SturtzStreetharan:

Correct, this is precisely the issue. Is that, yes, we can have more diversity of body styles but infrastructure has to change, the ways people talk about their own bodies have to change, comedians or people, celebrities on TV who are large-bodied should come up with other jokes, I mean, that's easy for me to say that, I'm not a comedian.

Ali Moore:

You're not a comedian, Cindi.

Cindi SturtzStreetharan:

So it's easy for me to say just change your schtick. But I think it's so easy when we look at... When we look at comedians who are large-bodied the world over they all are making fun of their own bodies. One thing I'm watching for in Japan is something that colleagues and I have noticed here in the U.S. and probably about the last five to eight years, and that is at department stores, not the super high-end ones, the more of the middle of the range ones, the ones that have a little bit of everything. They have moved to mannequins of varying sizes and they use those mannequins for bathing suits, for trousers, and for nightgowns. And so you can see a display of mannequins that are slimmer and larger at these kinds of

stores. I'm waiting to see that in Japan, to be honest. If I walk into a UNIQLO in Japan I want to see mannequins of varying sizes, for example.

Claire Maree:

That would be great, wouldn't that be fabulous?

Cindi SturtzStreetharan:

It would be amazing, yeah.

Claire Maree:

Yeah. I think some of the positive things that have just come up for example for the huge celebrity status of people like Matsuko Deluxe who is a queer, gay man who is of a large size and wears wonderful flowing gowns and is loved by many people all over Japan. We do have figures like that in the media and also Watanabe Naomi. She has millions and millions, 9.3 million followers on her Instagram and she's a global phenomenon. She also has her own clothing brand. She appears in some of the high-end fashion shoots. Those kinds of images are gradually I think appearing more and more, which I think is a really positive thing.

Ali Moore:

Claire, are you optimistic that we will see a celebration of greater diversity in Japan?

Claire Maree:

Well, I think that's a really tricky question but I just I'm such a cynic, Ali, you know me. I think we are seeing greater diversity in representation and I see it in social media, I see it around the work that feminist scholars do, and gender scholars do, and queer studies scholars do. But I think the overarching thing is that this mainstream idea is very entrenched and it speaks in all of the little corners of daily life. That is something that will take time, I think. Yeah.

Ali Moore:

Cindi?

Cindi SturtzStreetharan:

I agree. When I'm looking at my Twitter feed I follow some Japanese women tweeters who are larger bodies sizes and they also do some modelling and they'll post pictures. And I think if we can find more spaces that are simultaneously public, not celebrity per se but in these social media platforms where more people can see that and maybe join in or at least follow and get increased exposure perhaps over time we can build slowly more embracing complexity and variation and begin to then demand other things change like infrastructure. I think it's slow-going, though, I think it's slow-going.

Ali Moore:

Well, Claire and Cindi, thank you so much. It's a fascinating topic and as you say, Cindi, slow-going and it's one that hopefully we will revisit in a couple of years time and see where the research that's being done at the moment is leading us and particularly when it comes to public policy. A huge thank you for your time. Thank you, Claire, and thank you, Cindi.

Cindi SturtzStreetharan:

Thank you so much.

Claire Maree:

Thank you so much.

Ali Moore:

Just before I let you both go, is there somewhere that you're particularly on social media that people can look to see more of your work and your insight? Cindi, can you point people to a place to find more of you?

Cindi SturtzStreetharan:

Yes. I am on Twitter @cindilsturtz. You can also find me by just looking at asu.edu and putting in Cindi Sturtz.

Ali Moore:

And that's S-T-U-R-T-Z?

Cindi SturtzStreetharan:

Correct.

Ali Moore:

And, Claire, where can we find more of you?

Claire Maree:

Yeah, I can be found on Twitter @ClaireMareeUOM, and I also tweet in the capacity of the International Gender Language Association President, IGALA President.

Ali Moore:

Thank you both for joining us.

Cindi SturtzStreetharan:

Thank you.

Claire Maree:

Thank you.

Ali Moore:

Our guests have been gender studies specialist Associate Professor Claire Maree from Asia Institute and anthropologist Dr. Cindi SturtzSreetharan from Arizona State University. Ear to Asia is brought to you by Asia Institute of the University of Melbourne, Australia. You can find more information about this and all our other episodes at the Asia Institute website. Be sure to keep up with every episode of Ear to Asia by following us on the Apple podcast app, Stitcher, Spotify, or SoundCloud.

Ali Moore:

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