

## More Thin French Women, More Obese American Women : Why ? Lessons from a Century of Comparative History

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It is well known that Americans, including American women, have greater problems with obesity than their counterparts in other industrial societies, including of course France. This difference, which emerged during the course of the 20<sup>th</sup> century and accelerated during the 1990s, offers an opportunity for comparative analysis and even, however tentatively, recommendation. It is possible to explain the American difference, though the effort is not uncomplicated. Several of the key causes of the American experience can then be held up as guidelines for other societies – and for Americans themselves – as they seek to avoid the American pattern or reverse it. This paper ventures this kind of assessment by looking at the development of contemporary American obesity, juxtaposed with substantial contrasts to France, over time – using comparative history, in other words, to isolate factors relevant to the American case that serve as potential warnings to others.

This is not a simple task, particularly in a presentation of manageable size. Even the initial framing of the problem requires nuance. Europeans, not pleased recently with the United States in any event, may be prone to exaggerate the American difference, as a means of attacking American greed more generally. It is important to recognize that the United States is probably best seen as an extreme case of a more general contemporary trend, as we register increases in the incidence of obesity among middle classes in China, India, and of course Western Europe that seem to be following the American pattern albeit, still, with a lag in time and extent. This framing makes the comparative task a bit more subtle – we are not looking for a monstrous American exceptionalism – but all the more compelling, in that the task of avoiding fulfillment of the American model becomes both more urgent and more demanding.

The context for a comparative analysis is, happily, fairly precise. Both France and the United States developed new concerns about body weight at about the same time, initially in the late 19<sup>th</sup> century. France had a slight lead, based in part on a more advanced medical research apparatus at the time. It was also from France

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that some of the new fashions emanated, that demanded greater slenderness particularly from women, including the great early 20<sup>th</sup>-century attack on corsets and the ensuing debate. But it is not inaccurate to see France and the United States as joined in a similar concern about overweight throughout much of the 20<sup>th</sup> century and until today, sharing also in medical findings and fashion trends. This similar framework makes the differences in results – with American weight gains contrasted with greater French control – all the more striking and the comparative challenge clearly set. We're not talking about two societies with such vastly different medical models or aesthetic standards that comparison becomes so gross as to be meaningless.<sup>1</sup>

We can begin, if briefly, with the descriptive trends. Detailed comparisons are of course complicated by different data sets, particularly before the late 20<sup>th</sup> century, and I do not wish to pretend unrealistic precision. But the overall trends are abundantly clear, and extremely interesting.

During the middle decades of the 20<sup>th</sup> century American women, on average and with height held constant, experienced modest weight gains, of about half a kilo per decade. For French women, weight actually declined during part of this period, particularly in the 1970s and 1980s, by about a kilogram on average. Simply put: amid fairly similar medical and fashion advice, American women moved, though modestly, against desired goals, while French women seem to have not only accepted but implemented the goals. In 1990, 9% of all French women were rated as obese, contrasted with 19% of their American counterparts.<sup>2</sup>

Comparisons become slightly more complicated from the alter 1990s onward, when the French began to participate in weight gains. American patterns of rapid average weight gains began earlier, however, in the 1980s, and continued at a higher pace. Thus between 1980 and 2002 American obesity rates rose, according to some estimates, by as much as 100%, whereas French rates grew by 17%, mainly from 1997 onward. Rates of obesity increase in children were more troubling, with French rates rising by 50%; but again this was at most half of the comparable acceleration among American children during the same period. Again, it is important not to oversimplify transatlantic food fights, but there was some justification, even as French patterns softened a bit, for the *Nouvel Observateur's* gibe in 2000: "America is nothing more than an immense eating machine." Both for the later 20<sup>th</sup> century generally, and then for the period of accelerating weight gains worldwide, the United States and France were different – and this invites the effort at comparative explanation.

### Complexities

The main focus in explaining Franco-American difference, and in drawing lessons in consequence, will be on particular attitudes and behaviors. But the causes of the American pattern involve a number of factors, not all of which boil down into easy lessons. Two types of factors – subcultures and food industries – require particular attention.

One of the reasons that the United States stands apart from France with regard to women's weight involves greater American cultural diversity – or greater (quite possibly desirable) French conformity. Some similar divergences exist in both societies. Rural weight tends to be higher than urban, lower class higher than upper class. France, like the United States, can generate murmurs of social discontent against demanding fashion standards that seem to impose impossible body types and eating restraint. Even here, it seems likely that France has been capable of more dramatic change than the United States. Southern France, earlier in the 20<sup>th</sup> century, saw higher than average weights, but then the growing influence of urbanites and vacationers reversed the pattern; in contrast, several American rural states, headed by Mississippi, have consistently led the average weight charts, with less openness to outside influence.

And the American experience is profoundly conditioned by the largely separate weight standards and cultures of key subgroups, notably African Americans and Hispanics. As early as 1991 half of all African American women were overweight, and 48% of all Mexican Americans, compared to a 33% figure for whites. These internal differences involve profound divisions in eating habits and goals and in reactions to (or exposure to) medical advice, and profound divisions as well in images of female beauty.<sup>3</sup> France simply lacks internal gaps of this magnitude, and there's no particular lesson to be drawn as a result – except for the United States in considering its own special dimensions to the problem.

On the other hand, there is no reason to overdo the impact of internal divisions or conformities. In the recent pattern of rapid weight gain American white women have participated at a more rapid rate than minorities, though they have not yet matched overall minority rates of obesity and overweight. This means also that these same white women have exceeded overall French weight gains; comparative explanations are not exhausted by the fact of subcultural difference.

Efforts of the food industry provide another challenge. There is no question that a significant part of the recent rapid increases in American (and to some extent, global) weight have to do with changes in food availability. Several developments are noteworthy. The size of restaurant meals has increased. Use of a new corn syrup, introduced in 1971, has increased the calorie count in a number of children's foods. The availability of snack foods, already something of an American specialty, has expanded. Few public buildings in the United States by 2000, including schools, lacked a snack counter or at least elaborate vending machines. The growing popularity of coffee houses, complete with high-calorie infusions, was yet another intrusion of food commerce on eating habits.<sup>4</sup>

France, of course, has not been immune from changes of this sort. The surprisingly rapid spread of fastfood outlets in France, from the 1970s onward -- either American chains or local imitations – shows a similar aggressiveness on the part of food purveyors.<sup>5</sup> A more precise comparison of initiatives would be interesting and desirable. Still, it is almost certain that the American food industry, nourished by large agrobusinesses, has been far more active in introducing new opportunities to eat, and in expanding calorie counts where opportunities were already established.

The result has led to some calls, in the United States, for new levels of regulation of the food industry, beyond requirements for provision of consumer information including calorie counts and fat contents; and there have been suggestions of legal actions against some purveyors, like McDonalds, on grounds of irresponsible temptation, along lines similar to those used in suits against the tobacco industry.

To what extent, however, should initiatives of the food industry be taken as fundamental in changing habits, and to what extent do they mirror new needs? This is a familiar problem in assessing developments in consumer societies, and it's not easy to disentangle the factors involved. Why have Americans so readily accepted larger portions (clearly, by the way, preferring more food to the alternative in lower costs per meal)? Is the food industry primary or secondary in accounting for enhanced calorie intake? By the same token, to what extent should one assign responsibility to industry differences in the Franco-American comparison, as against differences in eating habits and expectations themselves? While not scientifically precise, it would be reasonable to suggest a shared causation, in which eating patterns (including new felt needs) independently complement new industry efforts and capacities during the past 20 years. Correspondingly it may be reasonable to suggest that more of the continuing Franco-American difference results from eating habits and expectations than from marked distinctions between the food industry independent of, or prior to, these habits and expectations.

The fascinating transatlantic dispute about consumption of genetically altered foods, though not directly relevant to weight patterns, shows the power of different consumer values in the behavior of food producers. So did the equally fascinating initial experience of Eurodisney, which had assumed an ability to foist American eating and snacking habits on a European public and had to retreat in the face of consumer resistance. Over time, to be sure, an aggressive food industry may be able to override consumer impulse, and reduce differences in eating patterns from one society to the next; this may already be occurring in the globalization of obesity. To date, however, different behaviors have not been eliminated, and they remain intimately involved in resultant trends in weight. The industry complexity has to be granted, but it does not override a different kind of explanatory inquiry.

There are a few other loose ends, not easily folded into a set of behavioral guidelines. Americans can be quick to point out that, from the late 1970s onward, they were much more zealous than the French in reducing smoking, making a different kind of choice about most-feared health hazard and the locus of new levels of personal restraint. The result played some role in the more rapid weight gains. (And it is worth noting the American disgust at European smoking bears comparison with the better-known European disgust at American fat.) On another front: American birth rates also remain higher than those in France, with obvious potential impact on women's weight patterns.

Again, it is important to remember that, as one shifts from the descriptive differences in weight trends to the factors that underlie them, there is no simple conclusion.

## Different Cultures

Despite a tremendous amount of transAtlantic exchange, shared diet concerns in principle, and an increasingly shared commitment to affluence and consumerism, dominant American and French habits have differed in several key respects, that in turn explain a good bit of the obvious differences in weight results. It is impossible to prioritize the factors involved with any precision, but several categories are worth attention.

1. Transportation and walking. The efflorescence of American suburbs from the late 1940s onward greatly increased dependence on automobile transportation, and reduced both opportunity and need to walk on a regular basis. The contrast with French patterns of residence and transportation is obvious. Though some Americans have led their French counterparts in a formal commitment to compensatory exercise, the larger results of a more sedentary lifestyle clearly feed the now-familiar differences in body type. The American adoption of suburbanism and the automobile was motivated by available space, relative affluence and a concern about urban life, not body types; but the connection to frequent weight gains has proved both extensive and durable. It has been enhanced, of course, in more recent decades by more passive leisure habits, headed by television watching; by the further growth of sedentary white collar occupations; and by the use of additional mechanical devices that reduce physical exertion – trends familiar, of course, in France as well.
2. Childhood. A crucial difference, during at least most of the past century, between French and American weight control practices involves diametrically opposed approaches to children. Overall distinctions emerged early, amid great variety in individual childrearing styles, and they persist. It is well known, of course, that children's weight patterns have a great deal to do with adult problems, or lack thereof. What the American comparison reveals is how this factor plays out in the social and historical context.

The fact was that despite urgent recommendations about weight control for adults, from about 1900 onward, concerns about children's overeating created virtually no stir among American experts or parents for over seventy years. Childrearing manuals filled with advice about making sure that children (increasingly, particularly girls) were not underweight, but the converse issue did not break through. Only in the 1940s did American medical research turn to the problem with any regularity, and only in the 1970s did medical commentary begin to zero in on children who were overweight.

Fairly clearly, American parents largely remained comfortable with more traditional standards of plumpness as an indication of children's health and of their own adequacy as providers and caregivers. This is why cases of insufficient weight seemed so important, in indicating deficiencies that could and should be corrected. The connections between children's eating and the weight issues that many parents themselves confronted were not commonly made. Specific developments recurrently pulled popular advice back to the emphasis on more rather than less supply of food. The Depression brought vivid images of malnutrition, even though they were



irrelevant to the lives of the majority of Americans. Later still, anxieties about anorexia nervosa (more extensive in the United States than in France, though incidences of the illness itself did not vary greatly) provided another reason to focus on eating adequacy rather than overeating. Here was a genuine concern, which also struck home painfully to parents who prided themselves on adequate provision for their children. Hence it was easy to lose a sense of proportion in balancing attention to anorexia against more pervasive patterns of child obesity in the United States.<sup>6</sup>

This was the context in which many parents spent their relevant energies exhorting children to eat, rather than approaching the possibly more difficult task of urging restraint. Finishing one's plate was an obligation, given hunger elsewhere in the world; asking for more was a tribute to family prosperity. Snacking was only loosely controlled, and the practice of giving children allowances allowed considerable independent spending on candy and soft drinks. Using food as a reward for good behavior, or as a distraction to end bad behavior, remained common. The result, even before the recent surge in children's obesity, was a set of weight problems for both boys and girls greater than those encountered in France.

For, judging both by advice literature and by patterns of food distribution, dominant French assumptions were quite different during most of the 20<sup>th</sup> century. Experts in *puériculture*, from the 1920s onward, though deeply concerned about adequacy of infant nutrition, were explicit in their belief that children's eating must be parentally controlled, that children did not have a natural instinct to eat properly. Regulated mealtimes and portions, and little snacking beyond the recurrently-debated *goûter*, were common instantiations of this approach in real life, even in households that could easily have afforded larger portions.<sup>7</sup>

By the turn of the 21<sup>st</sup> century, American patterns were deteriorating further, while the French façade was showing some similar cracks but at a clear remove given the differences in prior assumptions and behaviors. In both societies, still more abundant food, including a growing propensity among French youngsters for sugared soft drinks, combined with increasingly sedentary lifestyles given the ubiquity of television and the Internet. Parents, particularly mothers, in both societies, increasingly engaged in work outside the home, found it difficult to maintain eating discipline, and often consented to snacks from a sense of guilt that their attention otherwise was insufficient. So child obesity, again for both genders, crept up; but the American pace remained greater, and it built on higher levels in the first place. The question was whether greater convergence might occur in future, or whether the French could rescue elements of their previous approach in an admittedly new setting.

The point about childhood is crucial, for even among some limited signs of convergence French socialization continues to differ markedly from American, on average. French focus on mealtimes—particularly dinners—as vital family occasions differs from de facto American patterns, though less from American ideals. The French have been able to loosen strictures about table manners, toward greater informality, in a pattern roughly similar to changes in the United States, but with less permissiveness about children's choices of foods and of eating times. Fixed mealtimes, with both parents and children present, remain much more

common in France than in the United States, where children's schedules and parental indulgence often combine for much less formal evening meals while parent's work habits and suburban commuting times frequently complicate shared dinners. (It is also important to note American preferences for eating evening meals early, which further discourages family control.) Not surprisingly, adult eating habits continue to reflect these kinds of differences in childhood experiences. Hence, in contrast to the French, Americans widely believe that people used to eat better in the past (among other things, before the inroads on family dining). Preservation of the kind of valuation of eating, as well as eating discipline, that remains part of French family life seems a vital component in avoiding the kinds of obesity trends in which the United States has taken a lead. Management of childhood plays a vital role here.<sup>8</sup>

3. Adult Eating Styles. Well before current problems of obesity, French and American adults, again on average, had developed quite different approaches to the experience of eating. The American approach was established well before overweight loomed as an issue, and for many decades, when physical labor remained common, it did not pose significant risks. But as it was maintained into the 20<sup>th</sup> century, when physical activity diminished, it contributed considerably to average weight gains, particularly when it built on children's overindulgence and might be enhanced by the lures of the food industry.

At risk of oversimplification, two goals have traditionally characterized mainstream American eating: quantity and speed. Several scholars have suggested that the abundance of available food in the Americas (South as well as North) quickly converted European immigrants to a commitment to expansive eating, as one means of demonstrating success in an otherwise strange land.<sup>9</sup> Many immigrant groups have gone through a similar transformation, again as a means of finding pleasure in the new environment and proving the wisdom of their decision to move as against the patterns of greater scarcity they had left behind. The results of this commitment to abundance did not necessarily show up in unusual obesity rates when physical labor demands remained high, but they began to prevail as job and transportation structures changed; even in the first half of the 20<sup>th</sup> century immigrant groups, like Greeks, began to differ in body types from their European counterparts. The commitment to fast eating, widely noted by travelers in the early 19<sup>th</sup> century, is harder to explain, though it was clearly associated with an American pace of life more generally.

By the 20<sup>th</sup> century, this eating culture was well established, helping to generate further innovations such as fast-food outlets and all-you-can-eat opportunities in other restaurants. The culture was ideal for the introduction of snacks, which began to show up in the United States from the 1880s onward. Later, it provided a receptive climate for the expansion of food portions noted earlier as playing a key role in rapid weight gains by the 1990s. The culture contrasted with that of countries like France, where, again at risk of some simplification, leisurely mealtimes and an emphasis on food quality with explicit limits on quantity, defined a different approach, and one that proved more salutary in an era when growing food abundance combined with a more sedentary style of life. And while some developments began to cut into French

distinctiveness by the last quarter of the 20<sup>th</sup> century – fastfood imports, shorter mealtimes, and some increase in snacking – the American approach to eating did not win out entirely.

Quantity and speed have more to do with the eating habits and weight gains of American men than with those of women; but women have been involved, perhaps particularly as their role in food preparation declined in the later 20<sup>th</sup> century in favor of a rapid increase in restaurant eating and use of prepackaged meals. These features of American adult eating tended to exacerbate excess weight accumulated in many childhoods, and they contributed to the tolerance of children's indulgence as well.

4. Campaigns against fat. The impact of this final set of comparative factors is particularly intriguing, with elements noted by some French observers as early as the 1940s; the factors almost certainly play a role in the distinctive patterns of American weight, though precision is more difficult than with regard to eating habits themselves.

By the 1950s – and still today – a clear pattern began to emerge in American society. Sometimes burdened with overweight from childhood, often drawn into excessive adult eating patterns, yet abundantly conscious of the social and health disadvantages of fat, Americans began a passionate commitment to dieting, which in turn – through advice manuals and special products – became a major national industry. At any given time, over half of all American adults contend that they are in some phase of dieting – including of course planning to start. Weight loss easily became the leading target of New Year's resolutions.

Aside from the sheer level of national obsession (at least in principle) two or three features of the American dieting impulse deserve particular comment. First, there was a strong tendency, (again, at least in principle) toward heroic action. The gap between actual American bodies, on average, and the ideals with which Americans were and are assailed is massive. Supremely slender supermodels and actresses vie with the ever-more-rigorous weight goals of the actuarial tables and medical charts, which recurrently drop several pounds from their sternly recommended goals. In this context, and perhaps in keeping with a more general national proclivity toward overstriving, it is not surprising that the most widely touted examples of successful weight management involved massive loss, from hopelessly obese to admirably svelte. This was true in the women's magazine accounts in the 1950s; it has underscored a successful advertising campaign by a restaurant chain in the past two years; and it has highlighted accounts of weight battles by leading media icons like Oprah Winfrey.

The second feature of the American diet obsession that warrants comment involves a pervasive moralism. Though officially still an issue of health and/or appearance, fat in fact has recurrently organized a moral crusade, with fat people seen as deficient in character and willpower and, by the 1950s, often victims of psychological disturbance outright. In a culture in which individual responsibility receives exceptional attention, fat became a fault. This moral component was



assimilated into a variety of group-help activities, some, like Weight Watchers, modeled around programs initially designed to curb alcoholism, in which public demonstrations of worthiness became a key mechanism for motivation and enforcement.

Characteristics of the American diet approach proved successful for some individuals, but demonstrably they have failed to match the dimensions of the national problem. One reason for the failure is clear: it is hard to remedy childhood patterns and ongoing eating impulses. A smaller minority of the French diet than is true in the United States, because there is less need. But it is also quite likely that the nature of the approach itself limits success. Unrealistic goals and standards deter many Americans from any effort, or they prove so difficult to reach that discouragement leads not only to abandoned discipline, but to additional eating by way of consolation. Individual women – and it is on women that both the high standards and the moralism particularly bear – have said the same thing about moralism. The sense of personal failure and inadequacy of character that result when a diet does not quickly or durably pay off may drive women into compensatory eating, in a culture where eating and solace are closely connected in any event.

French experts have long sought explicitly to avoid the moralistic component of the American approach, urging that patients be encouraged to think of weight problems without taint and without psychological overtones – and the evidence suggests that their evaluations have been both accurate and productive.<sup>10</sup> Interestingly, it seems probable that the strong aesthetic impulse in the French approach, however superficial, is more effective than American moralism. Americans, too, think about weight in terms of beauty standards, but comparative studies indicate that American women are somewhat less likely to be motivated by aesthetic goals than their French counterparts; but no adequate alternative motivation has emerged.<sup>11</sup>

One final comparative point deserves brief note, though it adds to the description of difference perhaps more than the explanation. During the 1980s, American feminists and civil libertarians generated a considerable counterattack against the campaigns concerning weight and obesity. They argued that beauty standards and moralistic pressure applied to women was unfair, a masculine plot in which doctors were fully engaged; and they attacked job situations in which heavy women had encountered discrimination, winning several court cases in the airline industry and police. Several persuasive books argued that women should be free from body standards.<sup>12</sup> While the crest of this movement has waned, it still influences discussion in the United States; and while the pressure to be slim has not measurably eased, some women and some groups may have received a sense of legitimation for what others might regard as excessive weight gains. Revealingly, comparable movements in France were both later and milder, with even less impact on prevailing standards. Lacking quite such vigorous feminism and the larger context of civil rights agitation, French conformism largely persisted.

#### Lessons and Conclusions

The key question for the future is whether the United States, clearly distinctive, is nevertheless leading the way for future patterns in industrial societies. American influence, and the extent to which developments in the United States prefigure wider changes in eating habits and food expectations, may combine to predict growing convergence. Obviously most observers, including many Americans, hope that this is not so.

One issue not yet fully addressed must contribute to this concluding analysis: why have there been such substantial weight gains in the United States over the past two decades? New food patterns – the lures of the commercial food purveyors - - and childrearing styles play into existing American vulnerabilities to encourage more eating by children and adults alike. Decreasing commitment to home cooking contributes as well, with more hasty restaurant meals and oversized portions of prepared foods; women, now working, have reduced their control over the food intake of their families and to some extent themselves. But there is a final factor as well, in the reduced leisure time and increased working hours that Americans have experienced over the past 20 years, that make them particularly reliant on quick, readily available sources of comfort and energy – one reason that food locations have spread so widely among sites of work and entertainment.

Here is a mixture that is partly distinctively American – the increase in work commitment, for example, that contrasts even with the contemporary Japanese – and partly global, as with women's work patterns and the expansion of food availability in affluent sectors. The mixture explains why Americans have led, in timing and extent, the new obesity crisis, but it does not assure that other regions will not follow. And this, perhaps, is the first comparative lesson to be drawn.

Lesson two obviously emphasizes the importance of cultural attributes attached to eating, to medical authority, and to fashion. It is vastly easier to maintain salutary cultural values than to import them. In attitudes toward food, in disciplinary conventions applied to children, and in a fairly careful approach to dieting France has some historical traditions that can be highlighted and hopefully maintained, perhaps with a bit of America bashing routinely thrown in. Even attributes that can be criticized by some vantage points, such as widespread conformism and heavy, even exploitative emphasis on women's beauty, have clear utility in the modern world. There are threats to some of these cultural attributes, not only through American influence but also through changes in childrearing patterns, so their maintenance is not automatic.

Lesson three involves the importance of social choices seemingly far removed from eating. While the connection is tentative, changes in work habits and restriction of leisure opportunities may play a considerable role in contemporary American eating. Decisions about residence and transportation, in societies in which work inevitably becomes more sedentary, have wide impact as well. It is relevant to take weight issues into account in wider policy discussions, while focusing on the food industry as well.

Lesson four is overarching, and involves levels of priority. Aware of weight standards, sometimes openly discontent with their actual bodies, many Americans have decided that weight control is not of the highest importance. This involves more than the obvious decision to eat more than is recommended by the health experts, or a willingness to look a bit fat despite the body images projected by the media. For some, it involves a clear sense that the standards of a subgroup take precedence over obedience to national norms; or that feminist self-assertion is more important. Nationally, it involves a clear if implicit decision that serving cheap though highly caloric food to children at school, with benefits to agricultural producers, is more important than encouraging better nutritional habits. It has included a very definite sense that fighting smoking – where there has been great American success in effecting cultural and behavioral change – is vastly more important than fighting overweight. It is possible, and many would argue highly desirable, to work from a different set of priorities, that would put weight control much higher on the list. In societies where weight patterns are still changing rather gradually, though in troubling directions, and where cultural preservation rather than cultural change requires greatest attention, establishment of appropriate priorities may have substantial effects, even in this highly personal domain.

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<sup>2</sup> David F. Williamson, "Descriptive Epidemiology of Body Weight and Weight Change in U.S. Adults," *Annals of Internal Medicine* (1953): 646-49; "Trends in Average Weights, Insured Men and Women," *Statistical Bulletin of the Metropolitan Life Insurance Company* (1966): 1-3; "Trends in Average Weights and Heights of Men: an Insurance Experience," *Statistical Bulletin of the Metropolitan Life Insurance Company* (1970): 6-7. One important comment on trends is Robert Kuczmarski et al., "Increasing Prevalence of Overweight Among US Adults," *Journal of the American Medical Association* 272 (July 20, 1994): 205-211; Society of Actuaries and Association of Life Insurance Medical Directors of America, *Build Study 1979*, (New York, 1980); Edward A. Lew, "Mortality and Weight: Insured Lives and the American Cancer Society Studies," *Annals of Internal Medicine* (1989): 1024-29; Charraud and Valdelièvre, "Le Taille et le poids du français," 23-38; Corrine Postel, *Poids et taille des français en 1970* (Master's Thesis, Paris V Medical School, 1970), #38; Marceline Bocher, "Le Corps change, son image aussi," *INSEE Première* (Institut national de la statistique et des études économiques) (Jan. 1995): 356; S. M. Retchin et al., "Health Behavior Changes in the United States, United Kingdom, and France," *Journal of General Internal Medicine* (Nov.-Dec. 1992): 615-22; Dominique Laurier et al., "Prevalence of Obesity: A Comparative Survey in France, the United Kingdom, and the United States." *International Journal of Obesity* 16 (1992): 568; M. F. Rolland-Cachera et al., "Body Mass Index Variations: Centiles from Birth to 87 years," *European Journal of Clinical Nutrition* 45 (1991): 13-21; J. Delarue et al., "Anthropometric Values in an Elderly French Population," *British Journal of Nutrition* (1994): 295-302; C. Bonithon-Kopp et al., "Relationships between three-year longitudinal changes in body mass index, waist-to-hip ratio, and metabolic variables in active French female population," *American Journal of Clinical Nutrition* (1992): 475-82.

<sup>3</sup> For continued evidence of confidence in attractiveness along with admitted overweight, S. K. Kumanyika, F. F. Wilson, and M. Guildford-Davenport, "Weight-Related Attitudes and Behaviors of Black Women," *Journal of the American Dietetic Association* 93 (1993): 416-22.

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<sup>4</sup> Greg Critser, *Fatland: How Americans Became the Fattest People in the World* (New York, 2003).

<sup>5</sup> Pascale Pinson, *La France à table, 1960-1986* (Paris, 1987), 17-32, 259. MacDonald's started in France in 1972. By 1983, 45 percent of all French restaurants meals were rapidly cooked, one-course offerings of some sort, with actual fast foods a growing portion of this total.

<sup>6</sup> Peter N. Stearns, *Anxious Parents: A History of Modern Childrearing in America* (New York, 2003).

<sup>7</sup> J. Renault and C. de Tannenbergh. *Alimentation des enfants* (Paris, 1923); Comité national de l'enfance, *Cours de puériculture en dix leçons* (Paris, 1939), 45; Raoul Mercier, *Conférences d'hygiène et de puériculture* (Paris, 1908); Augusta Moll-Weiss, *L'Alimentation de la jeunesse française* (Paris, 1931); Comité national de l'enfance, *Problèmes et aspects de la puériculture moderne* (Paris, 1942), 110; Dr. Rocaz, *L'Hygiène de l'enfant* (Paris, 1935), 85.

<sup>8</sup> Claude Fishcler, "Le repas familial vu par les 10-11 ans," [Les Cahiers de l'OCHA no. 6](#) (Paris, 1996);

<sup>9</sup> John C. Super, *Food, Conquest and Colonization in Sixteenth-Century Spanish America* (Albuquerque, 1988), 84-85.

<sup>10</sup> Jacques Moron, *La Clef du Poids* (Paris, 1974); Léone Bérard, *Pour Maigrir* (Paris, 1977); A. D. Herschberg, *Maigrir et rester mince* (Paris, 1977); Albert Francis Creff and Léone Bérard, *Les Kilos de trop* (Paris, 1977); Gérard Debuigne, *Vivre mince et belle* (Paris, 1978); Gilbert-Dreyfus, *Pourquoi l'on grossit et comment minçir* (Paris, 1977); Jean Trémolières, *Diététique et art de vivre* (Paris, 1975).

<sup>11</sup> Marlène Delboug-Delphis, *Le Chic et le look: Histoire de la mode féminine et des moeurs de 1850 à nos jours* (Paris, 1989), 39, 108; Lois Banner, *American Beauty* (New York, 1983); Gerald Mendelsohn, Françoise de la Tour, Geneviève Coudin, and François Baveau, "A Comparative Study of the Adaption to Breast Cancer and Its Treatment in French and American Women," *Cahiers d'Anthropologie et Biométrie Humaine* 2 (1984): 71-96; note also the revealing difference in swimsuit toplessness, as both cause and effect of different attitudes towards women's bodies.

<sup>12</sup> Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York, 1983); Roberta Seid, *Never Too Thin: Why Women are at War With their Bodies* (New York, 1989); Claude Fishcler, *L'Omnivore* (Paris, 1990), 372; Marcia Millman, *Such a Pretty Face: Being Fat in America* (New York, 1980).