

# A Study on the Body Positive Movement: Narratives of Fat Body Positive Individuals

Rachele Salvatelli

PhD

University of York

Sociology

September 2021

# Abstract

Fatness is the repository of a series of discourses whose intent is to define and control “unruly” bodies, i.e. bodies that because of their bulginess and fleshiness exceed the bounds of “normality”. Research has shown that fat has long been constructed as a stigmatising trait and as a result, fat individuals – particularly those who are fat and positive about their fat embodiment – are left confronting some common assumptions around fatness, namely that fat is – among other things – unattractive, unhealthy, and ultimately immoral. Scholars have addressed the role of fat activism in questioning the ways in which fatness has been framed and constructed in our society. However, in the last decade a new type of activism centred around the idea of self-acceptance has emerged. Body positivity rests on the assumption that all bodies are good bodies, regardless of their sizes. This study identifies and evaluates the impact of body positivity on self-identifying fat and body positive individuals. Building on existing research on fat embodiment, the thesis asks: How do people who identify as fat and body positive narrate the history of their bodies? How are the narratives of fat people influenced by their experience of being part of the body positive movement? The findings of this study reveal that participants developed a positive relationship with their fat embodiment and manifested a desire to challenge common assumptions around fatness, which impacted different areas of their lives, including the words that they use to describe themselves, clothing practices, family relationships, and their approach to health. The results indicate that being part of the body positive movement influenced a series of important and impactful changes in the lives of fat body positive individuals, and the relationship they have both with themselves, their close ones and society at large.

# List of contents

Chapter one: Introduction	p. 5
Chapter two: Literature review	p. 21
Chapter three: Methodology	p. 53
Chapter four: Navigating a stigmatised identity	p. 79
Chapter five: Clothing practices among fat body positive individuals	p. 105
Chapter six: “Good parenthood” and caring practices in the narratives of fat body positive individuals	p. 127
Chapter seven: Health and “healthy” eating: navigating health matters in a fatphobic society	p. 155
Chapter eight: Conclusion	p. 191
Appendix I: Participants’ description	p. 210
Appendix II: Information sheet	p. 212
Appendix III: Consent form	p. 214
Appendix IV: Topic guide	p. 216
Bibliography	p. 220

# Acknowledgements

I would like to thank Dr Steph Lawler and Professor Sarah Nettleton for their insightful comments and suggestions. They have guided me through this doctoral project and helped shape this research into what it is today. I would like to also express my sincere gratitude to Dr Merran Toerien and Professor Ellen Annandale for seeing me through the finishing line and for the encouragement and support that they have demonstrated me in these past few months.

I am deeply grateful to my parents and friends for their unwavering support and belief in me throughout this process. In particular, I would like to thank Laura Rinaldi for her precious comments and suggestions on both this thesis and personal matters alike. I am also deeply grateful to Dr Dilvin Usta for the memories and cherished laughs that we shared during this PhD journey.

Lastly, I would like to extend my sincere thanks to Katie, Sophie, Annie, Anna, Georgia, Nancy, Natasha, Nina, Leor, John and Ellie. They entrusted me with their life stories and for this, I will be eternally grateful.

# Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references. Some of the material presented in Chapter four has been published in the *International Journal of Social Sciences and Interdisciplinary Studies*:

Salvatelli, R. (2019). On Fat Female Embodiment: Narratives of “Coming Out as Fat”. *International Journal of Social Sciences and Interdisciplinary Studies*. Vol. 4(1), pp. 43-52.

# Chapter one: Introduction

The question of how individuals with stigmatised bodies negotiate their place in society has been widely discussed in sociology. Stigma research, including Goffman (1963) and Tyler (2018), has clearly established that individuals with a stigmatising trait put in place a series of stigma management techniques in order to manage others' expectations and find a positive place in society. Fat scholars, in particular, have researched how the bulginess and "unruly" nature of fat bodies has being made into a stigmatising trait and how fat individuals navigate these intricate webs of meaning (Pausé, 2012; Gailey, 2014). However, there is still an overall lack of research regarding the experiences of fat individuals who identify as what has become known as "body positive", i.e. people who are positive about their fat embodiment and identify as members of the body positive movement. Although fat activism has already been the source of some scholarly interest (Cooper, 1998; Gurrieri, 2013; Pausé, 2014), the study of body positivity is still in its infancy and much more research is required in order to fully grasp the meaning of "body positivity" and the impact that this phenomenon is having on the members of this community.

This research aims to explore the meaning of "body positivity" and understand the impact that this movement had on the lives of self-identifying fat and body positive individuals living in the UK. By positioning the narratives of fat members of the body positive community at the centre of the knowledge produced on body positivity, this thesis aims to understand the lived experiences of this understudied group. My intent is to make sense of the stories of fat body positive individuals, with a particular focus on the ways in which they deal with their stigmatised identity. To put it simply, given the highly stigmatising nature of fatness, I analyse their life stories in order to better understand what it means to them to be at once fat and positive about one's fat embodiment.

This chapter provides an introduction by first discussing the background to the study. Examples are given of the many and multifaceted ways in which fat people experience weight-based discriminations and stigma on a daily basis. This will explain the many ramifications of fatphobia and the pervasive stigmatisation that fat individuals feel forced to endure in many

areas of their lives. It is for this reason that the body positive message appears to be revolutionary in its intent. I will provide a brief explanation of what body positivity stands for and its evolution in recent years. In the second section, I will discuss the research aims, objectives, and questions that underpin this study, as well as the key methodological considerations. In particular, I will briefly discuss the epistemological and ontological foundations of the study and their association with the decision to carry out narrative interviews. In this section, I also discuss the contribution to sociological knowledge of this project. In the third section, I explore my approach to the study. I explain my positionality as a fat woman researching a topic that is personal to me, and the terminology used in the thesis. This chapter concludes with the outline of the subsequent chapters.

## Background to the study

It is impossible to explain the relevance of “body positivity” and the impact that this movement on its fat members without first drawing attention to the sheer scale of discrimination that fat people face on a daily basis. In 2017, the body liberation organisation *Free Figure Revolution* collected the answers of 6320 participants and published the *2017 Fat Census*, a report created to investigate the intersectional nature of fat discrimination. In particular, they wanted to evaluate “the current state of fat folks in the context of interlocking systems of antilock oppression” (Shackelford, 2018: 3). The report revealed a series of widespread weight-based discriminations. For example, 64% of the respondents reported having been misdiagnosed by a healthcare provider because of their weight. In terms of employment discrimination, 40% of participants reported that they had been denied jobs or promotional opportunities because of their size. Weight-based discrimination also impacted respondents’ access to facilities – for example, 62% reported being unable to fit in a facility, including restaurants, schools, airlines and bathroom stalls. The vast majority of the respondents – almost 80% – did not exceed a US size 24, which suggests that larger individuals might be facing even higher discrimination. Nevertheless, this report was able to collect the responses of an ample sample of participants and the scenario that it depicted was one where fat individuals experience numerous forms of weight-based discriminations disseminated across different aspects of their lives.

The findings of the *2017 Fat Census* are corroborated by wider academic literature. In fact, research overwhelmingly has shown that fat individuals are subjected to various forms of stigmatisation and weight-based discrimination, particularly in the realms of employment, health care, education, and representation in the media (Puhl et al., 2013). In relation to employment discrimination, Giel et al. (2012) conducted a study on HR professionals and their hiring strategies. They found that fat candidates are often overlooked and are less likely to be hired compared to their thinner, less qualified competitors. Fatness not only affects the likelihood of being employed, it impacts the wages that fat individuals receive, with some research showing that with every unit increase in Body Mass Index (BMI), women's salary drops by 1.83% in hourly wages (Han et al., 2011).

Weight discrimination also has a detrimental effect on the quality of healthcare that fat people receive. Numerous studies have documented the fat bias that medical providers hold against fat people and how these stigmatising attitudes are enacted by healthcare providers (Brown and Flint, 2013; Malterud and Ulriksen, 2011). Sabin et al. (2012) sampled 2284 medical doctors and they found strong implicit and explicit anti-fat bias in their approach to fat patients. Similarly, a study conducted by Gudzone et al. (2013) reported that GP tends to spend on average less time with their heavier patients.

In terms of education, fat students experience forms of discrimination and weight bias from both their peers and educators alike. Fat students are considered to be less cooperative, intellectually capable and having poor social skills (Neumark-Sztainer et al., 1999; Greenleaf and Weiller, 2005). These beliefs have lasting impacts on fat students' academic career, as they are less likely than their thinner peers to be offered a place at university (Burmeister et al., 2012).

These forms of weight bias also reflect on the ways in which fatness is constructed in the public discourse (Here et al., 2011; Campo and Mastin, 2007; Yoo and Kim, 2011). News media create stories of personal responsibility around fatness, significantly overlooking other significant factors outside of a person's control – such as genetic, socio-economic and environmental factors that, it has been argued, play a more important role in determining a

person's weight (Kim and Willis, 2007). Instead, fatness is mainly presented as a personal responsibility. Boero (2007) conducted a study on articles published in the New York Times between 1990 and 2001 and found that these stories portrayed "obesity" as a personal responsibility and fat individuals were described using words such as "stupid", "irresponsible", "lazy", and "repugnant" (Boero, 2007).

The aforementioned examples are not intended to be exhaustive of the many, multifaceted and pervasive forms of discrimination that fat people are forced to endure on a daily basis. However, they do provide necessary context for our understanding of what is like to go through the world in a fat body. The numerous ways in which fat individuals experience stigmatisation and weight-based discrimination due to their size leads to poor psychological outcomes. Research has shown not only that fat individuals have a higher risk of developing anxiety and depression because of the exposure to weight stigmatisation, but that they also tend to have poor body image, low self-esteem and an overall poor relationship with their fat embodiment (Puhl and Heuer, 2009). It is in this context that the body positive movement can provide an appealing alternative to loathing one's fat body. I provide a more detailed explanation of the meaning of body positivity and how this movement operates in Chapter two. However, in this introductory chapter it is important to briefly discuss what "body positivity" means in order to fully understand the scale of this movement and, by extension, the sociological significance of this project.

The term "body positive" was used for the first time by Connie Sobczak, an eating disorder psychotherapist who created in 1996 *The Body Positive*, an organisation intended to create a "healing community that offers freedom from suffocating societal messages that keep people in a perpetual struggle with their bodies" (The Body Positive, 2021). The concept of "body positive" then changed into "body positivity" in the early 2010s, when fat people started to share their experiences – particularly around clothes consumption and fashion inspirations – in online spaces such as Tumblr, Facebook and Instagram (Cherry, 2020). Through the creation of OOTD (Outfits of the day), fashion bloggers and influencers started using "body positivity" as a hashtag to caption their posts and share their content with fellow "fatshionistas" (Gurrieri and Cherrier, 2013). Given the harsh forms of discrimination they were facing in

what was coined as IRL (In Real Life), fat individuals started to share body positive content in online spaces as a way of seeing themselves represented (Sartre, 2014; Zavattaro, 2020).

Body positive online content still revolves around a few popular slogans, including “all bodies are good bodies” and “there is no wrong way to have a body” in order to convey the message that it is possible to change societal definitions of beauty by promoting acceptance and appreciation of all bodies (Cohen et al., 2020). At its core, the body positive message is simple, yet powerful: it is possible not only to accept one’s “imperfect” body – as supporters of “body neutrality” would argue (Jolly, 2021; Weingus, 2018) – but it is possible to find beauty in one’s supposed body flaws. The “flaws” that I am referring to are those that have been long marketed to and weaponised against women: cellulite, stretchmarks, scars, grey hair, visible veins, body hair, and, above all, body fat. Although people of all genders have been negatively impacted by the promotion of unattainable beauty standards, the body positive message appeared to be particularly appealing to women, in general, and fat women, in particular (see e.g. Sastre, 2014).

The idea that fat individuals could find beauty in their supposedly flawed bodies created a counter-narrative around fatness. What was thought to be an axiomatic truth about fatness, namely, that fat bodies are necessarily unattractive, unhealthy, and immoral was now up for discussion and an increasing number of now fat and body positive individuals wanted to initiate a conversation around common assumptions about their bodies. From a sociological perspective, the body positive movement creates a counter-discourse around issues concerning fatness, beauty standards, self-acceptance and self-love. However that is not especially novel in itself as other fat movements had attempted to do the same (see Chapter two). However, unlike other fat activist movements, body positivity has gained so much popularity that it has now become a mainstream phenomenon which has influenced not only its members, but society at large. In this sense, it is important to highlight the scale of the movement and its ongoing growth. This research started in September 2017 and at the time, the hashtags #bodypositive and #bodypositivity had been used 6.4 million times on Instagram alone. Four years later in 2021, the same hashtags had reached almost 25 million. These numbers do not help us to understand the complexities of a movement that has had many facets from its initiation, but it does highlight the scale and ongoing growth of the movement.

At the inception of this research, influential books on body positivity were being published for the first time, including Jes Baker's *Things No One Will Tell Fat Girls*, in 2015; Megan Crabbe's *Body Positive Power* in 2017; Michelle Elman's *Am I Ugly?* in 2018; and Sofie Hagen's *Happy Fat* in 2019. A few years prior to the publication of these books, in 2012, US plus-size model Tess Holiday had launched her #effyourbeautystandards social media campaign. She encouraged women to celebrate their bodies regardless of their shapes and sizes. The campaign was extremely popular on social media platforms such as Instagram, Twitter and Facebook and made Holiday into one of the faces of body positivity. A few years later, in 2015, she became the first model over a size 20 to be signed to a leading model agency and in the same year she featured on the cover of the American weekly publication, *People Magazine*. Meanwhile, body positivity in the UK was taking its first steps, aided by some controversial campaigns that sparked ferocious debates in the media. In 2015, the London Underground transit system was covered in Protein World's yellow posters featuring a bikini-clad model asking, "Are you beach body ready?". The response to the sports nutrition and pharmaceutical company's advertisement went viral. The campaign was accused of being socially irresponsible, offensive and objectifying women as it promoted an unhealthy body image that – according to the poster – women could only achieve by consuming Protein World's weight loss supplements. This led to a petition being launched on Change.org which, at its highest, reached over 70 thousand signatures and the Advertising Standards Authority started an investigation into whether the advertisement was offensive (Davies, 2015). In the summer of the following year, the personal care brand Dove released a new campaign titled "My Beauty, My Say". As stated on their website, the intent of the campaign was to "empower women to define beauty on their own terms" (Dove, 2016).

The aforementioned examples highlight the cultural shift that characterised the 2010s, when a series of conversations around acceptance of one's body and consequently body positivity were initiated and quickly became a forefront issues in different media outlets, including social media, magazines and newspapers. Even though the body – women's bodies, in particular – had already been positioned at the centre of much media publications (See Tiggermann et al., 2004; Cusumano and Thompson, 1997; Beetham, 2003), for the first time alongside traditional debates about how to improve one's body in order to obtain the

“perfect” body, new types of conversations started to entertain the possibility that it was possible to have a positive relationship with one’s body even when the body concerned did not adhere to traditional standards of beauty, i.e. body not thin, young, toned, white, able and so on. In other words, the idea that our bodies are fine *just as they are* – which is the main concept underpinning body positivity – sparked new ways of framing the body – and fat bodies, in particular – in public discourse. As it will be further discussed in Chapter two, fat activists had long tried to spread their fat positive message. From the late 1960s onward, a series of fat activist movements – the National Association to Advance Fat Acceptance (NAAFA), the Fat Underground, Pretty, Porky and Pissed Off (PPPO), Allegro Fortissimo – had already initiated a conversation around fatness and the ways in which it is perceived by society. However, it wasn’t until the 2010s that, aided by the powerful influence of social media, body positivity made these discussions known to a wider audience.

When I started working on the research proposal for this doctoral project, I was highly influenced by the cultural climate of the mid-2010s around self-acceptance and body positivity. As a fat woman who had just started developing a positive relationship with her own fat body, I not only saw these body positive messages as relevant to me on a personal level, they also prompted my interest in body positivity as a phenomenon of sociological relevance. In 2016, when I started gathering evidence to create a research proposal, there was little academic literature on body positivity. From the 1990s onward, the topic of fatness had been at the centre of much interdisciplinary research – the journal *Fat Studies: An Interdisciplinary Journal of Body Weight and Society* had been founded in 2012 and subsequently became the cornerstone of knowledge produced on fatness. However, at the time, there was little interest in body positivity as an area of scholarly research. Since the inception of my research there have been several publications on body positivity. In particular, Money (2017)’s work on plus-size clothing; Caruso and Roberts’ (2018) study of body positive masculinity in online spaces; Cohen et al.’s. (2019) content analysis of body positive accounts on Instagram; Zavattaro’s (2020) study of social media and body positivity; and Johansson (2020)’s work on body positivity and marginalised bodies. Moreover, in 2021 Pausé and Taylor edited for Routledge the *Handbook of Fat Studies* – the first major edited book on fat studies since Rothblum and Solovay (2009)’s *Fat Study Reader* – which contained multiple sections on body positivity.

Even though there has been some momentum in terms of published material on body positivity and its relationship with fatness, most of these studies either have not used primary data or when they have done so have relied on a content analysis approach to visual and textual online content (Cohen et al., 2019; Cwynar-Horta, 2016; Sastre, 2014; Caruso and Roberts, 2018). Some scholars have approached body positivity through the lens of autoethnography (Gibson, 2020; Otis, 2021), and others have used interviews and participant observation to gather information about the impact of the body positive movement on young women's body image. For example, Ando et al (2021) conducted semi-structured group interviews with undergraduate students to investigate social media influences on body image among young Japanese women. Crawshaw (2019) used participant observation to analyse the interactions of both campers and volunteers at *Girl Rock Camp*, a children's summer programme. O'Hara et al. (2021) use a mixed method approach to analyse the impact that a brief Health At Every Size-informed health promotion activity had on young Arabic women. However, to date the vast majority of literature produced on body positivity is still mainly interested in understanding how body positive content gets shared and created in online spaces, with a particular focus on the ways in which it operates on Instagram. While content analysis is a useful method to understand communication processes – in this case, it explains the logics of body positivity as a movement and it explores how body positivity is portrayed and created in online spaces – it does not provide us with depth and richness in terms of the lived experiences of self-identifying members of this community. In other words, the majority of studies produced to date on body positivity have focused on the body positive movement as a whole, which excludes the experiences of individuals who adhere to the beliefs of the movement. Consequently, the existing literature on fatness and body positivity is both limited and inadequate, as it fails to capture fat individuals' experiences and to account for the influences that body positivity might have had in shaping individuals' life stories. In fact, while existing research provides a good analysis of how body positive content gets created and shared through social media outlets, it does not investigate what body positivity *means* for the people who identify as such and moreover, it does not explore how their lives have been impacted by their becoming body positive. By focusing on the lived experiences of fat body positive individuals this research not only enables a better understand body positivity as a

phenomenon of sociological relevance, but also provides a deeper and richer understanding of fat embodiment, i.e. how fat individuals experience life through their fat bodies.

## The research

This research aims to identify and evaluate the impact of body positivity on self-identifying fat and body positive individuals. By positioning the stories of fat members of the body positive community at the centre of the knowledge produced on body positivity, it aims to understand the lived experiences of this understudied group of individuals. Two objectives have guided the study:

- To understand how people who identify as fat and body positive tell stories of their bodies.
- To understand any changes that have happened in the participants' lives since becoming body positive.

Based on these two research objectives, two research questions have been identified:

- How do people who identify as fat and body positive narrate the history of their bodies?
- How are the narratives of fat people influenced by their experience of being part of the body positive movement?

Chapter three provides a fuller discussion of the methodological decisions underpinning the research. However, it is worth mentioning here that I decided to use narrative interviewing and that was influenced by the epistemological and ontological positions I take on identity formation. I used an interpretivist approach to make sense of the stories that my participants narrated in relation to their bodies. Following the work of Lawler (2002), Somers and Gibson (1994) and Moen (2006), I take the position that identities are created – *crafted* – through the stories that we tell, whether these stories are told to others or to our own selves. We

make sense of who we are through storytelling. For this reason, in order to understand what living in a fat body means and how participants navigated and constructed their fat and body positive identities, I wanted to explore their life stories.

By using narrative interviewing, this project offers a methodological innovation to the study of body positivity. Although narrative interviews are an established and popular research method in the social sciences, they have not been used to date to address this specific area of research. Because body positivity is still an underdeveloped area of research and because to the best of my knowledge no study has been produced using a narrative approach to understand the experiences of fat body positive individuals, I wanted my participants to be the ones leading the interview process. In other words, because this group of individuals is still understudied, I wanted to provide my participants with an opportunity to tell stories of their bodies without imposing my beliefs and assumptions – as a researcher – onto their narratives. Cooper (2016) and Pausè (2012; 2021) have argued that fat people are the best knowers about fatness and for this reason, social sciences should further rely on what they call “fat epistemology”, i.e. fat people should be the knowledge producers on fatness. I do not support this position for multiple reasons. Excluding researchers from studying fatness simply because of their size would deprive us of some important and authoritative scholars. But also, as Cooper (2016) and Pausè (2012; 2021) have theorised, adopting a “fat epistemology” opens up a series of difficult questions: who is fat enough to be able to research fatness? If we consider a size 12 scholar less capable of carrying out research on fatness, then at what size or weight does a researcher become entitled to research fatness? The opinions of a size 18 would be considered less relevant than those of a size 24, and again, those of a size 24 less relevant than a size 32 and so on. Although I disagree with Cooper (2016)’s and Pausè (2021; 2021)’s overall argument, I do agree with their position that fat people should be put at the centre of the knowledge produced on fatness. To use a famous disability rights movement’s slogan: nothing about us without us. The research produced on fatness and fat bodies should be informed by the experiences of fat individuals. It is for this reason that I chose to carry out narrative interviewing. I purposefully adopted a methodology that allowed me to position fat body positive individuals at the centre of the knowledge produced on body positivity, but also, this methodology allowed me to have a minimal impact on the direction of our conversations. As will be further discussed in Chapter three, I did use a topic guide to

interview my participants, which means that I had a series of broad topics that I wanted to cover during our interviews. However, the questions that I asked had the intent of eliciting stories and, as explained at the start of every interview, the participants were aware that I wanted them to lead the conversation in whatever direction that they deemed appropriate. I did not want to impose any restriction in what they might have thought was a relevant aspect of their fat embodiment, body positive beliefs and any other aspect of their lives.

Based on the abovementioned aims, objectives and questions, this study aims to address the current shortage of research on body positivity and to provide a deep and rich understanding of the experiences of individuals belonging to this movement. In doing so, it contributes to the existing literature on fat studies. For example, in Chapter four and six I respectively analyse stigma management strategies and parenting attitudes in relation to fatness. These two chapters add to the existing research knowledge in the field of fat studies as they further explain what type of stigma management fat individuals can put in place – in particular, I argue that they can come out as fat and that this phenomenon can get repeated through time – and they reveal the deeply moralising nature of fatness, which by turn, provide insights into the parenting attitudes and experience of fat people.

Due to the multifaceted and interdisciplinary nature of fatness as a social phenomenon, this research will also contribute to other cognate areas of research, i.e. topics that are not specifically mentioned in the research questions but that at the same time play an important role in creating an encompassing understanding of fatness. For example, the study of fatness and how it is framed by the medical discourse as a “disease” helps to inform how the concept of “health” or “ill-health” is created, therefore adding to the existing knowledge of sociology of health and illness. In Chapter seven, I discuss how the authoritative nature of medical discourse often goes unquestioned and even people who express a desire to challenge assumptions around fatness – as it is the case of fat body positive individuals – are often influenced by fatphobic rhetoric around fatness and ill-health.

This research also offers insights on consumer culture and feminist theory. In Chapter five, I analyse the ways in which fat body positive individuals consume clothes and express their individuality through clothing. This chapter adds to existing knowledge because it reveals how

clothing practices can be understood as forms of resistance, even though at times participants enjoy conforming to normative ideals of beauty. These are just a few examples of the many ramifications and contribution to knowledge involved in this project. As fatness is a multi-layered phenomenon, its study can have an impact on many different areas of research.

## Approach to the study

As a fat woman whose life has been significantly affected by the body positive movement, I believe it is important to clarify my position in relation to the subject studied and the approach that I have taken as a researcher. Today, my relationship with the body positive movement is an ambiguous one. Much like other fat members of this community, I have seen the movement growing and changing to the point that I do not entirely feel represented by it anymore. The movement that was once created to represent the experiences of fat individuals living at the margins of society has now being co-opted into a mainstream, nebulous ideal of “loving one’s self”, completely eradicating the political intents at the base of this movement. In fact, in its inception, body positive advocates used selfies and OOTD (outfit of the day) as a political statement: they wanted to publicly show bodies that had been marginalised and erased, but also, they wanted to promote a radical and unapologetic form of body acceptance. Women of colour and queer people played a significant role in the promotion of body positivity and they were positioned at the centre of the movement.

In 2021, having become a phenomenon widely known to the masses, body positivity has been reduced to little more than a buzzword. A quick search on Instagram for the hashtags #bodypositive and #bodypositivity will reveal that the majority of content produced under the name “body positivity” overwhelmingly represents conforming bodies – namely white, thin, young and able bodies – promoting self-acceptance through public display of stomach rolls, stretchmarks and other minor bodily imperfections. As the movement grew in popularity, body positivity started being less about the profoundly revolutionary act of marginalised bodies reclaiming visibility and more about thin and average-size individuals dealing with their insecurities. In other words, a movement that had started as a way to

represent marginalised bodies was once again pushing less-palatable bodies – particularly, black, dark-skinned, disabled, and visibly larger bodies – at the margins of this community.

Since the start of this project, I have been involved with a series of fat and body positive groups. After many conversations with a variety of people, including the participants in this study, I came to the conclusion that body positivity means different things to different people. In fat activist spaces, body positivity is disregarded as an empty buzzword, at best, and as a neoliberal drift, at worst. When I was trying to recruit participants, I was met with disdain when I asked some fellow fat activists if they would identify as body positive. To them, body positivity represents a dark turn in the glorious history of fat activism. In body positive spaces, body positivity represents the force that has led these individuals to have a positive relationship with their bodies. To them, body positivity is a mean to an end, more than a political cause. Therefore, it seems that those people who came to body positivity through fat activism are unable to accept this movement, while people who are unaware of the long, and political history of fat acceptance are more inclined to be benevolent toward the limitations of the new turn of the movement.

I came to fat activism through body positivity. In fact, it was not until I started working on this research that I became familiar with the existence of variety of fat acceptance movements and the vast fat studies literature. If it had not been for body positive advocates, I would have never got interest in pursuing a doctoral project on body positivity, and therefore I would have never got familiar with fat activism and fat scholarship. Not only that. If it hadn't been for body positivity, I would have never developed a positive relationship with my body. For this reason, although I do not entirely feel represented by the body positive movement, my gratitude towards it makes it difficult to entirely reject it. If at the start of this doctoral project I would have answered the question "are you body positive?" affirmatively and without hesitation, my answer now would be more cautious. Ironically, as I was working towards the completion of a doctorate project on body positivity, I became increasingly less body positive. Nevertheless, as a researcher, I am aware of the privileged position that I occupied by being a somewhat body positive woman researching the experiences of other fat, body positive individuals. Because I was a member of this community, I was easily entrusted with the life stories of these individuals, having had very similar experiences myself (see Chapter three).

My body positive and fat positive beliefs also translate into the language that I will be using in this thesis. There is a general agreement among fat scholars and activists that words such as “obese” and “overweight” are harmful and derogatory (Wann, 2009; Cooper, 1998; Saguy and Ward, 2011). The word “fat” on the other hand is considered to be value neutral and descriptive, but also it has been used by individuals experiencing forms of weight-based stigmatisation as a way to reclaim their stigmatised identity (Brown and Herdon, 2019). For this reason, I will be using throughout the thesis a fat-affirmative terminology. Terms such as “obese”, “obesity” and “the obesity epidemic” will be put in quotation marks. The words “fat” and “fatness” on the other hand will be used without quotation marks.

## Structure outline

In Chapter one, the context of the study has been introduced. The research aims, objectives and questions have been identified and the academic value of such research argued. In Chapter two, I review the existing literature that informed my research on the morally impregnated nature of having a body, in general, and a fat body, in particular. Starting from a brief analysis of the history of the study of the body in sociology, I will argue that the body can be used as an instrument through which it is possible to interpret our society and its value. This is particularly true in the case of fat bodies, as they have been constructed as morally inferior and fatness has been made into a stigmatising trait. Consequently, in Chapter two I will explore how fatness has been made into a stigmatising trait by framing it as unattractive and unhealthy. I will also explore the literature concerning stigma and analyse how scholars have debated stigma management strategies, particularly those which are not aimed at minimising one’s stigmatised identity, but rather at reclaiming it. This will lead into the final section of Chapter two, where I discuss the history of the fat acceptance movement and provide a more detailed introduction to the body positive movement.

In Chapter three, I discuss the methodological decisions underpinning this study. The adoption of a qualitative research approach and narrative interviews with 11 persons will be

justified, and the broader research design will be discussed, including the limitations of this study. I will explain that because of my epistemological position, I decided to position the experiences of self-identifying fat members of this community at the centre of the knowledge produced on body positivity. As already notes, this constitutes a methodological innovation to the study of body positivity, as the majority of research conducted to date has either not generated primary data or has adopted a content analysis approach to secondary data (such as media content) to the study of fat positivity.

Chapter four is the first of the analytical chapters and it focuses on the notion of stigma and what it means to bear a stigmatising trait. I explore the meaning of coming out as fat, i.e. publicly declaring the desire to rediscuss one's stigmatised identity. Unlike previous scholars who have analysed this concept, I will argue that coming out should not be considered as a one-off event, but as an act that can be and is repeated over time. I put forward the idea that every time a fat person decides to use the word "fat" to describe themselves, they are coming out. This constitutes a novel contribution to knowledge as scholars who have worked with the concept of "coming out" have to date have tended to theorise it as a crossing-the-bridge scenario and a single-occurrence, while I argue that coming out expresses a desire to redefine one's stigmatised identity, and as such it can be repeated over time, even to the same person.

In Chapter five, I discuss participants' changes in clothing style since becoming body positive. I argue that clothing stories are ambiguous because participants want to express their individuality and the "unruly" nature of their bodies through their clothing, but at the same time they also manifest the desire to conform to norms of fashion. My argument will rest on the idea that even though at times these clothing practices are contradictory, they are a reflection of the complexity of human life and should be considered as forms of resistance, albeit ambiguous ones.

In Chapter six, I analyse the parenting stories that fat body positive individuals articulated in order to be perceived by others as caring figures. Because these caring attitudes extend beyond participants who are parents, I argue that the caring practices that fat body positive individuals put in place might be interpreted as having a salvific role, i.e. only by being caring,

they can mitigate stigma and be perceived as “good” parents and individuals worthy of respect.

Chapter seven addresses health and “healthy” eating, with a particular focus on the ways in which participants attempt to challenge common assumptions around the association of fatness and ill-health. In this chapter, I highlight the tensions that participants faced when discussing health matters with health professionals and family members, as well as their struggles with their own internalised fatphobia. The main argument of this chapter is that even though participants are body positive, and as such they aim to dismantle diet culture and its assumption around health and “healthy” eating, they too are influenced by fatphobic rhetoric around health. Chapter 8 concludes the thesis with a summary of the findings, its contributions to knowledge and a series of recommendations for future research.

# Chapter two: Literature review

## Introduction

This research project aims at understanding the narratives of fat body positive individuals and evaluating the impact that this movement had on the lives of the fat members of this community. Due to the complex and contested history of body positivity, as well as the scarcity of the literature produced on the subject, the sources I used to inform this chapter come from a series of different sociological backgrounds. Body positivity encompasses many research areas, including sociology of the body, fat studies, sociology of health and illnesses and sociology of stigma. I searched the literature with the intent to find answers to questions such as: why is the body sociologically relevant? What meanings have been attached to fatness and why? Can fat individuals have a positive relationship with their fat identity? And if so, how? Finding answers to these questions is fundamental in order to answer my own research questions, i.e. (i) How do people who identify as fat and body positive narrate the history of their bodies? (ii) How are the narratives of fat people influenced by their experience of being part of the body positive movement? In the following pages, I use the literature from different areas of sociology to answer these questions and provide a theoretical framework for my research. In fact, I argue it is only by mapping out the knowledge that we have developed so far on the body as a phenomenon of sociological relevance that we will be able to explain the relevance that embodiment has in shaping the narratives of fat body positive individuals. In particular, it is important to discuss how the fat body has been framed as unattractive, unhealthy and immoral in order to make sense of the experiences of fat individuals in terms of stigma management strategies, clothing practices, caring attitudes and conceptions of health and “healthy” eating, which will be the focus of my analysis.

The chapter is divided into four sections. First, I discuss some of the literature on sociology of the body in order to position my research within a broader sociological context. Although the literature on sociology of the body is vast, I decided to focus on two main sociological traditions, namely phenomenology and social constructionism. I linked these two approaches to the overall aim of this project, and I explained how both the materiality of fat bodies and

Foucault (1978)'s theory of power provide useful theoretical tools in order to analyse the narratives of fat body positive individuals. In the first section, I also discuss the uncertainty of the body and the reasons it became a changeable entity in post-traditional societies. Bodies are projects, investments and, most importantly in this study, the site of a moral battlefield. The literature on sociology of the body has been helpful in understanding at what point in history and for what reasons the body stopped being conceptualized as a given and started having a moral connotation. With the increased capability and moral imperatives to intervene on one's body, from the late 19th century individuals started developing an enormous sense of responsibility in relation to their body. It is in this context that a distinction between "good" and "bad" bodies starts to emerge (Farrell, 2011; Oliver, 2006).

In the second section, I explore the different meanings that have been attributed to fatness, particularly within a European and North American context. The intent of this section is to question two of the strongholds of anti-fat rhetoric, i.e. that fat is unhealthy, and that fat is unattractive. The fat body has been invested with a series of moral connotations that have been both persuasive and authoritative. Fatness has been conceptualised as unattractive and unhealthy because it doesn't obey to the compulsory slenderness that is expected from bodies – women's bodies, in particular – and it is a "problem" that needs to be fixed through the lenses of a totalitarian medical discourse which leaves little room for alternatives.

Fat individuals find themselves having to deal with the consequences of living in and with a body that is the source of contention. For this reason, in the third section I explore some of the literature on stigma with the intent of finding an explanation for the ways in which stigmatisation is managed. I use Goffman (1963)'s definition of stigma as a language of relationship to question whether it is possible for stigmatised individuals to put in place a stigma management that doesn't intend to cover or contain their stigmatising trait. Aided by the literature on disability studies and fat studies, I argue that coming out is a valid alternative to passing, covering and withdrawing.

This fourth type of stigma management sheds light on the importance of group identity in order to deal with a stigmatising trait. For this reason, the fourth and final section of this chapter explores the implications of group identity and collective consciousness among fat

individuals. Stigmatised individuals can develop a collective consciousness and decide to come out, i.e. rather than adopting strategies aimed at hiding their stigmatised identity, they can proudly declare it to non-stigmatised individuals. In the case of fat individuals, a fat collective consciousness led to the creation of fat acceptance movements, first, and body positivity, then. I briefly summarise the history of fat acceptance movements and then compare it to the body positive movement. The body positive movement is a recent phenomenon and the research on this topic is still in its infancy. However, some of the scholars that have approached this subject have questioned whether it is really promoting self-love and self-acceptance, or it is simply recreating a new normative ideal of beauty. In particular, I take into consideration some criticisms that have been made against body positivity, including its troublesome relationship with consumer culture and its attitude towards unpalatable bodies, like POC (people of colour), physically disabled fat bodies and infat bodies.

## The body in sociology

### A theoretical approach to the study of the body

The aim of this research is to analyse the stories that fat body positive individuals tell of themselves and their bodies, and the impact that the body positive movement had in shaping these narratives. For this reason, it is important that in this first section I explain how other scholars before me have approached the topic of the body. It wasn't until the 1990s that sociologists started to investigate the body not just as a side-argument but as the centrepiece of sociological research. As Shilling (1993) points out, it is not the case that classical sociology did not pay any attention to the body. Rather, classical sociology did not specifically focus on the body as a source of investigation because the body was not considered a matter of sociological relevance. Although classical social theory never fully addressed the body *per se*, it is not entirely correct to claim that there has never been an interest in the body. Turner talks of a "secret history of the body" (1991: 12), Shilling refers to the body as an "absent

presence” (1993: 8) and Williams and Bendelow suggest that we should re-read the classics in “corporeal terms” (1998: 23).

It is not my intention in this section to dwell on the history of the sociology of the body, but it is important to position my research within a broader sociological context. Sociologists interested in researching the body found themselves having to deal with the uniqueness status of this research topic. In fact, unlike other research topics, the body cannot simply be studied as if it was an object among other objects. The body is the necessary condition through which we can experience all the other objects in the world (Fraser and Greco, 2005). Phenomenology has been used by many scholars of the body as – they argue – it helps to explain the problematic nature of embodiment (Crossley, 2006; Williams and Bendelow, 1998). Merleau-Ponty (1962) suggests to understand the body in phenomenological terms, i.e. our understanding of the outer world is mediated by our experiences as beings-in-the-world. His work has been revisited by many sociologists of the body as it seems to be the best approach to use in understanding the problem in question (Nettleton and Watson, 1998; Williams and Bendelow, 1998; Crossley, 2006; Hyde, 2013; Leder, 1990). The philosophy of Merleau-Ponty emphasises the importance of the lived body as means to overcome Cartesian dualism. Body and mind are not two separate entities, rather the body is a vehicle through which the subject can make experience of the world. In what seems a truism, Crossley reminds us that human beings are necessarily embodied: “We are not spirits or minds that exist inside a body. Our bodies are all there is to us. [...] I am my body but I also have my body” (2013: 140). For this reason, rather than considering the body just like an object among other objects, scholars of the body who adopt a phenomenological perspective argue that the social is embodied and therefore the body is necessarily social (Howson, 2004; Csordas, 1990).

Phenomenology helps us understand the unique nature of the body. We are our bodies because it is through the body that we experience and engage with the world. But also, in a truer sense, our bodies are us because it is from our bodies that we define our sense of self. The expression “we are our bodies” suggests that ontologically our existence (“we are”) precedes the physicality of our beings (“our bodies”), when in fact there would be no being without a body. It would be more correct to say that “our bodies are us” rather than “we are our bodies” because there is no pre-existing being without a body. Moreover, it is from and

through the body that we construct our sense of self. Who we are as – supposedly unique – individuals rests on the experiences that our bodies allow us to make of the world. To put it simply, we construct our sense of self through the body we live in.

We experience the world through our bodies, and yet in our everyday life bodies often go unquestioned (Nettleton and Watson, 1998). The body functions as the basis of our being-in-the-world and just like the eye cannot see itself unless it is through the reflection of a mirror, the body is absent to itself: “The lived body, as ecstatic in nature, is that which is away from itself” (Leder, 1990: 22). Leder argues that we take our bodies for granted and as such they “disappear”, i.e. we become aware of them only when they do not function properly. In other words, the body-subject becomes aware of the body-object when the body-object is dysfunctional. While for Leder the body is a blind spot and we become aware of our bodies through illness, Crossley (2006) suggests that there might be more to consciousness than just disappearance. In fact, he argues that “it does not take an illness to make me worry that I am ugly” (2006: 82). What he means in this passage is that when we worry about our bodies we do not do so from the position of the lived body or body-subject but we experience our body as an object, that is “as it appears to others, from the outside” (2006: 82). Crossley’s position opens up the possibility to extend the concept of embodiment as a state of absence/presence beyond ill bodies – this is what he calls reflexive embodiment (Crossley, 2006).

Being aware of one’s body in its functions (and dysfunctions) is a central feature in the stories and experiences of fat individuals. Because the aim of this research is to understand how fat body positive individuals articulate their life experiences and narrate stories of their bodies, I need to use a sociological approach that allows me to explore these topics without denying the importance of the materiality of the body. Williams and Bendelow (1998) argue that social institutions and discursive practices cannot be understood outside of the materiality of the body and therefore we need an “embodied sociology” rather than a sociology of the body. In their view, sociology of the body has been adopting a disembodied – and traditionally male – approach towards the body – that “‘objectifies’ and ‘subjectifies’ the body from ‘outside’” (1998: 3) – while on the contrary what is needed is an embodied sociology, one which is capable of taking into account the lived experiences of bodies. Therefore, it shouldn’t be a sociology *of* the body but *from* the body. By prioritising embodiment, this new approach to

the study of the body in sociology should be able to “put minds back in bodies, bodies back in society, and society back into bodies” (1998: 209).

In the previous paragraphs, I illustrated how phenomenology is a useful approach in order to understand the body and the importance of its materiality. However, there is another sociological tradition that is relevant in the context of this project, as it could help us understand how fatness is socially constructed. I am referring to social constructionism, in general, and Foucault (1978; 1979)’s understanding of discourse and disciplinary power, in particular. For social constructionists, discourse serves to make sense of “broad meaning systems” (Speer, 2005: 7). It is through their productive power that discourses do not simply describe the world, but they actively participate in the creation of it. For example, in the case of fat bodies and the medical discourse, Murray (2008) has argued that the biomedical literature on “obesity” – “lipoliteracies”, as she calls them – does not merely describe “obesity” but it creates it.

In *Discipline and Punish*, Foucault (1979) discusses the disciplinary effects of discourses and how these render the body *docile*, i.e. individuals are positioned under a constant state of surveillance that although subtle and seemingly invisible, has the capacity to influence people’s behaviours. However, the most interesting aspect of Foucault’s theorising for the scope of this project relies in his understanding of resistance and power relations. To use his own words, “where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (Foucault, 1978: 95). Foucault (1978) argues that people occupy different positions in society in terms of the amount of power that they hold. Moving away from a sterile understanding of powerless vs powerful, Foucault conceptualises power relationships as dynamic. This is particularly useful in order to understand the complexities of the lived experiences of fat body positive individuals, as they are both attempting to resist assumptions around fatness and yet they are actively participating in the (re)creation of these normative ideals (see Chapter five and seven).

## The malleability of the body

In order to make sense of the narratives of fat body positive individuals it is important to discuss the role that the body assumes in the creation of a sense of self. Historically, this is a relatively new phenomenon. In fact, in traditional societies the body was a given, i.e. a stable entity determined by the parameters of nature and therefore only marginally subjected to human interventions and modifications (Shilling, 2016). It wasn't until the decline of traditional societies that individuals started looking at their bodies as a source of identity that could be crafted and shaped according to one's own desires. Up until that point, the body didn't pose much fascination for social researchers and it was simply the other half of the much more studied "mind". From Descartes onward, mind/body dualism relegated the body to an ancillary position in the ontological and epistemological debate about human nature.

Because in post-traditional societies individuals can no longer derive their sense of self from their place in society, they start looking at their bodies as a source of identity. The body went from being just one of the many aspects of nature to a "site of interaction, appropriation and reappropriation" (Giddens, 1991: 218). From the 20th century onwards, individuals started to have the possibility of intervening on their bodies and changing their biological nature. Unlike its ancestors, the 20th and 21st century individual has the capacity to redesign its body in ways that were before unimaginable. The magnitude of the options available generates a sense of uncertainty that pushes individuals toward actively seeking control through the creation of a number of identities (Shilling, 1993; Featherstone, 1982).

Shilling (1993; 2016) discusses the uncertain nature of the body by arguing that in post-traditional societies the body has become a project. With the expression "body projects" he signifies the 21st century attitude towards the body, consisting in an interpretation of the body as a malleable, unfinished entity, constantly in the process of becoming something *other*, subjected to the vast "options and choices" we have over it (Shilling, 1993: 3). The body is for Shilling characterised by unfinishedness because it is always situated in a constant "process of becoming" (1993: 5).

An element that contributes to the instability of bodies and their commodification is the rise of consumer culture. As the body has become a malleable material upon which it is possible to inscribe our desires, the consumer culture typical of advanced capitalist societies has been promoting the idea that the body is just another object at our disposal and therefore the body becomes the finest consumer object (Baudrillard, 1998). Featherstone (1982) distinguishes two types of bodies created by the emphasis put by consumer culture on what he calls “body maintenance”: the inner and outer body. Our inner body represents concerns regarding health and biological functioning of the body, while the outer body channels our anxiety in relation to appearance and the management of the impression that we project of our bodies to the world. These two attitudes are emblematic of the anxieties around the fat body, which is something that I will discuss in the next section.

Featherstone (1982) argues that from the 1920s, i.e. with the blossoming of the advertising industry, mass circulation magazines and the cinema industry, consumer culture started to play a predominant role in the way we interact with our bodies. In this context, the body is transformed into a vehicle of pleasure and plasticity becomes its main feature: as “performing selves” we have the capability to interact with our bodies in a way that can transfigure them into goods of consumption. Body maintenance, fuelled by the advertising industry, becomes the central theme of the way in which we relate to our body:

Like cars and other consumer goods, bodies require servicing, regular care and attention to preserve maximum efficiency. As the consumption of goods increases, the time required for care and maintenance increases, and the same instrumental rational orientation adopted towards goods is turned inwards onto the body (Featherstone, 1982: 182).

On a similar note, Hollows (2000) discusses how clothing has been used to construct and negotiate the meaning of femininity across different historical contexts. She argues that men have been historically associated with the rational world of production, while women with the irrational world of consumption: “fashion is created by men and consumed by women” (2000: 138). This suggests that it is through the use of commodities that women can “play”

with their sense of self by experimenting on different looks and therefore a woman's sense of self depends at least partially on what she consumes.

As the body starts being perceived as a project and an investment, it becomes the central feature of our identities and therefore individuals need to work on it, change it and control it according to their desires (Giddens, 1991).

Confronted with a pluralisation of lifestyle options and choices about everything from the food we eat to the clothes we wear, the occupations we pursue to the sexual identities we adopt, the management of our bodies and emotional selves becomes a continual process of biographical revisions and reversals, successes and failures (Williams, 2000: 57).

The capacity to look after one's body in order to craft identities leads to a renewed sense of personal responsibility, where individuals use the "tools of science and technology to counter the loss of traditional securities" (Howson, 2004: 95). This means that the body becomes continually problematised, whether it is through body maintenance (Featherstone, 1982) or body projects (Shilling, 1993).

## The fat body

In the previous section I discussed how in post-traditional societies the body stopped being considered as a "given" and rather it became a malleable entity upon which to inscribe meaning. Given the importance of bodies in the creation of identities and the role of personal responsibility in relation to looking after one's body, a hierarchy of values concerning bodies created a distinction between "good", sought after bodies and "bad", morally inferior ones. In our society the fat body in its fleshiness and bulginess represents the ultimate failed "body project" (Shilling, 1993) as it is incapable to perform the contemporary *dictat* of exercising control over one's impulses: "the firm, developed body has become a symbol of correct *attitude*; it means that one 'cares' about oneself and how one appears to others, suggesting

willpower, energy, control over infantile impulse, the ability to ‘make something’ of oneself” (Bordo, 1990: 94, emphasis in the original). Conversely, fatness embodies an insufferable lack of control that is more than just a personal habit but a moral failure which inflicts a drain on society (Burgard et al., 2009). Within this logic, slimness becomes associated not only with “health” but with worthiness as a person and therefore fat individuals become downcasts, “joke figures, survivals from a bygone age” (Featherstone, 1982: 184).

Fat is “wrong” because it is repulsive, ugly, obscene and, most importantly, “something which has contaminated or polluted the body” (Richardson, 2010: 80). The way in which fatness has been problematised is based on the truism that fatness equals ill-health and, in the case of “morbidly obese” individuals, inevitable premature death (Evans, 2006). And yet, fat activists and scholars would argue that “it is not fatness itself that causes ill health, but rather the negative social attitudes and portrayals of fat people that lead to their marginalization, shaming, and... discrimination” (Lupton 2013: 30). Dismantling the dyad fat/ill-health is only one of the points on the agenda of both fat activists and fat studies scholars. In fact, much of the work of fat acceptance movements has been to tackle unquestioned assumptions about fatness (fat is unhealthy, fat is a moral failure, fat is unattractive) and provide cultural explanations for the ways in which understandings of fatness have been produced.

### Historical constructions of fatness

Despite the apparent infallibility of the anti-fat rhetoric, fatness hasn’t always been constructed as unattractive or an illness. Until the 19th century, being fat was a privilege that only a few could afford. In order to gain and keep on weight, individuals had to have enough resources to be able to afford food and they also had to be free from diseases that would have wasted away body flesh (Farrell, 2011). For this reason, fat was associated with being both wealthy and healthy (Oliver, 2006). Even medical professionals were supportive of this position and in fact, the practice of weighing patients remained mostly unusual until far into the 20th century. Doctors encouraged their patients to eat more rather than dieting because they believed that body fat was the sign of a healthy body, free from tuberculosis or malnutrition (Farrell, 2011). This means that the popular assumption that fatness is frowned

upon because fat is ultimately unhealthy is historically and culturally specific: the disdain for fatness as a matter of morality is antecedent to any concerns related to a fat person's health.

By the end of the 19th century, with the advancement in technology, systems of transportations and mass production, more people could afford to buy food – although not necessarily healthier food. As a result, in the early 20th century individuals had started to gain weight and keep it on (Farrell, 2001; Oliver, 2006). Now that even working class individuals could put on weight, fatness assumed once again the role of a class divider, but this time it wasn't associated with wealth anymore. On the contrary, middle class individuals started asking their physicians to help them lose weight and tackle the "crying evil of obesity" (Farrell, 2011: 36): "When it became possible for people of modest means to become plump, being fat no longer was a sign of prestige" (Fraser, 2009: 12). As Oliver (2006) notes, the newly affordability of food could have invalidated fatness as a sign of wealth, but it doesn't on its own explain why thinness became valued and fatness reviled. He attributes this shift in perspective to class politics, and in particular to the unique preoccupation that middle class individuals showed in relation to bodily functions and bodily order: "It wasn't just that a plentiful food supply made fatness widely available, but rather that a plentiful food supply made eating a new target for a Protestant, middle-class preoccupied with bodily control" (Oliver, 2006: 68). Oliver's (2006) interpretation of the origins of fatphobia opens up the discussion to a broader understanding of the moral construction of fatness. This phenomenon is in fact intertwined with a variety of other factors, including racism – Strings (2019) links fatphobia to colonisation, where gluttony and fatness became associated with African women in scientific racial literature and consequently a thin, disciplined body was associated with English women – Protestantism and class order (Bordo, 1997; Oliver, 2006).

Protestants held the belief that thinness was the visible sign of moral superiority and strength, as they crave a "perfectible, eternal, living, breathing, disciplined yet sensual body, along with its obverse, the sinister repugnance toward deficient, impoverished, or languishing bodies" (Griffith, 2004: 18). As a result, by the end of the 19th century fatness had become a sign of gluttony, lack of moral character and willpower, but also a sign of a poor relationship with God (Griffith, 2004). Moreover, the construction of fatness as morally inferior served as a justification for the social order of 19th and 20th century societies influenced by

Protestantism. Thinness was conveniently used by middle class people to assert their moral superiority and rationalise inequalities within their society (Oliver, 2006; String, 2019).

The complex nature of fatness and its history reveals that fatness is more than just a matter of adipose tissue and bulginess. Fatness went from being considered a symbol of wealth and health up until the 18th century; greediness in the late 19th century with the metaphor of the fat cat, i.e. a wealthy and powerful man (Farrell, 2011); a symbol of a racially inferior, uncultured body during the colonialist spree; and again a sign of moral inferiority and class order justifier from the 20th century onward.

### Fat as unattractive: the construction of the feminine ideal

In *Unbearable Weight*, Bordo (1997) argues that in the late 19th and 20th century the prevailing cultural idea was that women were weighted down by their physicality and therefore they were not considered suited for theoretical thinking and capable of transcendence. Historically, the female body has always been constructed as “other”: “mysterious, unruly, threatening to erupt and challenge the patriarchal order” (Davis, 1997: 5), but also a “distraction from knowledge, seduction away from God, capitulation to sexual desire, violence or aggression, failure of will, even death” (Bordo, 1993: 5). In their intrinsic unpredictability and disruptiveness, women’s bodies were regarded with suspicion and deemed inferior to the male body: “women just are their bodies in a way that men are not, biologically destined to inferior status in all spheres that privilege rationality (Price and Shildrick, 1999: 3). In terms of fatness, women were considered to be more likely to be unable to control their appetite and therefore exhibit “bodily excess” (Farrell, 2011: 257).

Fat is a feminist issue – to quote Orbach (1978)’s popular book – because women, unlike men, find themselves situated in a “to-be-looked-at-ness” state, with their bodies constantly under the scrutiny of the male gaze (Mulvey, 1975; Young, 1980). The burden of being aesthetically pleasing affects women in a way that it does not happen to men. Not only can men be considered fat *and* masculine, they can also experience some form of community identification because subculture groups are available to them, like in the case of the “bear

community” (Richardson, 2010). Unfortunately, the same thing cannot be said about women as the notion of femininity is inextricably linked to the “slender body” (Bartky, 2003). It would be inaccurate to argue that all men experience the same level of privilege or power when it comes to their appearance. As Connell (1995) has argued, some forms of masculinities are subjugated to the hegemonic ideal and therefore there are hierarchies in terms of masculine ideals too. However, the “tyranny of slenderness” – as Chernin (1981) calls it – has affected women significantly more than men because although it might be ideal for men to be lean and muscular, they can achieve masculinity also through a moderate level of fat, as it is in the case of a “beer belly” or a “dad-bod” (Richardson, 2010). In fact, the accumulation of fat in certain areas such as the stomach can be synonymous of strength and masculinity, whereas having “excessive” weight in the breasts area – gynecomastia or “moobs”, i.e. male boobs – is no longer acceptable as it does not conform to the polarities of gender (Richardson, 2010).

Women are required to do extensive “beauty work” in order to perform their femininity and ultimately, achieve social value (Kwan and Trautner, 2009; Bartky, 1990; Bordo, 2003). If women were to fail at maintaining a slender body, they would face the threat of developing a “persuasive sense of bodily deficiency” (Bartky, 2003: 33). The shame-induced self-surveillance that women exercise on their bodies in order to prevent or control fatness is not coercive but internalised (Foucault, 1979). In the following passage, Bartky illustrates how feminine embodiment is constructed around the notion of self-surveillance:

A woman must stand with stomach pulled in, shoulders thrown slightly back and chest out, this to display her bosom to maximum advantage. While she must walk in the confined fashion appropriate to women, her movements must, at the same time, be combined with a subtle but provocative hip-roll. But too much display is taboo: women in short, low-cut dresses are told to avoid bending over at all, but if they must, great care must be taken to avoid an unseemly display of breast or rump (Bartky, 2003: 31).

Oliver (2006) argues that today’s beauty standard of slenderness – and its corresponding crusade against fatness – is a very effective mechanism that men use to disempower women: “By establishing an impossibly low ideal weight, our culture puts white women in a position

of perpetually policing themselves and their own food behavior” (Oliver, 2006: 84). This argument is similar to what Wolf (1991) argues in *The Beauty Myth*, i.e. that the more a woman is preoccupied with her weight, the less resistance she will put up against all those institutions and practices that keeps her inferior: “Dieting is the most potent political sedative in women’s history; a quietly mad population is a tractable one” (Wolf, 1991: 187).

Kwan and Trautner (2009) suggest that health and appearance are strongly connected, with fatness being considered not only unattractive but also unhealthy. It is women’s responsibility to perform beauty work to be deemed attractive and to reduce the sense of “bodily deficiency” that a fat body inevitably causes. Monitoring one’s weight also makes women into good neoliberal citizens (Pausé, 2014). In fact, women who fail to achieve the perfect slender body are shamed into considering their lack of weight-control into a personal failure and are pushed into medical procedures in order to achieve an acceptable body size. Therefore, weight-loss is not a choice but an obligation (Throsby, 2009).

### Fat as unhealthy: the medicalisation of the fat body

Medicalization is “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders” (Conrad, 2007: 4). The medical literature on “obesity” not only is extremely vast, but also powerful and authoritative and as such, it is difficult to resist. Medicalisation can be considered a form of disciplinary medicine as it seemingly offers individuals the tools to control their weight (from dieting to bariatric surgery) while simultaneously it “*organises* society via the authority of its narratives to *structure* one’s individual response to their own health in line with dominant medical renderings of health and body size” (Murray, 2008: 50, 51, emphasis in the original).

In the construction of fatness as a negative trait, the medical discourse around obesity plays an important role. As previously mentioned, it wasn’t until the late 20th century that medical professionals started weighing their patients and overall the capacity of a body to retain fat was considered a sign of health (Farrell, 2011). Much like other now-common conditions – such as attention deficit/hyperactivity disorder (ADHD), chronic fatigue syndrome (CFS),

premenstrual syndrome (PMS), post-traumatic stress disorder (PTSD) – “obesity” only started being conceptualised as a disease from the 1980s and blew up into “epidemic proportions” in the 1990s (Conrad, 2007).

The medicalization of fatness has led to the construction of “obesity” not only as an illness, but as an infectious and widespread disease. “Obesity” has been defined as the ultimate “postmodern epidemic” because it incorporates elements of moral panic: fat individuals come to be seen as “a threat to social values and interests” (Boero, 2012: 6). In order to separate fat studies from the “obesity epidemic” rhetoric, researchers and activists developed their own specific terminology. There is a general agreement among fat activists and scholars on the use of the words “fat”, “obese” and “overweight”, where “fat” is both the preferred neutral adjective and a preferred term of political identity (Rothblum and Solovay, 2009). Beside the political implications of using the word “fat”, Wann also encourages fat people to use this word as an instrument to feel better about themselves: “reclaiming the word fat is the miracle you’ve been looking for, the magic trick that makes all your worries about your weight disappear. Do you want to feel good about yourself? Silence your tormentors? Look better in miniskirts? Use the ‘f-word” (Wann, 1998: 18). On the contrary, the “O” words remind of the medicalization at the heart of fat studies’ protests.

The emphasis on words distinction aims to separate what is claimed to be a medical problem from what fat studies theorists believe to be a social one: “problems of fat people are not seen as political problems, but as medical problems; and not as needing a political solution but as needing a medical solution” (Stein and Hoffstein, Proceedings of the First Feminist Fat Activists Working Meeting 1980, cited in Cooper, 2016: 24). Cooper illustrates how the obesity discourse is totalitarian: it presents itself as the only omnipresent and pervasive authority on fat, and in doing so health is understood as an apolitical fact (Cooper, 2016). On the same note, Throsby says: “the ‘war on obesity’ is morally and ideologically driven, with obesity figured as evidence of a moral failure of individual responsibility to care appropriately for the self, and by extension, to be a good citizen” (2009: 201). “Obesity” is an inaccurate and misleading definition of fatness as it reduces the phenomenon to the mere act of eating, since the word itself comes from the Latin verb *obedere* and it means “having eaten”, “that has eaten itself fat” (Cooper, 1998:11). Moreover, attaching the word “obese” to an individual,

irremediably describe that person within the medical frame. As Lupton puts it, it is like saying that a person has “the disease of ‘obesity’ and is therefore considered abnormal” (Lupton, 2013: 6). Similarly, the term “overweight” is rejected by fat studies researchers as it is inconsistent. It suggests that there is an ideal weight to which people should aspire (Lupton, 2013). It is interesting to note that Cooper, Throsby and Lupton come from different approaches within sociology. Cooper is a fat activist and scholar, while Throsby is a sociologist of health and illness with an interest in gender practices, sport and food consumption and Lupton is an expert of media and cultural studies, as well as sociology of science and technology. Despite their diverse academic profiles, all three share a similar position on “obesity”.

Some fat activists have tried to resist the medicalisation of fatness and created a counter-narrative based on the idea that it is possible to be fat and healthy. An attempt to “normalise” fatness has been put forward by the Health at Every Size (HAES) movement (Meleo-Erwin 2012). The healthcare workers and health researchers within the HAES framework have a holistic approach to health and focus their practice on self-acceptance and healthy day-to-day practices (Bacon, 2008; Burgard et al., 2009). They believe that health is not determined by a person’s weight and as such they reject weight loss and embrace diversity in body size (Boero, 2012). HAES has an ambitious agenda and it certainly offers fat people a very seductive alternative to weight loss. Some fat acceptance activists and scholars have wholeheartedly accepted this model by claiming that fatness should be “normalised”, and the mainstream medical model of fatness should be challenged (Mollow, 2015; Boero, 2012). However, other fat activists have argued against the healthist approach implicit in the HAES movement. Healthism situates the problem of health at the level of the individual and it is based on the idea that health is a moral project (Crawford, 1980). The type of fat activism concerned with showing that fat people can be as healthy as non-fat people is healthist as instead of putting forward the idea that all bodies are valuable (regardless of their health), it is promoting the belief that fat people can be as “morally good as normatively-sized people” (Cooper, 2016: 184). Some fat rights activists have expressed concerns about what Saguy calls “the moral imperative to be healthy and pursue health” (2013:63) as it suggests that health is a prerequisite for claiming civil rights. The emphasis on health within the counter-narrative on fatness put forward by the HAES movement could create a polarisation between “good”

and “bad” fat people, where “good” fat people care about their health and want to be fat *and* healthy and therefore all the fat people who fall short of engaging in the same “fat healthy attitude” are positioned at the bottom of this “health-based” hierarchy (Saguy, 2013; Cooper, 2016). At the same time though, there are also scholars who claim that moving the discussion about fatness outside the medical frame might not be the best way to dismantle healthism. Writing from a disability studies perspective, Mollow argues that by moving away from the medical and scientific discourse on fatness, “hegemonic anti-fat ‘facts’ remain unquestioned” (Mollow, 2015: 2008).

The complexity of theorising fatness shows that the fat body is a site where multiple discourses intersect: health, gender, morality, risk discourse and pathologisation all affect the fat body without reducing it to one single theme (Murray, 2008). Cooper argues that these sub-subjects within fat studies are mere proxies for a much larger and sophisticated movement – i.e. the fat acceptance movement – that “cannot be reduced or contained” (2016: 51). Regardless of the different positions that medical sociologists, fat scholars and fat activists have taken in discussing the various subheadings of fatness, what holds them together is the desire to dismantle unquestioned assumptions about fat (e.g. fat is unhealthy, fat is ugly, fat is immoral) and highlight the strong moral connotation of fatness as a sociological phenomenon. In the next section, I discuss the implications of the negative construction of fatness and, in particular, its stigmatising nature.

## The management of a spoilt identity

The truism that fat equals ill-health, immorality, unattractiveness and unworthiness rests on the assumption that there is a “good” and a “bad” way to have a body. Once this system of beliefs is established, a hierarchy of values around bodies is created, where fat bodies lie at the bottom of the pyramid. At the top of the pyramid rest those bodies that show a correct attitude, i.e. slender, firm bodies who demonstrate that they have willpower and energy to control their appetites and impulses (Bordo, 1990). Although in our society the slender body represents the ideal body type to which everybody should aspire, much like not only fat bodies are equally at the bottom, not all slender bodies are accepted at the top of the

pyramid. It is important to notice that in the hierarchy of values of female bodies, the emaciated body of anorexic women and the muscular body of female bodybuilders – among others – are excluded from the top because they are too masculine and therefore their slenderness backfires and relegates them to be a caricature, a parody of a body (Bordo, 1997; Mansfield and McGinn, 1993).

Stigmatisation is the force that assures that this hierarchy of values in relation to bodies stays in place. Goffman's (1963) account of stigma is useful to understand the dynamics and reiteration of this process. Goffman's theory of stigmatisation, with its focus on the dialogical element of stigma, could help understand the complicated nature of a stigmatising society. In other words, by focusing on the inter-relational dimension of stigma, Goffman (1963) suggests that stigmatised and non-stigmatised individuals share the same moral horizon, which means – in the case of fatness – that fat people as much as non-fat people are led to believe that fatness is undesirable, sign of lack of willpower, ugly, unworthy and ultimately morally inferior (Burgard et al., 2009).

## Stigma

Tyler (2020) argues that stigma is a socially determined concept with its own history. Our 21st century understanding of stigmatisation is modelled around 20th century North American sociology and social psychology, which in turn is highly influenced by the work of Erving Goffman (Tyler and Slater, 2018). Goffman defines stigma as "the situation of the individual who is disqualified from full social acceptance" (Goffman, 1963: 1). He argues that a stigma is an "attribute that is deeply discrediting" (1963: 10), but he also makes the important clarification that rather than seeing stigma as an attribute, we should consider it as a "language of relationships" (1963: 10). This constitutes one of the most original and significant aspects of his contribution: social relationships transform a simple characteristic into a stigmatising trait. Therefore, stigma is not a fixed trait to read on someone else's body, but a contingent entity that moves beyond the individuals and it is socially constructed. In doing so, Goffman opens the doors to the reinterpretation of stigma as a dialectically constructed concept. If stigma is not an attribute, individuals can attach new meanings to it.

Goffman suggests there are three different types of stigma. He distinguishes between “abominations of the body”, “blemishes of individual character”, and “tribal stigma” (Goffman, 1963: 4). His definition of stigma blends together physical and mental, voluntary and involuntary, visible and invisible. In the case of fatness, the fat body falls into the first two categories, as body size is perceived to be under an individual’s control and fatness an evidence of sloth and permissive character (Pausé, 2012). Stigma can also be categorised according to its visible or invisible form in discreditable (unknown) and discredited (known/obvious). In this case, fatness is a discredited type of stigma because fat is always already visible and fat individuals cannot hide their fatness.

As the subtitle of Goffman’s book implies, *Stigma* is about the management of spoiled identities i.e. strategies that stigmatised individuals put in place in order to negotiate their identities and survive in the hostile environment generated by the “normals” (Pausé, 2012). According to Goffman, individuals with a stigmatising trait engage in three types of identity management: passing, covering and withdrawing (Goffman, 1963). Passing is the ability of the stigmatised individual to blend in with “normal” society, to pass as a member of the dominant group. Covering is the act of reducing the tension between a stigmatized identity and a disapproving society. Unlike passing – which is necessarily impossible for fat individuals to achieve – covering can be attempted in the case of fatness: “Fat women who are openly shameful and apologetic for their size are covering. Fat individuals who openly share with others that they are dieting, that they are trying to become less than who they are, are covering” (Pausé, 2012: 47). The last technique of identity management proposed by Goffman is withdrawal. When stigmatised individuals remove themselves from social activities with other non-stigmatised individuals, they are withdrawing. With the display of these three forms of stigma management, fat people who partake in these performances are at once recreating stigma around fatness – because they actively engage in the creation of negative meanings of it – and are showing signs of the influence that a fatphobic culture has on them, or they would not feel compelled to enact these strategies.

## Beyond Goffman: coming out as a fourth type of stigma management

In Goffman's theorising, these strategies of stigma management are presented as unavoidable, i.e. the stigmatised individual has no other option than passing, covering or withdrawing if they want to have a positive relationship with the "normals". Goffman's account of stigmatisation has been criticised on multiple fronts, not least because his theorising on the management of spoiled identities only prospects bleak alternatives for stigmatised individuals. In fact, discredited individuals can merely focus their attention on tension management in the social interactions with "normals" and discreditable ones can only hope to hide their "yet-unrevealed" stigma convincingly enough in order to not get discovered. The scenario Goffman creates is one of terror, either of being rejected or being discovered. Passing is, in his words, "inevitable, whether desired or not" (Goffman, 1963: 75). Many scholars of stigma – particularly, from a disability studies perspective – have found this approach limited and have built on Goffman's work in order to develop a broader understanding of stigma management (Link and Phelan, 2001; Oliver, 1992; Charlton, 1998; Taylor, 2018).

Link and Phelan (2001) suggest that the knowledge on stigmatisation should be created from the standpoint of an individual who experiences stigmatisation or should, at least, be informed by the lived experiences of the people under study. In other words, the knowledge generated by scholars who do not have a stigmatising trait should be informed by the lived experiences of stigmatised individuals. Similarly, Tyler (2018) notes that much work produced on stigmatisation does not perceive stigmatised individuals as knowledgeable subjects: "Stigma draws on the writing of people who understood themselves in various ways as stigmatised (or are concerned about the fates of stigmatised people) but it fails to engage with the authors of this stigma data as 'knowers' or understand these confessional literatures as knowledge" (Tyler, 2018: 755). In relation to fatness, a similar argument has been put forward by Cooper (2016) and Pausè (2012; 2021), who argue that fat people should be the central knowledge-creators around fatness and academics as well as policy makers should support fat people in the creation of knowledge around fatness.

Other scholars have worked on the inter-relational aspect of stigma, particularly in relation to its aggregative and community-building potential. Adding to Goffman's work, Oliver (1992) and Charlton (1998) have both argued that stigmatisation should be considered as a political issue. In their views, Goffman's individualistic focus on stigma and stigmatisation does not account for the collectivisation of stigmatised individuals with the intent of questioning the system of relationships that relegated them as discredited social agents. Understanding stigmatised groups with an individualistic focus shifts the discussion from oppression - which is systemic and affects a collective of people – to neglected needs – which might be the needs of a multitude of individuals without making it into a systemic issue. The term “oppression” requires some further explanation. In this case, I follow Young's definition of oppression and therefore oppression can assume the form of exploitation, marginalisation, powerlessness, cultural domination and violence (Young, 1990). It follows that oppression occurs when a group of individuals are systematically subjected to political, economic, cultural and social degradation because they belong to a social group: “Oppression of people results from structures of domination and subordination and, correspondingly, ideologies of superiority and inferiority” (Charlton, 1998: 18).

The work of disability scholars such as Charlton (1998) and Oliver (1992) as well as Link and Phelan (2001) and Tyler (2018; 2020) are useful in order to develop a broader understanding of stigma management. In particular, their accounts open up the discussion to a further possibility for stigmatised individuals, one that does not intend to cover their stigmatised identity but rather one that wants to celebrate it. The practice that provides an alternative to the management of spoiled identity – that both incorporates first-hand knowledge of stigmatised individuals and revolves around the notion of a collective identity – is coming out.

Scholars and activists from both a fat and disabled background have put forward an account of coming out that exceeds the traditional, LGBTQ interpretation of it. In the traditional usage of the expression, an individual decides to “come out of the closet” when they feel ready to publicly declare their sexual orientation or gender identity: “The image of coming out regularly interfaces the image of the closet, and its seemingly unambivalent public siting can be counterposed as a salvational epistemological certainty against the very equivocal privacy afforded by the closet” (Sedwick, 1990: 71). If we limit the process of “coming out” to the

mere public display of an aspect of a person's identity that was before private, it does not seem that the narrative of coming out can soundly apply to fatness, or certain types of disabilities. In fact, fatness is always hypervisible, there is no closet in which a fat person can hide. In the case of fatness, there is no need for a fat person to "come out as fat" in order to be seen as "fat". In this respect, Sedgwick (1990) claims that it would not be possible for a fat person to "come out as fat" because there is no closet for them to come out from.

However, both fat scholars and disability scholars have argued that it is possible to come out as fat or disabled as a way to express dissatisfaction with the tragic stereotypes attached to fat and disabled identity. For example, McRuer (2006) encourages disabled people to start using the word "crip" to define themselves as an act of rebellious self-affirmation. He exhorts them to "come out as crip". Oliver (1992), on the contrary, prefers the expression "disabled people" as a form of defiant self-labelling. The words "crip", "disabled people", but also "queer" and "fat" are examples of the semantic turn that transforms offences into badges of pride (Shakespeare, 1993): "When a despised minority becomes strong enough to bend language to its own uses, some of the stigma formerly attached to it falls away" (Cruikshank, 1992: 3).

In the case of fatness, Saguy and Ward argue that "in proudly coming out as fat, one rejects cultural attitudes that fatness is unhealthy, immoral, ugly, or otherwise undesirable. One claims the right to define the meaning of one's own body and to stake out new cultural meanings and practices around body size" (Saguy and Ward, 2011:14). In using the word "fat" to describe one's identity, stigmatised individuals initiate a conversation that helps reshaping the meaning of such a word, and therefore it helps fight the stereotypes attached to the stigmatising trait: "Anti-fat attitudes are shaped around the belief that fat people are ugly, sloppy, lazy, asexual, socially unattractive, sexually inactive, undisciplined, dishonest, less productive, and most of all, out of control" (Pausé, 2012: 45). Elsewhere I discussed the importance of the otherness necessarily implied in the act of coming out (Salvatelli, 2019). In the context of this chapter, it suffices to say that the act of coming out presupposes an audience, both in the sense of a group of people to come out to, but also – most importantly to this project – coming out as a means to declare one's belonging to the group of the "unapologetic fats", i.e. fat people who are not ashamed of their fatness.

## Group identity: fat acceptance and body positivity

Coming out offers stigmatised individuals the possibility to gather together and create a collective of like-minded individuals. The literature on collective consciousness is vast, but I argue that the one concerning disability consciousness is particularly similar to the one of a fat consciousness. In fact, fat and disabled individuals are subjected to similar forms of discrimination. Mollow (2015) argues that fat scholars and disability scholars should be naturally allies, as in the fatphobic cultural imaginary, fatness is inseparable from disability. The ways in which fat individuals are discriminated against are similar to the ones that disabled individuals have to face, as they both are indistinguishable from ableism: “architectural barriers, discrimination, pathologisation, pity, and staring are common social responses to both fatness and disability” (Mollow, 2015: 200).

In order to develop what Campbell and Oliver (1996) term “disability consciousness”, disabled individuals need to go through a series of stages. The process of developing a disability consciousness is not an immediate one. There is no cathartic moment through which disabled individuals reconsider their identity and reject the dominant disabling culture. On the contrary, it is the result of time, attempts and struggles (Campbell and Oliver, 1996). One of these steps toward the creation of a “disability consciousness” relies on sharing experiences with other disabled individuals. It is by confronting stories of disability that these individuals gain a deeper understanding of themselves and their condition. They also learn how to fight against the tragic stereotypes that are used to describe their existence by a dominant culture. Eventually, by partaking in these expressions of disability consciousness, the members of the disability rights movements develop a political consciousness, which allows them to transform personal problems into political issues.

The narrative of “disability consciousness” echoes the work of Bartky on “raised consciousness”, defined as the experience of “coming to know the truth about oneself and one’s society” that allows feminists to imagine “positive possibilities, possibilities for liberating collective action as well as unprecedented personal growth, which a deceptive sexist social reality had heretofore concealed” (Bartky, 1975: 437-438). Similarly, Thompson writing about the creation of the working class, discusses how working class people used the experiences of their everyday life to develop a class consciousness. By reading aloud

newspapers in the pubs, organising discussions, writing and singing songs about their lives, working class people developed an awareness of their status through the confrontation with other working class members: “They learned to see their lives as part of a general history of conflict” (Thompson, 1963: 712).

What these different – yet similar – understandings of a raised, collective consciousness have in common is the fact that by gathering together, sharing experiences and ultimately collectivising, oppressed (and stigmatised) individuals gain the realisation that their personal problems are in fact social issues. The development of a group consciousness allows individuals to act collectively: “These people see the connections between themselves and others and begin to recognize a level of universality that was obscured in their consciousness. They begin to speak of ‘we’ instead of ‘I’ or ‘they’” (Charlton, 1998: 104). Similarly, the collectivisation of fat individuals that led to the creation of fat acceptance movements goes through similar stages of consciousness raising. In the next section, I explain the history of fat acceptance movements with the intent of positioning my research within a fat studies perspective and initiating a conversation around body positivity.

### Historical excursus on the fat acceptance movements

Situating the foundation of fat studies and body positivity within a historical frame is important to understand the roots of a movement that “cannot be reduced or contained” (Cooper, 2016: 51) as it spreads across five decades and it encompasses different subjects, including self-acceptance, social change, challenging weight-based stigma, health, and body positivity (Cooper, 2016). Outlining the history of such a complex movement has the potential of showing the ways in which fatness has been used in and outside academia as an instrument to test the boundaries of normative bodies. As Boero has argued, it is important to study fatness because “it provides a window into the construction of social problems, the construction of health and illness, and, in a larger sense, the construction of what is normal” (2012: 14, 15).

Fat studies as an interdisciplinary area of research focuses on the social, political and cultural implications of fatness and the derogatory ways in which fat people are portrayed in society (Lupton, 2016). Before becoming established as a scholarly field of study, the aforementioned assumptions about fatness started being questioned by fat American activists in the late 1960s. In 1967, five hundred of fat people organised a “fat-in” in Central Park, New York with the intent to burn diet books and eat ice-cream (Cooper, 2016). In 1969, Bill Fabrey founded the National Association to Advance Fat Acceptance (NAAFA) as a response to the discriminations that his wife was subjected to as a fat woman. The intent of NAAFA was to create a community of fat people, rather than fighting social injustice. In 1972, a political fringe of the association – unsatisfied with NAAFA’s approach toward social justice – separated and created the Fat Underground. This organization led to the formulation in 1973 of the *Fat Liberation Manifesto* in which, with the slogan “FAT PEOPLE OF THE WORLD, UNITE! YOU HAVE NOTHING TO LOSE” (Rothblum and Solovay, 2009: 342), activists encouraged fat people to come together to demand better healthcare as well as respect and recognition. The aim of these activists was to declare war to the weight-loss industry, and in doing so they argued that fat women were powerful, they had the right to take up space and they believed they were feared in American society because of their sexuality and strength.

From the late 1990s and throughout the 2000s, a scholarly wave of interest in the study of fat politics led to the publication of some seminal texts, such as Cooper’s *Fat and Proud* in 1998; *Fat!So?* by Wann published in the same year; LeBesco’s *Revolting Bodies* in 2004; Murray’s *The ‘Fat’ Female Body* in 2008; and finally, the first *Fat Studies Reader* in 2009 edited by Rothblum and Solovay. These years see a renewed interest in fat studies because of the medicalization and pathologisation of the discourse around the so-called “obesity epidemic” (Boero, 2012). Expressions such as “war on obesity”, “obesity epidemic” and referring to obesity as a “health time bomb” or as “the terror within” are emblematic of a new discourse around fatness that starts to spread from the late 1990s (Monaghan, 2008; Rich and Evans, 2005).

To continue with this historical *excursus* into the origins of fat activism and fat studies, it is important to mention how since the 2010s, the increasing popularity of social media has transported the debate around fatness into the digital world. The most common

representation of fat activism in the years of the Web 2.0 – defined as the changes in technology that allow individuals to interact with online content, in opposition to the Web 1.0 where there is a one-to-many logic of communication (Calandro, 2017) – is to be found on social media platforms. Without denying that in recent years there have been some notable books published on fat studies – including Lupton’s *Fat* in 2013, the already mentioned *Fat Activism* by Cooper in 2016 and the *Handbook of Fat Studies* edited by Pausé and Taylor in 2021 – fat politics regained popularity outside of academia and into the activist world: bloggers, fashion writers, social media influencers... These are the individuals who polarize body positive campaigns.

The study of fatness has mainly been approached from two different perspectives: the medical sociology one, constituted by sociologists of health and illness and sociologists of the body – Throsby (2009), Lupton (2016), Monaghan (2008), Rich and Evans (2005), Boero (2012), just to name a few – and fat activists and fat scholars, like Cooper (1998; 2016), Pausé (2014), Rothblum and Solovay (2009), Murray (2008). The first group of scholars is interested in understanding the construction of “obesity” as a disease, highlighting the link between morality and medical practice. The second group shares some of the aims of medical sociology but it includes scholars as well as activists. Moreover, unlike the previous group, it often involves a personal component – most fat activists and fat scholars are fat themselves – and it is more politicised.

### **A working definition of body positivity**

Outlining the history of fat activism and fat scholarship is useful in order to understand the antecedents of body positivity, i.e. how fatness has been previously used to question the boundaries of normative bodies. The body positive movement shares with other fat activist movements a general set of goals, such as the end of stigmatization of fat people, the war on diet culture, the inclusion of different ideals of beauty in the advertising industry. However, while fat acceptance movements are strictly political and consider fatness a matter of social justice, body positivity is an umbrella term that now identifies with a large number of causes,

not all of them political and not all of them about fatness (Sastre, 2014; Cwynar-Horta, 2016). This aspect creates friction between body positive advocates and fat activists.

Due to its recent growth in popularity – on Instagram alone the hashtags #bodypositive, #bodypositivity and #bopo have been used over 25M times (September 2021) – and lack of a traditional social movement structure – there are no official organisations, rulebooks or sufficient research that can clearly define body positivity – drawing the boundaries of this movement has been an arduous task. Some scholars have used the terms “body positivity” and “fat acceptance” interchangeably and have defined this distinction as nebulous, at best, and fictitious, at worst (Sastre, 2014; Zavattaro, 2020). Even Cooper – one of the most influential scholars on fat studies – reduces body positivity to a small section of fat acceptance. She claims that body positive activism is a proxy, by which she means a “jargon, a partial view, shorthand, a grain of something small that ends up becoming absolute” (Cooper, 2016: 11) and as such, body positivity is just a proxy that “try to simplify a social phenomenon that cannot be reduced or contained” (Cooper, 2016: 51).

Although the complex and contested history of the body positive movement makes it difficult to have a univocal definition of what constitutes body positivity, a working definition of the term is necessary due to the nature of this project. With the term “body positivity” I indicate a social movement whose intent is to promote inclusivity of bodies of all shapes and sizes. It positions itself against mainstream media images of idealised bodies and it provides a space for a different performance of self (Sastre, 2014). Body positivity refers to:

any message, visual or written, that challenges dominant ways of viewing the physical body in accordance with beauty ideals and encourages the reclaiming of embodiment and control over one’s self-image. Body positivity encompasses any individual or movement actions which aim to denounce the societal influences and construction of body norms, and instead promotes self-love and acceptance of bodies of any shape, size, or appearance; including rolls, dimples, cellulite, acne, hairy bodies, bleeding bodies, fat bodies, thin bodies, and (dis)abled bodies (Cwynar-Horta, 2016: 38).

Given the definition of body positivity, it is already possible to identify some first-glance differences with fat acceptance. First, while fat activism is a political movement whose intent

is to tackle systemic inequality, body positivity focuses on self-acceptance and developing a positive attitude with oneself and one's body image. Second, body positivity is not limited to fat individuals. The body positive slogans "all bodies are good bodies" and "there is no wrong way to have a body" by definition could not limit the access to body positivity to fat bodies. Both aspects – body positivity's individualistic take on self-acceptance and the inclusion of non-fat bodies - have been harshly criticised by fat activists, who see anti-fat biases as a matter of systemic injustice, and not simply a call to self-acceptance (Sastre, 2014; Cooper, 2016). Similarly, they also argue that by including non-fat people within the movement – and in fact making them the face of the movement – body positivity has become an empty slogan only useful for advertising campaigns (Cwynar-Horta, 2016; Knox, 2019).

### Differences between body positivity and fat activism

Although body positivity has been praised for its inclusivity – Caruso and Roberts (2018) in their study of male body positive online spaces discuss how inclusive these environments are, particularly in relation to homosexuality and gender nonconformity – the majority of literature on body positivity seems to highlight the troublesome nature of the movement and its shortcomings. Despite the fact that the research on body positivity is still in its infancy and not many studies have been conducted on the topic, some of the scholars who have addressed this phenomenon have questioned whether the body positive movement is truly promoting self-acceptance and self-love or rather if it is merely recreating a different type of societal preoccupation with appearance (Cohen et al., 2019).

Sastre (2014) notes that by closely examining the dynamics of the body positive movement and its members it is possible to identify a pattern of participation in body positive spaces that encourages the creation of a specific type of visual and textual content, which represent the performance of body positivity:

Cushioned by messages of authenticity, exposure, and transformation, body positive websites frequently function as spaces where a particular mode of acceptability is modelled to those liminal bodies that might previously have found themselves

stranded in the realm of not-quite: not-quite thin enough to stand in as an ideal, not-quite large enough to incite panic, and not-quite visible enough to merit attention (Sastre, 2014: 930).

She argues that instead of dismantling beauty standards and promoting self-love, body positivity is merely recreating a new – albeit more inclusive – beauty standard. Bodily acceptance in body positive spaces is mediated by a “prescribed set of visual and textual practices” (2014: 930) whose intent is to reinscribe rather than liberate bodies within a framework of bodily ideals: “Body positive spaces thus foster corporeal performances that all too readily become mimetic of the very norms they seek to counter” (Sastre, 2014: 931). This argument resonates with what Murray (2006) has argued against fat acceptance spaces and practices, particularly in relation to fat pool parties and fatkinis. In her view, fat activists who partake in these activities are only *prima facie* dismantling normative standards of beauty because by demanding to be seen within frameworks of beauty and desirability, fat activists are just imitating thin bodies. In other words, although at first wearing a fatkini appears as non-normative and subversive, in reality it just reaffirms a normative framework of beauty.

Zavattaro (2020) and Sastre (2014) note that the performance of the normative ideal of thinness on social media is a phenomenon that goes back to the days of MySpace, where users were encouraged to take pictures of themselves using the so-called “MySpace angle”, i.e. photos that made them look taller and skinnier. The representation of self in online spaces allowed for the creation of a deceptive environment where people could easily hide their bodies in order to appear thinner and therefore more socially acceptable: “online spaces, then, became riper for deception, but deception that made a person feel part of the social norm of thinness” (Zavattaro, 2020: 5).

The same tendency was later transported into Instagram, a photo-based social networking site where the two predominant appearance ideals are “thinspiration” and “fitspiration”, i.e. visual and textual images intended to inspire weight loss or to attain fitness goals (Cohen et al., 2019). In this context, Instagram was used by body positive advocates to create a counter narrative to thinspiration and fitspiration rhetoric and it became the key tool to challenge hegemonic discourses around thinness (Zavattaro, 2020). In their content analysis study of the use of body positive hashtags on Instagram, Cohen et al. (2019) found that these posts’

intent is to increase visibility and normalisation of underrepresented bodies: “Instagram offers body positive advocates a global platform to reframe the prevailing discourse on body image, beauty, and health in the media to be more inclusive and affirmative” (Cohen et al., 2019: 48).

The growing popularity of the movement caught the attention of fashion and beauty brands such as Dove, Lane Bryant and Spanx – just to name a few – who saw an opportunity to capitalise on the increasing popularity of body positivity. With the intervention of fashion and beauty brands, the body positive message became increasingly superficial. Knox (2019) and Cwynar-Horta (2016) are concerned about the commodification of the movement and its troublesome relationship with consumer culture. Knox (2019) argues that neoliberalism has corrupted body positivity and transformed it into an empty shell, where fat bodies are encouraged to develop a positive relation with their bodies without questioning the power structure at play in fatphobic societies.

Initially body positive advocates promoted the acceptance of any flaws on the skin or body, displaying their real bodies in all of their glory, and rejecting the ideal feminine beauty. However, the content analysis of the body positive movement revealed that as the advocates refined and developed their profiles they relied on the use of filters and photo editing when posting images (Cwynar-Horta, 2016: 49).

Cwynar-Horta argues that body positive influencers comply with rather than dismantle the traditional aesthetic of Instagram, which promotes a glossy, smooth and photoshopped representation of (small) fat bodies.

Despite the intent to create subversive and more inclusive beauty standards, the majority of body positive content on Instagram seems to portray an adorned and embellished version of fatness, one that not only does not represent the reality of living in a fat body but also one that relegates “un-instagrammable” bodies – such as the physically impaired fat individuals, POC (persons of colour), superfats and infinifats – to the margins of the movement (Satre, 2014; Cwynar-Horta, 2016). I use here the framework provided by *The Fat Lip* podcast, where small fat are individuals who wear a US size 18 and lower; mid-fats wear a US size 20 to 24;

superfats wear a US size 26-32 and infinifats wear a US size 34 and higher. These groups are defined based on their capability of finding clothes in retail stores, with small fats being able to find clothes in many stores, mid-fat can shop at some mainstream brands but mainly find clothes on plus size brands and online, superfats can only shop online and infinifats struggle to find clothes that fit them and often require custom sizing (*The Fat Lip* cited in Gordon, 2020: 28-29). By excluding the less palatable fat bodies from the forefront of their campaigns, the body positive movement might not be subverting or questioning thin-privilege, and it might neither be tackling the injustices connected to a fatphobic society.

## Conclusion

The literature I analysed for the writing of this chapter has informed my research on the morally impregnated nature of having a body, in general, and a fat body, in particular. It would not be possible to fully understand the narratives of fat body positive individuals without first exploring the long history of how fat bodies have been problematised in our culture. For this reason, in the first section of this chapter I illustrated how having a body is a sociologically relevant phenomenon. With the decline of post-traditional societies, bodies went from being a given, an object among many others, to a malleable entity upon which to inscribe meaning. As soon as the body became a project and an investment, human beings were burdened with a huge sense of responsibility in relation to the keeping of one's body. The morality generated around bodies creates a distinction between "good" and "bad" bodies, where the first are the ones who obey to the *dictat* of slenderness and the others are the ones who fall short of these expectations. In this context, the fat body embodies the ultimate failed body project because it resists control with its unruly nature.

To understand the complex and problematic nature of having a fat body, I searched the literature in order to discover the origins of the moralising aspects around fatness, particularly in relation to health and beauty. The assumptions that fatness equals poor health and unattractiveness often go unquestioned. For this reason, in the second section of this chapter I discussed the different meanings that fatness assumed in the last two centuries, particularly in North America and Europe. It wasn't until the 19th century that having a larger body

constituted a matter of concern, both from health professionals and the wider population. The construction of the feminine ideal of slender beauty as well as the medicalisation of fat bodies show how fatness is a contested moral battlefield where different discourses intersect.

The authoritative and pervasive nature of anti-fat discourses transformed fatness into a stigmatising trait. For this reason, in the third section I discussed the meaning and role of stigmatisation, as well as the different types of stigma management that individuals can put in place in order to create a peaceful environment to live in. With the strategy of coming out, fat individuals can at once not only publicly declare to have a positive relationship with their fatness, but also, they build a community made of like-minded people.

It is through a collective identity that stigmatised individuals come to the realisation that what they thought were personal problems are in reality social issues. The creation of a raised consciousness around fatness led to the formation of fat acceptance movements. In the fourth and final section, I briefly summary the history of fat activism and introduce the topic of body positivity. Despite their similarities, fat acceptance movements and body positivity seem to differ on important issues. Although there is only a limited literature produced on body positivity, the scholars that have approached this topic so far seem weary of the limits of body positivity, particularly for what concerns its capability of subverting normative ideals of beauty.

Most of the literature produced so far on body positivity uses a content analysis approach to study the ways in which people create content and communicate on body positive websites. This approach seems to be more interested in studying the body positive movement as a whole rather than the beliefs and experiences of its members. For this reason, there seems to be a gap in the literature concerning the beliefs and experiences of body positive individuals studied from a sociological perspective. In the next chapter, I will explain how the methodological decisions that underpinned this studied aimed at filling both the empirical and theoretical gaps in terms of body positive research by using a narrative approach and positioning the experiences of fat body positive individuals at the centre of this project.

# Chapter three: Methodology

## Introduction

This research is a qualitative study based on data generated in narrative interviews with 11 participants who identify as fat and body positive. The aim of this project was to conduct a study on the body positive movement in order to understand how individuals who identify as fat and body positive have been affected by the movement. Two research questions have guided my study:

- How do people who identify as fat and body positive narrate the history of their bodies?
- How are the narratives of fat people influenced by their experience of being part of the body positive movement?

This chapter provides a reflexive discussion on the theoretical and methodological approach taken while conducting this research. I will provide a rationale for my decision to undertake narrative research, highlighting the strengths of this method for the study of underrepresented identities. A description of my research design is combined with an explanation of data collection and analysis and well as a discussion on the reflexive nature of this project. This chapter is divided into two broad parts: in the first one, I address the theoretical and methodological assumptions that have guided my research. In the second part, I discuss the practicalities of my project, such as the research design, data collection, data analysis and reflexivity.

## Theoretical considerations

Mason (2002) argues that qualitative research should be guided by an “intellectual puzzle”, i.e. a scholar’s quest to not merely produce descriptions of a certain phenomenon, but rather explanations that the researcher feels the urgency to disclose. Every social research is in fact

guided by a basic sense of curiosity to explore the social world with the intent of developing a better understanding of it (Marvasti, 2004). My research is no different: I wanted to capture the complexity of how fat body positive individuals perceive and experience their bodies; their specific historical and socio-cultural contexts; the interplay between public and private spaces. While the literature on fat studies and fat activism is vast, there is little academic work on body positivity. For this reason, I was particularly interested in understanding how fat individuals create stories around their journey to body positivity, and what it means for them to self-identify as “body positive”.

As Mason points out, an “intellectual puzzle” should be “ontologically meaningful, and epistemologically explainable or workable” (Mason, 2002: 18). To put it simply, before I could decide *how* to study the social world, I had to decide what I thought the social world was made of, and therefore *what* I was going to investigate. Ontology is an area of philosophy concerned with the nature of what exists (Neuman, 2011). Every research relies on a certain assumption of what it is out there that is possible to study. If ontology is concerned with *what* is possible to study, epistemology focuses on *how* we produce knowledge of a topic of study. Because my ontological perspective is based on the study of identity, narratives, attitudes, beliefs, and representations, my epistemological position is linked to an interpretivist approach. I’ve chosen to carry out my research conscious of the fact that the type of knowledge I produced with my findings is contingent and relative (Dey, 1993). As Riessman points out, “interpretation is inevitable because narratives are representations” (1993: 2). In other words, because I investigated unstable, fluctuating social entities – as identities, for example – the best suited methodology was qualitative research and the type of knowledge I produce could only be contingent. The knowledge I produce with my research is also processual, which means that it is not a static entity but rather a process of moving towards a better understanding of society and its structures (Harvery, 1990). I could not refrain from questioning some of the ideological underpinnings of my study, such as the “obesity epidemic” in the medical discourse, just to make an example. The knowledge I gained from my attempt to understand human experiences is necessarily partial and provisional because it incorporates multiple voices, perspectives, truths and meanings. In opposition to its positivistic counterpart, narrative inquiry assumes there is no universal truth that needs to be discovered (Lieblich et al., 1998). On the contrary, this approach supports pluralism and

relativism. As a researcher, I am comfortable with the idea of reaching ambiguous knowledge rather than unambiguous, objective truths. In other words, the knowledge I developed from my research allowed me to get access to layers of understanding about my participants, about how they construct their identities.

My ontological and epistemological positions are moulded around the idea that I intend to study identities – among other topics – and that the knowledge I produce with my research is not additive and value neutral, but rather culturally and historically situated and also influenced by political ideology. It is in this sense that Somers talks about “ontological narratives”: “Ontological narrativity, like the self, is neither a priori nor fixed. Ontological narratives make identity and the self something that one becomes. Thus narrative embeds identities in time and spatial relationships” (1994: 618). Because I studied identity formation, my research is strongly connected to interpretivism, and it could have not been otherwise. I had to take into consideration human cognition, subjectivity, time and place in order to make sense of the narratives of my participants, as their understanding of fatness and body positivity – among other topics – is strictly contingent to their time and place, but also to their subjectivity, as well as my own. In this sense, another aspect of my research that is strongly connected to interpretivism is how I approached language. Contrary to a positivist tradition, I couldn’t use a neutral language to report my findings. Not only it would have been impossible for me to do so – either during fieldwork or the writing up stage – but neither it would have been desirable, as doing so would have erased an important aspect of my project, i.e. the fact that I am a fat woman doing research on fat, body positive individuals. Language is not a passive instrument through which we label a world that is already “out there”. On the contrary, language is central to the formation of subjectivity (Kincheloe and McLaren, 1994), and mainstream research practices are often involved – consciously or unconsciously – with the reproduction of systems of oppression, as in the case of the obesity discourse and health research (Lupton, 2013). It is through language that we actively create reality, but also, language is strictly connected to power relations and as such, it has the capability to empower or weaken, as I will discuss in my chapter on “coming out as fat”.

## Methodological reflections

While quantitative research focuses on numerical data and statistics, qualitative methods are centred around the understanding of social phenomena, representations and, in general, the subjective experiences of what is being studied (Mason, 2002; Silverman, 2017). However, I think it is important in the context of our discussion to reiterate that these different approaches are not diametrical opposites and that there are no methodologies or methods that are specifically positivist or interpretivist. It is not my intention to create a sterile polarisation between quantitative and qualitative research, as in fact each one of them has its perks and appropriate applications. Regardless of what type of research we intend to conduct, we will necessarily have to test its validity and reliability (Dey, 1993; Silverman, 2017). As Silverman points out, “it is not a choice between polar opposites that faces us, but a decision about balance and intellectual breadth and rigour. Where used intelligently and appropriately, there is no reason why quantification has to be totally shunned” (1985: 17). In fact, qualitative and quantitative methodologies share some common grounds. For example, their research is built on empirical reality and for both of them the study of society should have consistency and follow scientific rigour. This means that regardless of what type of method a researcher decides to use, she will still have to adhere to rigorous rules of practice (Silverman, 2017).

Quantitative research would have allowed me to generate generable statistics on a large scale project, but it would have left me in the dark for all those issues concerning the subjective experiences of participants, including how they experience their bodies and the impact the body positive movement had in their narratives, which are the two themes guiding my research questions. Qualitative research on the contrary has allowed me to investigate the complexity of the participants’ perspectives. A qualitative approach was chosen to carry out this study for the richness, multifaceted and depth of data that this type of research can provide. Qualitative research has an “unrivalled capacity to constitute compelling arguments about *how things work in particular contexts*” (Mason, 2002:1, emphasis in the original).

As finding a singular definition of “qualitative research” is an arduous, if not impossible, task, Yin (2011) lists five features of qualitative research:

“1. Studying the meaning of people’s lives, under real-world conditions; 2. Representing the views and perspectives of the people [...]; 3. Covering the contextual conditions within which people live; 4. Contributing insights into existing or emerging concepts that may help to explain human social behaviour; and 5. Striving to use multiple sources of evidence rather than relying on a single source alone” (2011: 7, 8).

My research is strongly connected to these five points, as I wanted to study how individuals construct their identities; how they narrate their life stories; and how they negotiate their place in the world in relation to their body type. It is difficult to clearly define what doing qualitative research entails, but to summarise the positive aspects that convinced me of this decision, I would like to focus on its “interpretivist” nature, its understanding of data generation as “sensitive to social context” (Mason, 2002: 3) and finally, the way in which data are analysed with the intention of creating contextual and nuanced understandings of social entities.

## Narrative method

Within the broad and encompassing field of qualitative research, a narrative method was chosen to conduct my research as the most appropriate method in order to approach identity formation among fat body positive individuals. Narrative research allowed me to collect data that is more than just the mere narration of a list of events, but rather I gained knowledge of the “interpretive devices, through which people represent themselves, both to themselves and to others” (Lawler, 2002: 214). In fact, as Cortazzi (2001) points out, beside the actual story, there are other elements that create a narrative: it is because of the unique intertwined between the teller, the audience, the relationship between the two, and the story itself that I argue that narrative method is the best instrument in order to capture the complexity of fat body positive individuals’ stories.

Polkinghorne sees narrative as “the primary scheme by which human existence is rendered meaningful” (1988:1). In agreement with this position, my research was based on the theoretical assumption that individuals give meaning to their lives, their identities, and themselves through the stories they tell (Moen, 2006). For Somers, narrative and narrativity are “concepts of social epistemology and social ontology” (1994: 606). This means that it is through stories and storytelling that we get to understand the social world and – most importantly for my research – it is through narratives that we constitute our social identities. Discussing how in the early 1990s narrative scholars started paying more attention to the ontological, and not merely representational, aspects of narrative, Somers and Gibson (1994) highlighted the potentialities of this new approach:

“Their research is showing us that stories guide action; that ‘experience’ is constituted through narratives; that people make sense of what has happened and is happening to them by attempting to assemble or in some way to integrate these happenings within one or more narratives; and that people are guided to act in certain ways, and not others, on the basis of the projections, expectations, and memories derived from a multiplicity but ultimately limited repertoire of available social, public, and cultural narratives” (1994: 38, 39).

Narrativity has a double-faceted role in gathering information: not only does it allow the researcher to make sense of the social world, but it also represents the way in which individuals create their identities: “All of us come to be who we are (however ephemeral, multiple, and changing) by being located or locating ourselves (usually unconsciously) in social narratives rarely of our own making” (Somers, 1994: 606). Therefore narrative method is not just a tool that a researcher can use to gather knowledge about social phenomena, it represents the ontological foundation of the social phenomenon itself.

I wanted to collect the stories of self-identifying body positive individuals because body positivity is still a relatively new phenomenon and body positive individuals are a group of people whose stories have not been heard yet. To date, there are few academic studies on body positivity who are informed by the lived experiences of fat body positive individuals (Gibson, 2020; Otis, 2021; O’Hara et al., 2021; Crawshaw, 2019; Ando et al., 2021). Although

I could have studied the narratives of fat body positive individuals through the sampling of text and media products – like Instagram posts, for example – my theoretical standpoint that identities are necessarily socially constructed meant that I had to be able to have a dialogue with my participants. In other words, because identity is what I am studying and because I argue that identities can only be constructed in social interactions, I had to sample human participants in order to have a dialogue with them and therefore gather knowledge about their identities. The participants of this study constructed their identities through the narration of emplotted stories during our interviews. As Somers points out, “people make sense of what has happened and is happening to them by attempting to assemble or in some way integrate these happenings within one or more narratives” (1994: 614). It is this theoretical position that motivated me to choose narrative as my method of inquiry. Because identities are created through the narration – to others or to ourselves – of stories, in order to conduct a study on fat body positive individuals I had to resort to narrative research.

## Research design

### Narrative interviews

The term “qualitative interviewing” is used in this chapter to refer to in-depth, semi-structured interviews. Mason (2002) identifies four core common characteristics that are possible to find in all qualitative interviewing: they involve a dialogue between subjects; they have an informal style; the researcher follows a list of themes she would like to cover during the interview; and finally, the researcher believes that knowledge is situated and contextual. Mason (2002) lists nine reasons why a researcher would want to conduct qualitative interviewing. Two of these reasons are particularly relevant to my research. Firstly, my ontological position holds that participants’ views, experiences, and interpretations are “meaningful properties of the social reality which [my] research questions are designed to explore” (Mason, 2002: 63). Secondly, my epistemological position makes me believe that data can be generated by talking interactively with my participants.

Within the broad field of qualitative interviews, narrative interviewing is characterised for its critique of the question-response schema of the traditional qualitative interview setting (Jovchelovitch and Bauer, 2000). Riessman, for example, claims that participants should not be interrupted by standardized questions and that “narratives must be preserved, not fractured, by investigators, who must respect respondents’ ways of constructing meaning and analyse how it is accomplished” (1993:4). In the question-response schema the researcher is imposing structures for what concerns the topics of the discussion, how they are worded, as well and the order in which these themes are discussed (Jovchelovitch and Bauer, 2000). Narrative interviewing, on the other hand, is based on the assumption that participants should be allowed to talk at length without interruptions and when these criteria are met, respondents will “organize replies into long stories” (Riessman, 1993: 3).

The difference between the questions I asked during data collection and a traditional, qualitative interview setting is that my questions had the clear attempt to elicit narratives, rather than focusing on interviewees’ experiences (Chase, 2011). In fact, it is not the mere act of recalling past events that creates a narrative, but the fact that individuals in recalling and remembering what has happened to them, interpret and give meaning to these events. Participants reinterpret these events with the intent of creating a story that stands as a whole. Asking questions with the intent of eliciting stories was therefore a fundamental step for the creation of a plot in my interviewing strategy. Moreover, narratives have been particularly useful in this project because I was interested in eliciting changes over time in my participants’ stories, as one of my research aims was to understand how the lives of fat body positive individuals had been affected by their becoming body positive.

### Sample and recruiting process

Sampling, by definition, means that I am selecting a specific group of individuals, leaving out some others and it is my responsibility as a researcher to demonstrate a rationale for my choices. I decided to do research using purposive sampling because I wanted to identify the individuals who “yield the most relevant and plentiful data” (Yin, 2011: 88). Theoretical sampling involves the identification of respondents who have characteristics relevant to the

aim of my study (Mason, 2002). In this context, I use “purposive” and “theoretical” as synonyms because the purpose behind my purposive sampling is theoretically defined (Silverman, 2017). The three advantages of theoretical sampling for my research are that it allowed me to choose participants in accordance to my theory (Mason, 2002); it helped me to overcome the tendency to select cases that would have supported my argument and, on the contrary, it encouraged me to seek out “deviant” cases (Silverman, 2017); and finally, it allows room for changes during the research, i.e. the size of the sample was modified as the research progressed.

This project is informed by the narratives of 11 participants, of which 7 identify as women, 2 as men, and 2 as non-binary (see Appendix I for a full description of participants). The common feature for the participants of my study was to self-identify as fat and body positive. There were no restrictions regarding age, sexual orientation, nationality, gender, level of education, etc. because all these features – although important to describe the participants in the analysis chapters – should not be made matter of exclusion in my study. In other words, I have used the knowledge gathered from demographic questions to inform my discussion on the participants’ representations of their lives and themselves, but I did not want to impose any restrictions in terms of gender, age, level of education, socio-economic background, and disability. However, due to practical reasons (lack of funding and ethical concerns), I have only recruited UK based individuals.

The interviewing process was carried out across a 12 month period and participants were interviewed in blocks, i.e. I would interview a few participants at a time, transcribe their recordings, code the transcripts and analyse the content of our interview. Only once I reached a satisfactory understanding of those stories, I would carry out some more interviews. For this reason, I interviewed participants in three separate stages: Katie, Sophie and Annie on the first round of interviews in the summer of 2018; Anna, Georgia, Nancy, Natasha and Nina on round two, in the winter of 2018; and finally, Leor, John and Ellie in the summer of 2019. I decided to stop recruiting participants after 11 interviews for two main reasons. First, I was satisfied with my sampling in terms of age-range and gender variety. Recruiting older – i.e. people over the age of 40 – and male participants had been a challenge because the body positive movement is mainly constituted by young and female members. However, after 12

months of recruiting, I was able to include 2 women aged 49 and 2 men and I was satisfied with these numbers because I knew that it was going to be extremely difficult to find more participants of that age and gender. In fact, at the point I had already reached out to a number of online groups, I had participated in face-to-face body positive meetings across the country and in those occasions, I had tried to recruit participants. I had also been leafletting for 12 months across various strategic locations, including the abovementioned body positive spaces, but also public venues including community centres and libraries. For this reason, after 12 months of recruiting participants deploying a number of strategies, I reached the conclusion that it was going to be almost impossible to achieve a larger sample of men and older participants and therefore I stopped the recruiting process.

Secondly, I stopped my data collection after 11 participants because at that point – given that I had already started carrying out my analysis – I had noticed that most stories started to resemble one another, and no new themes were emerging from the interviews. Moreover, the scope of this project was to collect data that was rich and insightful about the life experiences of individuals who identify as fat and body positive, and I argue that I was able to achieve this high level of in-depth information with my 11 participants. The interviews constituted over 20 hours of recordings, and almost 300 pages of transcripts. For this reason, even though 11 individuals is a small number of participants, I argue that the data collected in this study does provide a rich and deep understanding of how body positivity impacted the lives of these individuals.

Because the body positive movement is an online-based movement, I recruited participants through the creation of social media posts. Being involved in the body positive community myself, I knew that Facebook groups would have been an optimal place to recruit participants. As Crossley in her paper on *Facebook feminism* points out, “Given far-reaching webs of online friendship and social networks, the Internet is potentially of great utility to movement participants who emphasize community and interpersonal relationship” (2015: 253). My decision to focus on online recruitment strategies was also informed by the literature on digital ethnography (Hine, 2015; Calandro, 2017) and pro-ana studies (Boero and Pascoe, 2012; Brotsky and Giles, 2007; Fox et al., 2015). Particularly in the study of pro-ana movements, the creation of social media posts was useful to approach a group of individuals

that otherwise would have been impossible to contact (Brotsky and Giles; 2007; Boero and Pascoe; 2012). The interactions of body positive individuals do not seem to be as secretive as the one of pro-ana supporters – I did not have to undertake covert research and I could use my own social media accounts to interact with body positive individuals – but at the same time online groups were the most relevant places to locate possible participants.

Through the use of social media posts, I contacted Facebook groups such as the Yorkshire Rad Fat Collective, Club Indulge Chat and the York Body Positive Society. In the posts, I introduced myself and briefly explained the nature of my research. In order to get higher visibility and catch viewers' attention, I used a copyright-free picture of individuals showing their arms in sign of strength, and I wrote on the image: "Do you identify as fat and body positive? If so, please get in touch! I am looking for participants for a study on the Body Positive Movement". The same image was also used for the creation of posters and participant information leaflets that were shared around a number of body positive spaces and public venues, including community centres and libraries. Once the individuals who showed an interest in taking part in the study initiated contact with me, I thanked them for their interest, briefly re-introduced myself and the nature of the project and finally, I sent them a copy of my participant information sheet and consent form (See Appendix II and III).

## Limitations

One of the main limitations of this study is that I could only recruit 2 male participants and one of them halfway through our interview revealed that he did not identify as fat (this will be further discussed later in the chapter). For this reason, the gender element of this project could not be fully explored, and further research is needed in order to investigate the experiences of fat body positive men. A higher number of fat body positive men could have been extremely valuable for my study, but unfortunately, they have been extremely difficult to recruit. The reason behind this problem relies on the fact that body positivity is a gendered phenomenon which has roots in fatshion (fat fashion) and that is therefore almost exclusively focused on women (Gurrieri and Cherrier, 2013). My experience as a body positive sympathizer as well as the knowledge I gathered from a previous small research conducted

for my masters dissertation on gender roles and masculinity (Salvatelli, 2015) led me to believe that there are not many fat men who would identify as body positive.

Another significant limitation is the age range. My knowledge of the body positive community leads me to believe that its members tend to be of a young age. My 2 oldest participants to-date are 49 years-old, but are an exception, as all other participants are under the age of 35. In fact, most participants and individuals who showed an interest in taking part in the study were in their late teens or early 20s. I was particularly interested in interviewing older women because they might have had an interesting take on how their body had changed overtime with experiences such as pregnancy and menopause, for example. Because of the young nature of the movement and its members, I was aware of the difficulties in recruiting participants over the age of 40.

A third limitation to this study can be found in the fact that all participants are UK-based. During the recruiting process, I was approached by individuals not living in the UK who were interested in participating in the study. Unfortunately, I could not include them in this project because my methodology required me to be able to interview them face-to-face – see next section for a fuller discussion on the importance of face-to-face interviews in narrative methods – and due to lack of funding, I was not able to travel to them to carry out the interviews. It would have been interesting to explore how body positivity is perceived in different countries, particularly non-anglophone countries as the literature on fat studies and body positivity have been produced almost exclusively with a focus on anglophone countries. Researching the impact of body positivity outside of English-speaking countries could provide a broader understanding of fat embodiment and body positive, as these two concepts might be perceived differently in different countries. However, due to lack of funding, I was only able to recruit UK residents.

## Data collection

### Interview context and content

I conducted my data collection through face-to-face meetings because I wanted to create a level of openness and trust with my participants, as well as a friendly environment in which to discuss personal matters. Conducting narrative interviews with participants who have bodies that are unrepresented, misrepresented or afflicted with illness and dysfunction is particularly important in order to get access to rich data. Moving away from a cognitivist understanding of storytelling, my intent was to bring the embodied nature of these stories into the data collection. As both interviewer and interviewee take part in the creation of the story, during face-to-face conversations they “check each other's bodies in order to search and confirm their mutual understanding of the story – something that is important to both the teller and the listeners – because it indicates whether repetition or elaboration is needed or if a gaffe has been made and hence needs attention” (Hyde, 2013: 130).

I asked the participants to choose a location for our meetings, so that they would feel comfortable with the interview setting. If they didn't have a preference, I suggested a public, non-crowded place, such as a coffee shop, or public library. Most interviews took place in coffee shops chosen by participants, while some others happened in my office or university library at the University of York. Conversations lasted no longer than 2 hours and a half, with the shortest recording being 60 minutes and the longest 150.

Data have been collected by asking an initial broad question. On the model of O'Shaughnessy et al.'s study on anorexia (O'Shaughnessy, et al., 2013), I started the data collection with the following statement: “I am interested in hearing about the life experiences of self-identifying fat body positive individuals. I would like you to tell me the story of your life, all the events and experiences which are important to you. Please take as much time as you need”. Starting the interviews with this statement allowed me to clarify to the participant the nature of our meeting, with a specific focus on the storytelling element of our interview. In other words, I wanted participants to be aware that I was looking for stories and that I was not the one

dictating the pace of the interview, but on the contrary, we could have discussed any topic they deemed relevant.

A topic guide was created in order to help me keep track of the interviewing process (See Appendix IV). The questions included in the topic guide have been occasionally asked in order to contribute to the flow of the conversation and in order to prompt storytelling. However, it is important to notice that I refrained as much as possible from interrupting participants in their storytelling process and only used the questions listed in the topic guide as a way of eliciting stories. At first, I introduced myself as a researcher and the intent of the study, as well as reassuring participants about confidentiality and anonymity. I then explained the interview process, and I introduced the digital recorder and explain transcription, data storage and destruction. I asked the participant if there was any questions, and finally, I thanked them for their time and collaboration. I handed them the information sheet – which they had already received electronically prior to our interview – and asked to sign the consent form (See Appendix II and III). Before starting the interviewing process, I also asked each participant to choose a pseudonym and their chosen pronouns, so that I would not misgender them during the data analysis.

The topic guide was articulated around four main areas: questions concerning the body positive movement (e.g. “I would like you to guide me through your “body positive journey”. When did you first find out about the movement? What was your initial reaction to it? What does your being part of the body positive movement involve? Give me an example). The second group of questions centred on the changes that happened in the participant’s life after discovering the movement, i.e. “Can you think of any changes – in your look, your style, your appearance in general – that happened since you discovered the body positive movement?”; “Has the way you see your health changed since joining the body positive movement? If so, how? Can you tell me an anecdote in relation to that?” A third aspect of the interview process concerned the topic of fatness, with questions such as “Let’s imagine you have to describe what is like to be fat to a person who isn’t fat. How would you do it?”; “What words would you use to describe your body? Would you have used the same words before joining the body positive movement?” And finally, the last part of the interview focused on demographic

questions: gender, age, sexual orientation, level of education, ethnicity, socio-economic background, clothing size, place of origin, and disability.

### Unexpected situations

Due to the nature of narrative interviews, participants were the ones leading the conversation. I did have some questions I wanted to ask and a topic guide to help me through the interviewing process, but overall the conversations we had were really unstructured and we ended up talking about unpredicted subjects. Four interviews, in particular, presented unexpected situations which created issues in terms of consistency and ethical concerns.

Nina's interview presented some issues in terms of consistency because unlike other participants, I could not explore certain sensitive topics with her. I interviewed Nina in a café and she came with her son. I did not ask for his age, but from my recollection he must have been around 8 years old. While I was conducting the interview, the child was sitting next to us playing a game on his iPad, with headphones on. He was not paying attention to the conversation Nina and I were having but he could sense that at times we were talking about him. Because of his presence, I did not feel comfortable asking questions concerning the participant's romantic life. Exception made for this subject, every other subject on my topic guide was covered and I do not think the child's presence had a negative impact on the quality of data I gathered from that interview.

There is a second interview that presented issues in terms of consistency. Halfway through our interview, John told me that he did not consider himself to be fat. Identifying as fat and body positive were the only two criteria in order to take part in the study. John discussed at length in the interview what it meant to him to be body positive and larger than other people, but when we started talking about the third area of my topic guide – i.e. experiences related to fatness – John mentioned that he did not consider himself to be fat. I interviewed John during a body positive event in which other fat people were present. When he told me that he didn't consider himself to be fat, he specifically mentioned that he wasn't as fat as some of the other people attending the event. He specifically said that he considered himself to be

fat when hanging out with his “gym buddies”, but equally, he would not use the word “fat” to describe himself when attending meetings with other significantly larger individuals. John’s interview presents issues in terms of consistency because unlike the rest of my participants, his fat identity was fluctuant.

Other unexpected situations emerged during Nancy’s and Natasha’s interviews, where a risk of causing emotional harm emerged from our conversations. In the first case, the participant decided to open up with me about painful experiences of her past, including stories of sexual abuse and self-harm. In the second case, Natasha told me the story of how after divorcing her ex-husband, she discovered that he was accused and arrested for paedophilia. I could not predict any of these stories as I did not prompt questions who could have elicited such answers. At first, I was tempted to shut down these sensitive topics because of the high risk of emotional harm they could have caused. At the same time, however, participants did not seem distressed in narrating these events. As I had made clear at the start of the interviews that I wanted to hear at length about their life stories, it did not seem appropriate to interrupt their narrations. So I decided to proceed with caution, and I let them narrate those stories with minimal interruptions. I also reminded them that if they did not feel comfortable discussing sensitive issues, it would have been possible to stop the interview or change topic. I could not anticipate the deep willingness participants expressed in telling me these sensitive stories. Nancy, in particular, felt a sense of urgency about getting her story out there. She explicitly said that she was happy to be part of this study because her being body positive allowed her to disclose being sexually abused. She was glad to be part of a study on fatness and body positivity because in her view, this topic should have been further researched.

### Ethical considerations

My participants trusted me with their life stories. As a researcher, I felt a responsibility to ensure that my research and my conduct were both fair and respectful (Morrow and Richards, 1996). Following the guidelines set by the British Sociological Association (BSA, 2017), I conducted my research taking into consideration issues concerning confidentiality, anonymity, emotional harm, participants’ consent and data protection. I addressed these

issues in my ethics form, and I was granted approval by the University of York's Ethics Committee.

To ensure anonymity, I did not insert any identifiable information of participants in any part of the thesis. I asked the participants to give themselves a pseudonym and tell me what pronouns they would like me to use to refer to them during the data analysis. In doing so, I avoided the risk of misgendering them. Anonymity was also ensured in relation to the information concerning their gender, social background, sexual orientation, location, ethnicity and age. I have used this information in my data analysis as they appear to be useful for my discussion, but I did so always in a way that would make the participant unidentifiable. To ensure confidentiality, I reassured participants about the fact that I am the only person in possess of their contact details, including telephone number, email, social media name. However, it is not my intention to use any of this information.

Emotional harm seemed to be the ethical issue most likely to arise during my fieldwork. As my intention was to conduct narrative interviews, it was hard to predict what matters my participants would want to discuss during the sessions. As Smythe and Murray (2000) suggest, the risks involved in narrative research have to do with the unforeseeable consequences of writing about people's lives. For example, considering the sensitive nature of the topics of my research (i.e. body size, weight, stigma, etc) there was a risk of emotional distress. In order to prevent this situation, on the participants information sheet I specified that some sensitive matters could have been discussed during the meetings. I advised participants to refrain from the study if they believed discussing weight related stigma, body size, body shape, body image could have been distressing topics for them. Presenting these details days before the interview took place allowed participants to assess their individual risks in order to make an informed choice about taking part in the research. I also reminded the participants that they could withdraw from the study at any point, with no consequences or need to give an explanation. In addition to these measures, at the end of each meeting, I debriefed the participants in order to deal with the harm, distress and confusion that might have arisen from the sessions.

I have no reason to believe that the interviewing stage caused any emotional harm to either

myself – as a researcher – or any of the participants. However, it is worth mentioning that after Nancy’s interview, I experienced some distress. Nancy told me the story of how she was sexually abused by one of her school teachers between the age of 11 and 13. Even though this story is already emotionally charged as it is, what caused me some distress was to hear her saying that she didn’t tell anyone about the abuses because she felt that nobody was going to believe her. In particular, she said that nobody was going to believe that he picked her – a fat girl – while he could have picked any other girl in school. The thought that an 11-year-old girl must have internalised fatphobia at such an early age and to the point of preventing her from coming forward with her abuses, caused me some emotional distress. While Nancy was telling me this story, she did not seem distressed or upset. She reflected on how these thoughts going on in her mind at the time were extremely misleading and hurtful to her younger self. However, my research is personal to me because like my participants I am fat and I have been fat since childhood. For this reason, after interviewing Nancy I kept going back to the recording of our conversation and I experienced some sleepless nights. Nevertheless, although this episode is important to mention in the context of this discussion, I do not think that it caused me emotional harm.

## Data analysis

Each interview was recorded using a digital recorder, and subsequently transcribed by me including voice alterations, changes in the body posture and any other feature that I could recollect from my memories of the event. To help my memory, after each interview I wrote down some notes, including my first impression of the participants and some relevant topics that emerged during our conversation, or that got my attention. The transcription process required a long period of time, as I transcribed the entirety of the interviews verbatim. Moreover, this process was at times challenging due to the regional accents used by some of the participants and my struggle to understand informal language and slang, as I speak English as a second language. There have been a couple of instances in which I could not understand some words. In those cases, I included an in-text comment on the uncertainty of my transcription. Although time consuming, I believe the transcription stage to be part of the

analytic process (Taylor, 2001). In fact, as I was transcribing, I kept a note of all the ideas and thoughts that I was having in the form of notes. This practice has proven to be extremely useful for the following stage of my data analysis, i.e. coding.

Coding is an important aspect of qualitative research, as it allows the researcher to interpret and analyse the data (Flick, 1998). Each interview was scrutinised in search for stories. Once the stories were identified, I divided them according to their content. My intent was not only to look for similarities between the stories, but also for differences and “deviant cases” (Mason, 2002). Following Jovchelovitch and Bauer (2000)’s understanding of thematic narrative analysis, the stories that emerged from the interviews were then reduced into macro-categories according to the content. As Braun and Clarke (2006) have pointed out, thematic analysis’s flexibility has allowed for this methodology to be used in a number of methodological frameworks, including narrative analysis. Thematic narrative analysis shares with “traditional” thematic analysis the desire to identify themes within a transcript. A “theme” has been defined as a “patterned response or meaning within the dataset’ (Braun and Clark, 2006: 82). However, if in “traditional” thematic analysis the aim is to identify a pattern within a transcript, in thematic narrative analysis the aim is to identify a theme within the stories of a transcript. Riessman (2008) explains that the difference between narrative analysis and thematic analysis is the emphasis that narrative analysis places on understanding data holistically, i.e. by focusing on the temporality and sequencing of the stories. Thematic narrative analysis borrows from “traditional” thematic analysis the desire to group together patterns that emerge from different transcripts. However, these “themes” are understood holistically, i.e. they are made sense of by taking into consideration the structure of the story that was being told, as well as the overarching story that the participant was creating throughout the interview. These themes are interpreted hermeneutically by the narrative context that surrounds them (Ross & Green, 2011).

Using Jovchelovitch & Bauer (2000)’s understanding of thematic narrative analysis – but also Riessman (2008) and Ross & Green (2001) – I firstly identified the stories contained within each of my transcripts. Jovchelovitch & Bauer (2000) suggest to reduce text units into summary sentences which describe the content of each narrative. These sentences are then further reduced into keywords. This operation serves to generalise and condensate the

meaning of each story. Following their understanding of data reduction in thematic narrative analysis, I created a table with three rows. The first one contained the transcript of the interview; the second one summarised in short sentences the content of each story within the transcript; the third and final row contained just a few keywords, which summarised the content of the story. This process allowed me to develop a clear sense of what type of stories my participants were narrating. As Marvasti puts it, “the objective is to gradually transform a seemingly chaotic mess of raw data into a recognizable conceptual scheme” (2004: 90). I created categories such as relationship with the family, school years and bullying, relationship with food, clothing, mother-daughter relationship, etc. I also developed some themes in relation to the words participants used to describe themselves, giving therefore some relevance to the formal elements of the narrative. The following four analytical chapters will be based on the four most relevant stories that the participants articulated in their narratives, namely stories of their “coming out as fat” (Chapter four); clothing stories (Chapter five); parenting stories (Chapter six); and stories about health and “healthy” eating (Chapter seven).

During the first reading of the transcripts, I was approaching the texts with openness and receptivity, which is what Crotty (1998) would define as “emphatic mode”. In other words, I focused on the ideas that the participants were trying to communicate with their stories (*what is this story about?*) It was only on the second reading of the transcript that I started interacting in a critical manner with the participant’s stories (*what is the meaning of this story?*) In the “interactive mode” (Crotty, 1998), the researcher is not merely listening to a narrator’s opinions, she is having a conversation with her, with the critical aspects of this dialogue that might follow. It was in this stage that I started to compare different parts of the interview in order to develop a better understanding of the participant’s story as a whole. This stage allowed me to find discrepancies within the interview and therefore compare different stories within the same transcript.

Once I identified the main themes of each interview, and after I gain a satisfactory knowledge of the meaning of the participants’ stories, I could re-read the transcripts looking for stories that could answer my research questions and in doing so, reducing the data (Miles and Huberman, 1994). It was during this stage that I fully realised how rich my data was: there

were several themes that recurred in different transcripts but that did not answer my research questions and they were, on an initial stage, overlooked. In fact, although it might seem in my writing that there were only three readings of the transcripts, in reality I had to go back and re-read them several times. There have been occasions in which I initially overlooked certain themes and I didn't pick up on important issues. Similarly, as I started the analysis while I was still carrying out interviews, there have also been occasions in which I gave too much importance to certain themes and with the progression of fieldwork, I realised that actually they were not useful to answer my research questions (an example of this is fat body positive individuals' approach to fashion. For a fuller discussion, see Chapter five).

In my analysis, I particularly focused on two aspects of the narratives, i.e. how stories are put together, and – because the aim of my research is to study identity formation – how the self is presented in the story. The first aspect is related to Gubrium and Holstein (1997)'s concepts of narrative composition and narrative control: I was at one time analysing the content and the meaning of people's stories. Rather than focusing on the authenticity of the narratives, this approach looks at what purpose these stories serve and under what conditions (Marvasti, 2004). In my analysis, I was more interested in the reasons that motivated a participant to tell me a story in a certain way, rather than determining whether that story was true. At the same time, this does not mean that I took all the stories at face value. I was constantly looking for discrepancies that could allow me to get a deeper understanding of the stories and the participant's experiences.

The second aspect of my analysis – the one concerning the representations of the self – is clearly influenced by Goffman's work (1959) on dramaturgy, but also, Riessman (2002)'s notion of "social positioning". I was interested in studying how narratives were created for a particular purpose (discussing the participant's involvement in the body positive movement) and audience (myself, in this case. Particularly important in this sense is the fact that much like my participants, I identified as fat and body positive and this information was available to the participants). As I will discuss in the following section on reflexivity, this aspect was of pivotal importance. I believe my participants' stories were highly influenced by my being fat and body positive.

My participants through their stories were able to reconstruct a sense of self and reality, with all the contradictions and difficulties that this process entails. As McAdams puts it:

If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I, too, must come to see in all its particulars the narrative of the self – the personal myth – that I have tacitly, even unconsciously composed over the course of my years. It is a story I continue to revise and tell to myself (and sometimes to others) as I go on living (1993: 11).

The positioning of the self within the narratives also helped me to identify the genre of a story, i.e. “a particular class of typology of narratives that follow a recognizable way of telling” (Marvasti, 2004). Among others, I could identify in the data redemption stories, coming out stories, emancipation stories and so on. Narrative method was in this sense particularly useful in order to capture the complexity and multi-layered nature of the participants’ life stories. Literature on narrative has shown how effective this methodology can be in researching disrupted lives (Becker, 1997), illness (Riessman, 1993) and coming out stories (Plummer, 1995).

## Reflexivity

Finlay points out that in the last fifty years, there has been a proliferation of “narratives of the self” (2008: 5), consequently causing a rising interest in reflexivity. This renewed focus on reflexivity and narratives of the self has changed the way in which researchers perceive their presence in the research: “subjectivity in research is transformed from a problem to an opportunity” (Finlay, 2002: 531). Recognition of personal dimension to a research project is perceived as enriching and informative in qualitative research (Gough, 2008). The self-awareness I have in relation to body positivity and fatness has helped me throughout the data collection, as well as analysis. However, my reflexivity extends beyond the personal nature of my research. In fact, as Gough (2008) points out, reflexivity works best when different levels

of it are recognised and explored. For example, personal reflexivity cannot explore the extent in which my participants and I are situated in institutional and cultural contexts. More than a sterile section of my methodology, I intend reflexivity as an ongoing practice in my research. It was through personal reflexivity and introspection that I informed the research questions selections. It was through reflexivity that I formulated my topic guide; reflexivity was also present in the data collection stage, where I had to create a dialogue with my participants and exchange experiences and views on body positivity and fatness, and finally, reflexivity was very much at the forefront of my mind while I was analysing my data, making sure that I was not overreading certain topics and undermining others because of my close personal relation with the research topic.

Because of the dialogical nature of narrative research, reflexivity and self-reflexivity represent two fundamental components of my methodology. In fact, narratives are always co-productions. Even though I tried to keep my intervention to a minimal level, the questions I asked – and in my case, the physicality of my body – necessarily guided research participants into certain directions (Lawler, 2008; Hertz, 1996). Like other scholars before me, I chose to do research on a topic that was close to me on a personal level. As a fat woman, in researching the narratives of fat body positive individuals I was often inspired by my intuition. Introspection represents a key element of my reflexivity through which I gather a general understanding of the participants' stories, as well as data regarding "the social/emotional world of participants" (Finlay, 2008: 7).

Reflexivity challenged me to increase my awareness of multiple aspects of the research process, such as the ideology, culture and politics of those I was studying (Hertz, 1996). It helped me to understand where my self was located within the research. I am conducting a study on fat body positive individuals while being fat and body positive. Although I did not explicitly say that I had a sympathy for the body positive movement and I identified as "body positive", my fatness was visible to my participants and perspective respondents. This led to some important advantages. First, I was aware of the existence of multiple body positive groups because I have been part of them myself for a few years. Second, this insider condition was influential even during the interviewing process. Participants shared with me traumatic and highly sensitive stories just on the basis of our supposed sense of shared fat identity.

Nancy's interview is a good example of this. She shared with me her sexual abuse story although she was not able to do so with the therapist she had been seeing for five years because – to use Nancy's words – she was "skinny" and therefore Nancy felt the therapist could not fully understand her story. Fourth, I had a privileged access to my participants' narratives because I shared with them many similar experiences. It was not difficult for me to comprehend what is like to be fat on a bus or struggling to find clothes as I could easily identify with these narratives.

Predictably, the proximity I have with my participants and their stories also led to some potential pitfalls. For example, I had to keep in check my interpretation of the data and whether I was reading too much into it simply because certain topics might have been significant to my own personal narrative: "Authors decide whose stories (and quotes) to display and whose to ignore. The decision to privilege some accounts over others is made by the researcher as she develops theories out of the data collected" (Hertz, 1996: 7). I had to pause and reflect whether the accounts and narratives I was privileging were of pivotal relevance for the development of the study, or rather, if I was using them because they were relevant to me and my own narratives as a fat, body positive woman. In a sense, simply by making a choice on what parts of the interviews to use and analyse, I was already making a value judgement. As Mykhalovskiy (1996) provocatively puts it, suggesting that only autobiographical work is about the writer's self implies that there is work that is not autobiographical. I wanted to make sure that I was not using the categories of "fatness" and "body positivity" as "totalizing fictions" through which to analyse every single life experience (Somers, 1994:610). I made this mistake while analysing data related to clothing. I assumed that my participants did not enjoy "fashion" simply because they could not have access to *haute couture* or high-end fashion brands. However, when I shared my preliminary findings with the ones of another PhD student doing research on cherished garments, I discovered that my interpretation was wrong. Although the other researcher's participants were "non-fat", they too reported no interest in the field of fashion. In other words, I mistakenly overused the category of "fatness" to motivate my participants' lack of interest in fashion, while in reality the explanation could have been something else, entirely unrelated to their size.

Although my being fat and body positive led me to valuable closeness to my participants, it also only allowed me to get access to a certain type of information. For example, participants tended to only share positive representations of their present self because this is a foundational part of being body positive. In other words, it was difficult for them to include shame or other negative emotions in the description of their present self without imposing the shadow of shame on my narratives too. Even if these “negative” emotions were part of their present self narratives, everything in my research setting was against the possibility for them to share these “supposedly negative” emotions.

## Conclusion

In this chapter, I have discussed the theoretical and methodological assumptions that underpin my research. I have positioned myself within an interpretivist tradition, as I have studied identity formation, stories, opinions and representations, and as such, the knowledge I gathered was contextual, contingent and subjective. Having established the ontological and epistemological basis for my research, I proceeded to discuss the advantages that a qualitative methodology offered to the study of the narratives of fat body positive individuals. The richness and detailed data that I was able to collect through qualitative interviewing was fundamental in order to develop a multi-layered understanding of the complexity of the participants’ life stories. Narrative method, in this sense, was the best methodological tool in order to carry out my research, as my ontological and epistemological positions rest on the assumption that identities are crafted in a dialogical process.

After taking into consideration some of the methodological and theoretical reflections that relate to my study, I discussed the practicalities of my research, including research design, data collection, data analysis and ethical considerations. In this second part of the chapter, particularly important was the discussion on reflexivity. I have shown that my role as a fat body positive woman doing research on fat body positive individuals played a significant role in this study, not only during fieldwork, but also during the analysis stage. I had to re-read my data several times in order to prevent the risk of overlooking certain themes and giving too

much importance to others. This process has been at times chaotic and messy, with a constant back-and-forth between personal beliefs, theory and data.

# Chapter four: Navigating a stigmatised identity

## Introduction

In Chapter two, I discussed how fatness has been constructed as a stigmatising trait and the fat body in its “unruly” nature represents a cultural fear (Richardson, 2010; Featherstone, 1982). In post-traditional societies, the body has stopped being considered a fixed entity and it has become the symbol of morality and correct attitude (Bordo, 1990). As such, fat individuals - with their supposed inability to control one’s body - are made into downcasts, moral failures who are a drain on society (Burgard et al., 2009; Featherstone, 1982). A hierarchy of values is then created: fat bodies are placed at the bottom of this pyramid of valued bodies and stigmatisation is the force that ensures that the system stays in place.

In this chapter, I intend to explore what it means to be fat and body positive, with a particular focus on the public aspect of fatness. In fact, fat individuals find themselves in the *prima facie* paradoxical position of being hyper(in)visible, i.e. they are at one time constantly under public scrutiny and yet their experiences are also ignored (Gailey, 2014). For this reason, in the first section of this chapter, I illustrate how my participants describe their fat embodiment as the situation of being, in the words of one participant, “invisible, but when seen, judged horrendously” [Ellie].

In the second section, I discuss how participants situate their fat embodiment in relation to others and in a public setting. When asked to describe what it is like to be fat, participants narrated stories in which their fatness was situated in a public context, such as sitting on a bus or being in a lift with other people. This suggests that the experience of “taking up space” might be influential in understanding their narratives, in general, and the ways in which they navigate their stigmatised identity, in particular.

Strictly connected to this topic, in the following section I illustrate the words that participants use to describe themselves. The data suggests that most participants would use the word “fat” to describe themselves when they are in private – i.e. when they are speaking to themselves – but they avoid at times using this word in public, i.e. in front of other people. Even though my participants self-identify as fat and body positive, using the word “fat” can create a social chasm because they cannot rely on an intersubjective understanding of the word. That is to say, they cannot predict whether others will share the same positive understanding of the word “fat”. Therefore, in order to avoid conflict, they resort to using more acceptable and less moralised terms such as “chubby” and “plus size”.

In the fourth section, I explore whether it is possible for fat people to come out as fat. As already discussed in the literature review, some scholars – particularly from a disability rights movement background and fat scholars – have been dissatisfied with the stigma managements theorised by Goffman (1963) and suggested a fourth type of stigma management, i.e. coming out (Charlton, 1998; Oliver, 1992; McRuer, 2006). In line with the position of fat scholars such as Saguy and Ward (2011) and Pausé (2012), I too argue that it is possible to come out as fat. In fact, I believe that there is another possible interpretation of “coming out” that exceeds the traditional LGBTQIA+ interpretation of it. Coming out as fat means publicly affirming the desire to rediscuss a stigmatised identity and as such it shouldn’t be considered as a one-off event but an act that can be repeated over time. Every time fat individuals decide to use the word “fat” to describe themselves in public, they are coming out.

In the final section of this chapter, I illustrate how a sense of collective fat identity is experienced by my participants. What emerges from the data is that the same participants who expressed a sense of uneasiness about their “being fat in public” feel a sense of belonging and shared experiences when it comes to other fat individuals. However, this sense of collective fat identity is not experienced indiscriminately with all fat people, but only with those who are perceived to be positive about their fatness. This suggests that much like other communities which involve coming out narratives – LGBTQIA+, rape victims and recovery stories, for example (see Plummer, 1995) – a fat community of body positive individuals is created on the basis of shared past struggles.

## The paradox of hyper(in)visibility

In the discussion around fatness, visibility plays an important role. Fat bodies are always on display: because of their bulginess and “unruly” nature, they are constantly positioned under societal scrutiny. Fat scholars such as Wann (1998), Gurrieri and Cherrier (2013) and Cooper (1998) have argued that one of the main goals of fat activism is to reclaim fat by affirming its visibility. Similarly, body positive activists challenge the norms according to which only certain bodies – namely, white, thin, young, cisgender and able – are deemed fit to be publicly represented and put on show. Gurrieri and Cherrier (2013) talk about a series of “rules of modesty” according to which fat women “should not engage in certain self-presentation acts, such as exposing too much flesh, wearing tight clothing or choosing colours and styling that attract too much attention” (Gurrieri and Cherrier, 2013: 286). In opposition to these beliefs, fat and body positive activists have decided to talk back (hooks, 1989): “Instead of remaining invisible or trying to hide bodies that are defined and seen as deviant, ugly, disgusting or weird, participants in the body positivist community expose their bodies” (Johansson, 2020: 117).

Gailey (2014) created the term “hyper(in)visibility” to describe the peculiarities of fat embodiment. She argues that the fat body presents *prima facie* a contradiction because it is at one time visible and under public scrutiny, and yet it is also marginalised and erased:

To be hyper(in)visible means that a person is sometimes paid exceptional attention and is sometimes exceptionally overlooked, and it can happen simultaneously. Fat women are hyperinvisible in that their needs, desires, and lives are grossly overlooked, yet at the same time they are hypervisible because their bodies literally take up more physical space than other bodies and they are the target of a disproportionate amount of critical judgement (Gailey, 2014: 7-8).

Gailey argues that despite fatness’ evident visibility – fat bodies are always visible in the sense that they take up space – these bodies are also at the same time invisible. The paradox of hyper(in)visibility is only apparent because visibility and invisibility are dialectically inseparable (Star and Strauss, 1999). A good example that highlights the hyper(in)visibility of

fatness is the pathologizing nature of the medical discourse around “obesity”. The emphasis on the so-called “obesity epidemic” has made fat bodies into a talking point of the medical discourse but in doing so, it has also erased the experiences of fat individuals. A poignant example of this hyper(in)visibility is the use of photos portraying headless fat individuals in the media when discussing “obesity”. This is what Cooper (2007) has called “headless fatties”: using the bodies – but not the heads – of fat individuals reduces and dehumanises their bodies as a symbol of cultural fear.

The concept of hyper(in)visibility is helpful in order to explain the narratives of the fat body positive individuals who took part in this study. One of the questions that I asked each participant was to imagine having to describe to a person who isn’t fat, what it is like to be fat. In this context, Ellie answered that being fat is like being “invisible, but when seen, judged horrendously”. My intention was to develop an understanding of the concept of fatness, which can be a very ephemeral one, not only in the sense that it has multiple meanings – fat in the sense of adipose tissue and a body type – but also because it is difficult to provide a single explanation of fatness that is capable of expressing the complexities of human experiences. To put it simply, I struggled through this research to have a definite answer to the question: “what is fat?” Most participants described the experience of being fat as a “feeling”:

It’s that feeling of taking up too much room. And having to make excuses for your size and your room and things. Nothing feels built for bigger people... It’s definitely a feeling of having to apologise, I think, for just being you. And taking up room. And breathing the air. And not being conventionally attractive. And then feeling angry because you shouldn’t have to feel that way. [Anna]

It depends what context. If I’m in a situation where I’m anxious or I don’t want to be there, fat feels gross. I feel big and I’m taking up too much space. And I just hate it. But if I’m at home in my flat and I’m wearing something I like, I like myself or if I’m doing a fat positive set at a feminist cafe and I’m talking about it, then it feels empowering [...] In the lift... When I’m the lift at uni, it’s always really busy and I’m like, “oh I am fat”. It depends, it’s either a good fat or a bad fat, do you know what I

mean? Sometimes I'm like, yeh I'm fat! [upbeat tone in her voice] Some other times I'm like, "I'm fat and I don't want to exist" [lower tone]. [Nancy]

Anna and Nancy's extracts highlight how the *feeling* of being fat is positional, i.e. it depends on the context (whether they are on their own or surrounded by others) and it revolves around the experience of "taking up too much room". In fact, rather than being a feeling *per se*, what my participants are describing is the experience of living in an environment that does not accommodate fatness and fat individuals. The feeling of being fat seems to be intertwined with the notion of visibility. In this sense, Sastre has argued that "the right to be seen – and the right to be recognised – is [...] inevitably coded as a fundamental human right in the contemporary West" (2016: 27).

The notion of visibility is inseparable from surveillance. As Foucault (1977) has argued, visibility is strictly connected to power and power relations. Visibility is deceptive in the sense that it can make people feel seen and therefore recognised but it can also work as an instrument to exercise control (Johansson, 2020). Surveillance, in Foucauldian terms, creates docile bodies because the constant scrutiny of visibility puts individuals in a position of having to police themselves and it therefore works as an instrument of punishment. For this reason, most of my participants would describe being fat as a state of constant surveillance. Whether the feeling of being fat is described with positive or negative tones, most interview participants refer to the othering necessarily implicit in the experience of being fat. "Othering" has been defined as

The discursive processes by which powerful groups, who may or may not make up a numerical majority, define subordinate groups into existence in a reductionist way which ascribe problematic and/or inferior characteristics to these subordinate groups. Such discursive processes affirm the legitimacy and superiority of the powerful and condition identity formation among the subordinate (Jensen, 2011: 65).

In the context of fat body positive narratives, "othering" means that fat individuals are made to feel "other" in relation to what constitutes the norm, i.e. non-fat, normative bodies. Cooley (1902) created the expression "looking-glass self" to describe the process by which one forms

ideas of one's self from the imaginary perspectives of others. Waskul and Vannini (2006) expanded on this concept and applied it to the body:

When we gaze upon bodies of others we necessarily interpret what we observe. Similarly, others imagine what we may be seeing and feeling, thus completing the reflections of the looking-glass. Obviously, this looking-glass body is not a direct reflection of others' judgments – it is an *imagined* reflection built of cues gleaned from others (Waskul and Vannini, 2006: 5, emphasis in the original).

It is for this reason that the majority of participants described their being fat as the condition of being judged and observed by others:

I guess I would describe to a slim person who's never been fat that you have a sense that all the time people are thinking these things about you. You feel eyes around you everywhere you go, but not in a positive way. [Anna]

There's been a few incidents where I've been almost followed around the shop to see what I'm putting in my basket. [...] There was somebody having a quick glance in my basket and there is definitely in restaurants as well where I've been eating something and there's been sort of a look. They hadn't said anything but there's definitely been a look. And I've sort of... sometimes, if you notice it, you take it on board and you get upset about it for days and days and sort of think "oh my god!" But I think I care less now about that sort of thing. [Nina]

Obtaining recognition through visibility contains some potential pitfalls. For example, Fraser (2000) reminds us that often the need to display an authentic and self-affirming collective identity puts a great deal of pressure on individual group members to conform to a given group culture. The reification of group identity has the potential for Fraser to create division within the same group and increment separation rather than cohesion. Similarly, Herndon (2002) and Bordo (1993) have argued that femininity can offer social capital to women but often it also creates friction among fat women as a social group. This means that femininity can be both empowering and disempowering. For these reasons, I believe that visibility

should be considered as a double-edged sword. It can at one time grant recognition to individuals by making them visible and heard, but also it can function as a form of surveillance: by being put under scrutiny, fat individuals are hyper-aware of their fat bodies and form ideas about such bodies through the imagined perception of what others might think of them. It is for this reason that when asked to describe what it is like to be fat, participants decided to place their fatness in a public setting: “The hyper(in)visibility of the fat female body is about power, a gendered embodied stigma, and body privilege or lack of it. It is about what type of bodies are allowed to be seen, to take up space and to be present in public” (Harjunen, 2019: 176). This condition of hyper(in)visibility is perfectly captured by one of my participants. When I asked Ellie to describe what it means to be fat, she said that being fat is like being “invisible, but when seen, judged horrendously”. Her words echo Gailey (2014)’s concept of hyper(in)visibility: Ellie is at one time hyperinvisible *and* hypervisible.

In her study about the experiences of fat college students, Stevens (2018) argues that the experiences of hyper(in)visibility intersect with gender and age. The male participants in her study reported feelings of discomfort with the idea of people evaluating their bodies as they were unaccustomed to this experience, while for the women in the study that gaze seemed to be a part of daily life. Moreover, in the same study, women in their teens and early twenties showed a higher pressure than older peers to appear young and beautiful. The findings of my study are in line with Stevens’ research. In fact, even though all fat bodies are placed under a degree of scrutiny and therefore experience hyper(in)visibility, gender and age play a distinction in terms of how participants described their experiences of being fat. The men that I interviewed emphasised how unconcerned they were with other people looking at them:

I don’t really know what is like to be [emphasis] fat, it's just what I am. So... I’ve got nothing to compare it against, I’ve been like this since I was 6. [Leor]

John is the second man that I interviewed. His case is unique in this project because halfway through our interview, he told me that he didn’t identify as fat: “I don’t consider myself skinny. Yeh... It’s hard to describe... Saying that you consider yourself fat is like me saying... ‘Do you consider yourself Rachele?’” John resisted identifying as fat because in his view “to

consider yourself fat isn't a thing". When I asked him if other people consider him to be fat, he said:

They [people] can look at me however they want. They can see me as an Indian guy for goodness sake, I don't care! It's not affecting me. I know who I am. The way somebody else looks at me is not gonna change me. I'm me. They could look at me like I'm a ... Navarro Indian or something. It's not gonna make me a Navarro Indian. I'm me. [John]

Throughout the interviews, both John and Leor dismissed any concern in relation to other people evaluating their bodies. Their accounts echo Monaghan and Malson's (2013) research on embodied masculinity and weight-related talk. In their study, they argue that men – unlike women – felt indifferent to the possibility of felt or enacted stigma:

Ah. With guys, well, I get grief for it. And all my mates get grief. I give grief for it. But it generally washes over us, whereas a woman will take it a lot more to heart. I know from my ex-girlfriend, that when she did start to put weight on, and if she heard something, that would be it [i.e. she would be very upset]. Whereas guys would be like [shrugs his shoulders]. (Noel, 29) (Monaghan and Mason, 2013: 310).

In other words, the men who took part in their study manifested indifference towards other people commenting on their fat bodies as they consider it a "womanly" thing to get bothered by it: "such indifference is suggestive of masculine emotional resilience or toughness, differentiating 'appropriately' masculine narrators from 'sensitive women' and perhaps 'weaker men'" (2013: 310).

My two oldest participants – both 49 years old women – reported feelings of relief in relation to being outside the male gaze. When I asked them to describe to a person who isn't fat, what it is like to be fat, they said:

It's absolutely brilliant! It's a massive liberation being fat. [...] I was talking about this to a friend last week and I was saying how much I love the fact that I'm invisible to

shitty men. I can walk down the street [...] and a lot of men won't even notice me. It's fabulous! Women notice me and other fat women notice me and we have this whole, this little thing going, you see another fat woman and you like what she's wearing and you're like "I like your style" and she says "I like yours as well". Just little compliments and I love that solidarity of happy fats. It's brilliant! [Natasha]

When you're bigger, you're invisible. Except when you're seen and then you're judged. And you're meant to keep your mouth shut, sit in the corner and be that fat bird over there. And certainly have no opinions. You know, you get, "oh smile darling! It's not the end of the world". [...] People do treat you differently when you're older because you become less attractive. Men especially. [...] They stop judging you as much [?] whether they want to fuck you or not. Or whether you need to be sexually alluring or physically pretty for them and start seeing you as an older woman and that's not fine anymore. [...] See, I'm alright with that. Because I am getting older and things are getting creakier and I am not here for their pleasure anyway. So to get to the point where I should have been when I got sexually mature, or even before that, even if it's taken 30, 40 years, that's a good place for me. People should have treated me like this my whole life. Just as a person. [Ellie]

What John, Leor, Natasha and Ellie have in common is that they are all seemingly outside of the male gaze. Women's bodies – unlike men's bodies – are under the constant scrutiny of the male gaze. They find themselves situated in what has been defined as a "to-be-looked-at-ness" state (Mulvey, 1975; Young, 1980). Moreover, the notion of femininity is inextricably linked with the concept of youthfulness and slenderness (Bartky, 2003; Chernin, 1981). In her study about age and fashion, Twigg (2013) highlights how femininity is intertwined with ideas of youthfulness: "Fashion is indeed closely linked to the erotic [...]. Older people, particularly women, are regarded as beyond the erotic, indeed, particularly in the eyes of the young, beyond sex itself" (2013: 18). Women are required to do extensive "beauty work" in order to achieve social value (Kwan and Trautner, 2009). If they fail to do so, they risk developing a sense of bodily deficiency (Bartky, 2003).

My two oldest participants are trapped in a paradoxical situation resulting from the social price that they pay for being “older”, and therefore deemed no longer “sexual” or “attractive”. They are invisible for the most part, but when they become subject to social scrutiny, they get judged harshly, particularly if they fail to perform their femininity according to current beauty standards. Ellie’s story exemplifies this paradox:

You do get certain situation where like, if you are in a trendy bar, you do get the looks and you’re dancing around and they’re all in their tiny little business suits and I’m like, fuck it, dancing... “But you’re so uncouth and all these men...” [imitating the voice of women talking to her in the bar] “Well, they’re dancing with me, not you!” [giggles]. And you get that jealousy. “Oh! [gasp] How can you let yourself go like that?” [again, imitating other women] “How can you show yourself [?]?” I’ve done too much...

So in a sense you’re not invisible to the male attention...

If I wasn’t confident, I would be. If I wasn’t wearing makeup and clothes and got my eyebrows tattooed and [?] did my nails, stuff that I like to do for me, and going out and dancing and talking to everyone I meet, and all the rest of it, then I would be completely invisible. If I was in a knee-length skirt and a cardigan, nobody would look. And that’s safer for some women. It’s safer to be like that than to have any attention at all. Cause the attention they’ve always received is so negative. So no attention is good attention. Whereas I’m confident enough that if I get bad attention, I can deal with it. And that confidence is attractive to people. [Ellie]

Ellie’s extract suggests that in order for her to achieve *some* level of visibility, she needs to partake in beauty work. Performing femininity through the act of wearing make-up, getting her eyebrows tattooed and her nails done, wearing flattering and fitted clothes are all strategies through which she can regain some of that visibility that she had lost for being fat and older. At the same time, towards the end of the extract she reveals that she is aware that for some women invisibility is desirable, as fat women tend to have overwhelmingly negative reactions to their being fat in public. This reveals that in terms of hyper(in)visibility, the matter is more complex than simply being “inside” or “outside” the male gaze. Even though at times

the invisibility brought up by being fat and older is perceived by my older participants as beneficial, they are also trapped in a paradoxical condition where in order to alleviate the harsh judgement that they would normally receive simply for being fat and older, they have to perform some level of beauty work.

## Being fat in public

In the previous section, I discussed how fat individuals are situated in a state of hyper(in)visibility where they are at one time under constant scrutiny and yet they are ignored. In this section, I use Gailey's (2014) hyper(in)visibility to explain why so many participants when asked to describe what it is like to be fat decided to place their fatness in a public setting. The fat body is hypervisible and this is most evident in public spaces: "The hyper(in)visibility of the fat female body is about power, a gendered embodied stigma, and body privilege or lack of it. It is about what type of bodies are allowed to be seen, to take up space and to be present in public" (Harjunen, 2019: 176).

When asked to describe what it is like to be fat, most participants chose an example that situated their fat embodiment in relation to other people. In other words, relevance was put on the "being fat in public" as opposed to "being fat in private", by which I mean experiencing fatness on their own with no other people around them – and ultimately being fat in relation to other bodies who are not fat. For Sophie, being fat represents a constant state of alertness and defence. She used the example of walking up a flight of stairs. She lives in a part of a university campus situated on the top of a hill, reachable by a set of steep stairs. Before meeting up with her friends at the top, she would reserve a few minutes to regularise her breathing. Although Sophie identifies as fat and expresses positive feelings about her body ("I am happy to genuinely call myself fat"), some contradictions start to emerge when she has to deal with the embodied experience of her fatness, of which being short of breath could be considered an example. In another part of the interview, Sophie discussed how she likes going on long walks and how, despite finding them challenging at times, it was an activity she enjoyed. She described being familiar with the feeling of being out of breath during these

walks and yet, when the reality of fatness that being out of breath represents is presented to her in a public form, i.e. in front of other individuals, particularly non-fat individuals, she would rather other people not see her like that.

[Being fat] It's just lots of day-to-day things that you aren't aware of, that go through our heads because we're trying to sort of keep up. Not appearances, because I'm not trying to pretend I'm skinny but... pretend I'm just like a normal human and obviously, like I said, if I'm out of breath, they're gonna be like 'Jesus! She should go for a run!'  
[Sophie]

On a similar note, Annie describes her experience of being fat as "taking up more space":

If I'm sat on a bus, I will usually spill over... not spill over, like take over another... Like I am aware my arms are quite big so if someone does sit next to me, they might have to move up a little bit. If I'm sat next to a petite person I'm quite aware of that... Yeah I guess being aware that I take up more space sometimes. And that feels... not odd but... different sensations that someone else might not have. [Annie]

When asked to define what it is like to be fat, participants positioned their stories in a public setting. Using stories in which they are surrounded by other bodies, participants chose to describe the experience of "having a fat body in public", as if their fat embodiment became more relevant in a public scenario. Eating in public is another example of this public/private divide. The morality of eating, particularly in relation to fat individuals, has been widely discussed (see Rich and Evans 2005; Throsby 2009; Evans 2006; Lupton 2013) and I further analyse this topic in Chapter seven, where I discuss how the act of eating in public intersects multiple discourses around fatness. However, in the context of this discussion, it is important to notice how fat individuals internalize the perception that others have of them to the point that even the simple act of going to a family meal creates an internal struggle:

If I'm with members of my family that aren't my dad or my mum, because they're all very slim and... very completely different personality-wise as well, I think in my head

from eating with them I am more thinking 'oh look at Sophie downing a plate of food!' Even if they are probably not [Sophie].

Although Sophie had no problems describing herself as fat, she said that she won't be able to go for a meal on a first date. She would also refuse to go to a family meal because she would be worried of what her family members might think of her. Sophie's hesitation comes from the fear of "being fat in public" and being judged for doing things that are stereotypically expected from fat people, like voraciously eating a large meal. This happens even when the fearful thought is perceived as groundless, as in Sophie's story.

## Self-description

Another aspect that highlights the being fat in public/being fat in private divide is the words that participants would use to describe themselves to other people. Most of them would self-identify as fat and would use the "f-word" with a positive connotation to describe themselves in private – by which I mean using the word "fat" when speaking to themselves. However, some problems start to emerge when the same word is used in public, i.e. in front of other people. This distinction is exemplified in Sophie's and Kate's stories:

If I am in conversation with friends, I would use 'plus size', 'bigger', 'chunky'... in my head, I think they are more delicate words for fat. But I would only use them in conversation with other people because the second you say 'I'm fat', or as a fat woman, people or friends want to interrupt and say 'no, no you're not', and you don't want to add however long... 'It's fine, I'm okay'. So with myself, in my own head, I'm happy to sort of look in the mirror and be like 'yeah I'm a fat woman'. So it's more about pleasing other people... it's more convenient than anything else. [Sophie]

I usually say things like 'chubby' because it sounds cuter and it's ... 'chubby' you can say with a smile at the end because it has a y... A lot of people, if you say 'fat', they

would immediately take it as a negative thing. And I think more for the sake of people's understanding that I'm content as I am, I'll go 'I'm chubby, I'm fabulous'. [Kate]

Kate and Sophie showed an acceptance of their body consistently throughout the interview through the use of anecdotes and positive adjectives. Most participants repeatedly used the word "fat" to describe themselves, and they also mentioned several stories in which they used the same word with pride. However, from the examples mentioned above there is also some resistance in using the "f-word" when publicly discussing their fatness, with friends or strangers. Using the word "fat" is perceived by the interviewees as an inconvenience:

I am happy to genuinely call myself fat. The only problem I have with it is saying that in front of friends. When I am with friends, I normally use the term 'plus size' or 'bigger' because the second you say 'fat' there are so many negative connotations 'oh no you're beautiful' like and 'I'm both, thanks' [ she giggles]. I'm joking. ... Personally in my head I am happy to say 'yes I am a fat woman' but I think in conversation with people day-to-day there hasn't been a change. I would still refer to myself with more delicate terms because people are afraid of the word 'fat'... and I don't want to be like... I think every conversation we have, like clothes, I don't want to be like 'I know I'm fat, don't...' I'll be tired of doing that all day, every day". [Sophie]

The hesitation that participants experienced in using the word "fat" to describe themselves to others is not due to an unwillingness to admit their fatness. On the contrary, they did not want to put the other party in the position of being embarrassed. The resonance with Goffman's words is striking:

The stigmatized individual is asked to act so as to imply neither that his [sic] burden is heavy nor that bearing it has made him different from us; at the same time he must keep himself at that remove from us which ensures our painlessly being able to confirm this belief about him (Goffman, 1963: 122).

In other words, the stigmatised individual should pay the courtesy to "normals" – to use Goffman's terminology – of not bringing up their stigma and therefore make it easier for them

to have pleasant social interactions. Kate and Sophie, by not using the word “fat” and opting for a gentler term such as “chubby”, are sparing the “normals” from being confronted with their understanding of fatness.

Another possible explanation for my participants’ occasional refusal to use the word “fat” is that they are unsure of the meanings that others attribute to this word. That is to say, my participants cannot rely on a shared understanding of fatness: the fact that they attach positive meanings to the word, does not mean that others are doing the same. By not using the word “fat” they might be putting in place a strategy to avoid what has been called “activist burnout”, i.e. the emotional and physical exhaustion deriving from being an activist (Vaccaro and Mena, 2011; Gorski, 2019). This phenomenon has been studied in the context of feminist activism (Bernal, 2006), racial justice activism (Gorski, 2019) and LGBTQ activism (Vaccaro and Mena, 2011). These studies illustrate the emotional toll that activism can play on individuals. When activists “lose their spirit” (Pines, 1994), they tend to withdraw from the participation in the social movement. In the case of body positivity, activists might refrain from using the word “fat” because – as Sophie pointed out – they “don’t want to add however long” to their conversations and therefore educate non-body positive people on the usage of such word. Moreover, using the word “fat” should not be considered as an either/or scenario. Human experience is complex and ambiguous. The fact that at times my participants might not use the word “fat” to describe themselves to others does not necessarily make them any less positive about their fatness.

## Coming out as fat

Fat scholars have reviewed the conceptual framework of coming out and debated whether it is applicable to a discredited identity, such as fatness. For example, Cooper and Wann have argued in favour of a reclaim of the term “fat”, and Saguy and Ward, and Pausé have suggested that the phenomenon of “coming out” can soundly be used in relation to fat individuals (Cooper, 2016; Wann, 1998; Saguy and Ward, 2011; Pausé, 2012). Other scholars, however, have expressed scepticism in relation to fat people “coming out as fat”, either

affirming that the concept of fatness is too ambiguous to constitute an identity (Murray, 2008), or that there is no closet for fat people to hide, and therefore no place to come out from (Sedgwick, 1990).

In the traditional usage of the expression, an individual decides to “come out of the closet” when she feels ready to publicly declare her sexual orientation or gender identity: “The image of coming out regularly interfaces the image of the closet, and its seemingly unambivalent public siting can be counterposed as a salvational epistemologic certainty against the very equivocal privacy afforded by the closet” (Sedgwick, 1990: 71). If we limit the process of “coming out” to the mere public display of an aspect of a person’s characteristics that was before private, it does not seem that the narrative of coming out can soundly apply to fatness. In fact, fatness is always hypervisible, there is no closet in which a fat person can hide. In the case of fatness, there is no need for a fat person to “come out as fat” in order to be seen as “fat”. But if this is the case, if fatness is always visible and undeniable, why would some participants refuse to use the word “fat” to describe themselves to other people? If it is not shame that is stopping them - they all positively evaluate their fatness - why would they opt for the more nuanced term “chubby” or “plus size”? The answer relies on the shared understanding that both participants and their interlocutors attach to the word “fat” as a stigmatizing trait:

When we narrate our lives, we take a step outside ourselves and organize the others’ attitudes towards us as well as our attitude towards others into a biographical system. The individual narrator does not construct his/her life history single-handedly and directly, but only indirectly, from the standpoint of the generalized other (Jarvinen, 2004: 52).

When asked to describe what it is like to be fat, participants situated their fat embodiment in a public setting and a context in which they were surrounded by other people, like the bus in Annie’s story or the meeting up of friends after going up a flight of stairs in Sophie’s narrative. In both cases, the reality of their fat embodiment becomes visible and relevant when confronted with other individuals who do not have a similar body type. It is from the standpoint of the generalized other – as Jarvinen (2004) notes – that the participants start to

describe what their fat embodiment entails. This creates in them feelings of concern (as in Sophie's story) and uneasiness towards one's body (as in Annie's story).

In the case of stigmatized identities, it is useful to distinguish between enacted stigma and felt stigma (Scambler and Hopkins, 1986; Goffman, 1963). In the first case, the individual experiences forms of discrimination motivated by a supposed state of inferiority attributed to their condition. In the second case, the individual has internalized the fear of enacted stigma and starts associating feelings of shame with his condition. Scambler and Hopkins, using the example of epilepsy, argue that felt stigma is not the result of enacted stigma but, on the contrary, it precedes it. In their study, even epileptic individuals who had disclosed to their employers their condition were still "committed to a policy of covering" (1986:36). This means that even once a stigmatized identity is "out", the fear of being exposed through stigmata or stigmata cues remains untouched. From the perspective of fat individuals, even when their stigmatized identity is already "out" – as it always is in the case of fatness – the fear of being exposed through stigmata is always present. In the case of fatness, these stigmata could be seen in the act of being out of breath after going up a flight of stairs, as in Sophie's story, or spilling over a seat on the bus as in Annie's narrative. The central point to remember here is that "the stigmata are also recognised by the stigmatised" (Riddell and Watson, 2003:37). As Goffman would argue, stigmatised individuals share with "normals" the same sense of normality (1963). Sophie's words echo Goffman in her attempt to "pass" as normal: "I'm not trying to pretend I'm skinny but... pretend I'm just a normal human".

The difficulty in shutting down the generalized other's idea of ourselves and our stigma relies on the fact that "individual human agents fully become who and what they are through immersion in social practices and social relations. The isolated individual is a myth" (Crossley, 2004: 4). "Coming out" necessarily implies an audience of people towards whom a fat person is making that affirmation: "the coming-out story is a relational act" (Liang, 1994:414). The "otherness" of "coming out" in relation to fatness reinforces the idea that identity formation cannot be achieved as an act of solipsistic self-affirmation. It is in the need of others to help us redefine our stigmatized identity that we find the thrust to "come out as fat". If we argue with Sedwick (1990) that there is no closet for a fat person to come out from, we also need

to acknowledge that the narratives told by fat individuals strikingly resemble the ones told by LGBTQIA+ people, as well as rape victims and recovery stories (Plummer, 1995).

In the case of fatness, the closet is represented by the fear of seeing one's stigmata being exposed. In this sense, every time a fat person publicly discussed her fat identity, she is stripping away her felt stigma. For these reasons, I argue that there is another possible interpretation of "coming out" that exceeds the realm of the "closet". Rather than reclaiming visibility, a fat person "coming out as fat" reaffirms her desire to rediscuss her identity:

In proudly coming out as fat, one rejects cultural attitudes that fatness is unhealthy, immoral, ugly, or otherwise undesirable. One claims the right to define the meaning of one's own body and to stake out new cultural meanings and practices around body size (Saguy and Ward, 2011:14).

In using the word "fat" to describe one's identity, fat individuals initiate a conversation that helps to reshape the meaning of such a word, and therefore in fighting the stereotypes attached to a certain stigma. "Anti-fat attitudes are shaped around the belief that fat people are ugly, sloppy, lazy, asexual, socially unattractive, sexually inactive, undisciplined, dishonest, less productive, and most of all, out of control" (Pausé, 2012: 45). When they say "I am fat", they stop perceiving their body as a project, and start considering a factuality. The act of declaring *to be* a fat body, in opposition *to have* a fat body, signifies that the fat person has stopped considering herself as a "not-thin-yet" body, and in doing so she rejects the compulsory thin-bodiedness.

In *The 'Fat' Female Body*, Murray argues against "coming out as fat". In her view, fat women live their embodiment in "multiple, contradictory and eminently ambiguous" ways (Murray, 2008: 90). This prevents them from the act of "coming out", which requires in Murray's view, the capability of declaring an unambiguous identity. She derives this opinion from Sullivan's definition of "coming out": "coming out has its benefits and its disadvantages, but either way, the call to come out presupposes that such an action is in itself transformative and that the identity that one publicly declares is unambiguous" (Sullivan, 2003: 31). The impossibility of "coming out as fat" for Murray relies on the idea that fat women cannot have an unambiguous

identity, as each single fat woman lives her embodiment in a particular way. Moreover, she also claims that supporting the process of “outing” reinforces mind-body dualism:

In simply ‘choosing’ a new and affirmative way of being-‘fat’-in-the-world, the fat activist is mobilising a humanist logic of the primacy of the individual, and the power of *rationality* in *overcoming* one’s lived reality. In this way, Wann privileges the mind over the body, and in a sense what the process of “outing” insists on is that there is a gap between the mind and the body, whereby the ‘fat’ subject may alter their lived experience simply through *changing their mind*” (Murray, 2008: 108, emphasis in the original).

I argue that not only is there no necessity of having an unambiguous identity in order to “come out as fat”, but also that this act does not imply a mind/body dichotomy, as Murray suggests. In fact, I believe it could be argued to be the opposite: In “coming out as fat”, a woman rejects the idea that a fat body is merely a shell that houses her “true” self. She rejects the idea that there is a “truer” and “thinner” self trapped inside her fat body. A fat person who says “I am fat” is rejecting the idea that their body is something other than their mind. They *are* fat, do not merely *have* fat. But because fat is a morally impregnated word, at times participants might prefer to say that they “have” fat:

I don’t really like fat as a word because again I think it’s something that you have rather than something that you are. [Anna]

I like my body a bit more now, I think. I like the way it looks. And I like being in it a bit more. Sometimes I think I wish I was in a different body, but that’s very scarce now and probably everyone has that emotion at some point. [Annie]

The thing for me is, I’m more than my body and also I am grateful that my body is here and it helps me day-to-day. [Sophie]

These extracts are emblematic of how participants describe themselves as “having” a fat body, rather than “being” a fat body. Nettleton (2009) argues that “it is analytically possible

to make a distinction between having a body, doing a body and being a body” (2009: 52). As already discussed in the literature review, the body has a peculiar condition because it is never either a subject or an object (Fraser and Greco, 2005; Merleau-Ponty, 2002). It is the vehicle through which we experience the world, but also, since human beings are necessarily embodied, “our bodies are all there is to us” (Crossley, 2013: 140). I have argued in the literature review that ontologically the body precedes our being and therefore not only – as Crossley suggests – we are our bodies, but more precisely, our bodies are us because there is no pre-existing being without a body. For this reason, I find it paradoxical when my participants say that they are more than their bodies. However, rather than focusing on the theoretical validity of their affirmations, I am interested in understanding the meaning behind these sentences. In other words, the questions that I am trying to answer are: why do they feel compelled to say that they are something else than their body? What do they mean by that? In saying that they are more than their body, participants create a distance between themselves and their stigmatising trait. Much like the passing, covering and withdrawing theorised by Goffman (1963), participants are putting in place a stigma management that is supposed to help them navigate their stigmatised identity.

Samuels introduced a very useful distinction between coming out *to* someone and coming out (Samuels, 2003). In the first case, an individual is coming out to a person or a group of people, and this refers to a specific moment in time, the so-called “coming out story”. The second case refers more broadly to the first time one came to terms with one’s own identity. Like Samuels, many scholars have considered “coming out” as a one-time occurrence (Sedwick, 1990; Zimman, 2009). Liang, for example, defines “coming out” as “the last straw” (1994: 141), the singular moment clearly identifiable in a person’s recollections about the time when she felt as if she could not hide her secreted identity anymore and let it all out. Even Plummer (1995), whose account includes four different types of coming out – personal, private, public, and political – still considers each type of coming out as a “first and only time” event, i.e. the first time a person came out to his parents, friends, colleagues etc., as if there was never the need to come out *again*.

I understand coming out – and particularly coming out as fat – as a declaration of intent: it is the public affirmation of the desire to rediscuss a person’s own stigmatized identity. For this

reason, every time a fat individual uses the word “fat” to describe themselves, they are coming out as fat and this event could potentially happen several times, even with the same individuals. Rather than considering coming out as a one-time occurrence, we need to start reflecting on the plurality of coming out stories not only in the sense specified by Plummer (1995) – coming out for the first time to your family, friends, neighbours, etc. – but also coming out for the second time, and third and so on. Because our understanding of coming out is not bound to the revelatory act of revealing something that was previously hidden, we can imagine a series of scenarios in which coming out is repeated through time. The repetitive aspect of coming out becomes clearer if we observe the third of our findings, which consisted in the participants’ reticence of using the word “fat” in public. While analysing the data, I found myself asking, as my participants would not always use the word “fat” to describe themselves in public, are they *really* “out”? I now know I was asking the wrong question. As the majority of the literature on coming out stories has been approached from a LGBTQIA+ perspective, all accounts included a “coming out story”. I was myself affected by this understanding of the coming out process. What I propose here is a more inclusive understanding of coming out that does not revolve around a singular event that is possible to locate in space and time, but a repetition of such event. Coming out is not a “crossing the bridge” scenario. Fat people need to make the decision to come out every time they meet someone new, someone who might not know about their battle to reclaim the word “fat” or fat identity in general. Moreover, they might even come out more than once to the same person or group of people because every time they decide to use the word “fat” to describe themselves in public, they are coming out.

## A sense of collective fat identity

What emerges from the data is that the same participants who expressed a sense of uneasiness about their “being fat in public” feel a sense of belonging and shared experiences when it comes to other fat individuals:

I like being around other fat people. And kinda being fat together cause you don't have distresses and you can talk to other people about [Annie]

I just feel a bit more comfortable around people who have been through the same stuff that I've been through. Insults... the same struggles. [...] Coming to these events [fat friendly, body positive events] I can dance. At other places I wouldn't really dance. Just because I feel a bit self-conscious. But there, I'm just on the dancefloor boogieing. [Leor]

Yeah, I guess people with a similar body type, I'm probably more inclined to initially get along with and I know that sounds terrible, I think it's because you know there is going to be a mutual understanding there. Even if you don't have a conversation, you know there's gonna be like mutual, similar experiences... about the daily little thoughts. The changes you have to make. So I think it changed that because I'm immediately more, 'oh that person is like me, we're gonna have a similar understanding on a big part of my life'. [Sophie]

In this section, I discuss how participants have a sense of a "fat community" that could be defined as a group of people who share similar experiences in relation to their fatness. It is not clear whether this community actually exists, but what emerges from the interviews is that the participants feel as if it does. It is perceived by them as real.

Coming out stories are generally told in a supportive space, whether this might be during a dinner conversation or a support group (Liang, 1994). During the interviews, the respondents discussed with me at length a series of "first times": the first time they realized they were fat, the first time they had a conversation with their friends about their fatness, the first time they used the word "fat" and attributed a positive connotation to it. They also told me stories of "second times", like the repeated discussions they had with their family members about their positive body image. In telling me their stories, they were implicitly and explicitly coming out to me again. The interview setting that I created was one of support: I used the word "fat" with candour to refer to myself, and our conversation was intertwined with personal anecdotes of my own fat experiences. I frequently found myself nodding and relating to the

stories that the respondents were telling me because I have had similar experiences. Although I did not know my participants and we differed in some significant aspects – size, age, sexual orientation, and cultural background – immediately, without even the need of talking, we knew that we shared similar experiences. In this perception of shared experiences relies the sense of collective fat identity: we all knew what it feels like to be scared of going to see a doctor for fear of being judged; we all knew what it feels like to be a fat person on the bus, or “the fat friend” in a group of peers.

In relation to embodied health movements, Brown et al. define collective illness identity as

the cognitive, moral, and emotional connection an individual has with a broader community of illness sufferers and their allies. A collective illness identity requires the perception of a shared status or relation, rooted in some aspect of the illness experience that is distinct from, though it may form a part of, the personal illness identity. (2012: 22).

To apply this concept to fatness, my personal experiences and understanding of fatness might be different from those of the interviewees but at the same time we all fall into the category of “fat” and we have an a priori connection based upon our fat identity. This connection does not have to be experienced directly, but it can also be imagined (Polletta and Jasper, 2001):

Collective identity describes imagined as well as concrete communities, involves an act of perception and construction as well as the discovery of preexisting bonds, interests, and boundaries. It is fluid and relational, emerging out of interactions with a number of different audiences [...] rather than fixed. It channels words and actions, enabling some claims and deeds but delegitimizing others. It provides categories by which individuals divide up and make sense of the social world (Polletta and Jasper, 2001: 298).

According to Young (1990), a social group is more than just a number of people who share common features. It is a historical construction producing a strong sense of identity which is involuntarily and inevitably experienced by all the individuals. “A social group is defined not

primarily by a set of shared attributes, but by a sense of identity” (Young, 1990: 44). This means that having similar attributes does not constitute *per se* a collective identity. What is required is the perception of a shared knowledge of what fatness entails. Sophie’s words resonate with Young when she says that she is more inclined to get along with other fat individuals because “you know there is going to be a mutual understanding there. Even if you don’t have a conversation, you know there’s gonna be like mutual, similar experiences”. In this regard, Young says: “Members of a group have a specific affinity with one another because of their similar experience or way of life, which prompts them to associate with one another more than with those not identified with the group, or in a different way” (Young, 1990: 43).

This sense of collective fat identity is not always experienced by all fat individuals, but only with those who are fat *and* positive about their fatness, which reinforces the idea of a fat community that generates after “coming out”:

If I’m on a train and I’m gonna sit down, there is a look that I’ve noticed and I’m probably just speculating a bit, I’m wearing something flamboyant or that is like close-cut, I do notice a look that I get from other plus size people. Why are you wearing that? You shouldn’t be wearing that. Sometimes I’ll find it, I’m very intimidated by the other plus size people because I’ve lived in a plus size body without a body positive mind and I know that is very easy to be like... I used to go into a room and think, “am I the fattest person in this room?” And I see somebody that is bigger than me, I’ll be like, “I’m fine then”. But I will also be a bit judgemental, “oh well... As long as I’m not as fat as them, then I’m fine”. You know what I mean? But then if I see another fat person and they’re like really cool or smiley, have a cool backpack or shoes then I’m like, oh hey brother, what’s happening? [Nancy]

Some fat people don’t like to be pointed out that they’re fat [giggles]. [?] Sometimes they would be really uncomfortable or you can sense that they’re trying to hide it or they’re constantly trying to diet. I work in an office and diet talk is just non-stop. There is a woman that goes in the kitchen a lot, she works around the corner from me and I think she’s absolutely stunningly beautiful and she’s got a fantastic figure. She’s

always there going on about Weight Watcher's yogurts and how many syns in porridge and I'm just... She never changes size, but she's always going on about it. And I don't necessarily want to hang around that because I don't want to internalise that again.  
[Georgia]

This sense of collective fat identity is not shared indiscriminately with all fat people, but only with those who are perceived to be positive about their fatness. However, this community is far less homogenous than one might think. Some of my participants are what in the "fatosphere" – an online fat-acceptance community (Dickins et al., 2011) – would be considered "small fats" (UK dress size 18), while others were significantly larger (UK dress size 26 and above). In their narratives, participants tend to narrate stories in which their experiences are directly set against other "less fat" or "fatter" individuals. So even within the same small group of people, we see how divided this community can be. In discussing the implications of identity claims, Fraser (2000) exhorts us to be cautious about the risks of reification, i.e. by forcing individuals to display an "authentic, self-affirming and self-generated collective identity" there is a risk that individuals might feel pressured into conforming to a given group identity (2000: 111). This means that even though participants might feel a sense of collective identity with other fat body positive individuals, this should not lead us to believe that this community is unambiguous or cohesive. The community that develops after the coming out process is not a homogenous one and in fact, given the variety of experiences that these individuals face, a great deal of ambiguity is present within the data. In other words, we should be mindful of the complexities of human experience when discussing collective identities.

## Conclusion

In this chapter, I attempted to explain how the fat body positive individuals who took part in this study navigate their stigmatised identity. In the discussion around fatness, visibility plays an important role. My participants described their fat embodiment, as one put it, the feeling of being "invisible, but when seen, judged horrendously". In particular, fatness becomes more

salient when participants are in public and confronted with other individuals' perceptions of their fatness. This feeling also reflects on the words that they use to describe themselves. Some participants would use the word "fat" in private, i.e. when speaking to themselves, but would rather use more nuanced terms such as "chubby" and "plus size" when describing themselves to other individuals. This discrepancy in the word usage can be explained by the uncertainty of the intersubjective understanding of the word "fat". In other words, "fat" has been long used as a derogatory term and as such, participants cannot predict whether others will share the same positive understanding of it.

Using the word "fat" to describe oneself is an important step in order to reclaim a stigmatised identity. Much like other once-derogatory words such as "queer" and "crip", fat individuals who refer to themselves as "fat" express their desire to redebate the meanings attached to this word. It is in this sense that I applied the notion of "coming out" to fatness. My argument is that coming out as fat means to publicly declare the desire to rediscuss one's stigmatised identity. But unlike other scholars who have analysed the concept of "coming out", I do not consider it to be a one-off event, but an act that can be repeated over time. Every time fat individuals decide to use the word "fat" to describe themselves in public, they are coming out and this means that it is possible to come out - even to the same person - more than once.

Much like for LGBTQIA+ stories, rape victims and recovery stories, a fat community of body positive individuals is created on the basis of shared past and present struggles. However, this sense of collective fat identity is not indiscriminately experienced with all fat people, but it seems that it only applies to individuals who are positive about their fatness. The community which generates after the coming out process should not be perceived as a homogenous one but rather, due to the differences experienced by its members, it has a great deal of fragmentation within it.

# Chapter five: Clothing practices among fat body positive individuals

## Introduction

One of the main focuses of the body positive movement has always been to promote fat acceptance and fat representation in the fashion industry (Czerniawski, 2015). The term “fatshionista” designates a “fat female who disrupts normalised understandings of beauty and its social categories via active participation in cultural fields of beauty” (Gurrieri and Cherrier, 2013: 278). As the expression leads us to believe, fashion is at the core of fatshion: bloggers, inspirers and activists sharing their experiences, clothing advice and knowledge about plus-size retailers created a safe space where fat individuals could inform themselves about fat fashion and experiment with their clothing style. With the use of hashtags such as #OOTD (outfit of the day), body positive and fat bloggers created posts in which they share with their followers their daily self-presentation choices: “Participating in OOTD became an empowering and transformative act that allowed the fatshionistas to tell the world about themselves” (Gurrieri and Cherrier, 2013: 281).

In light of the history of body positivity as a movement and the role that fashion plays within fat positive and body positive spaces, I expected the topic of clothing to be an important aspect of this project from its very beginning. When I asked my participants to describe the changes that had happened in their lives since the discovery of the body positive movement, their answers almost unanimously – i.e., all the participants except the ones identifying as male – mentioned a change in their appearance, in general, and their clothing style, in particular.

This chapter is informed by the stories of 9 participants, none of which identifies as male. My male participants do not feature in this chapter because their clothing stories are brief and irrelevant. Even though one of them reported enjoying being part of a body positive space as

a means to wear clothes that otherwise would be considered inappropriate – “I’ve got a Christmas jumper that lights up that I love wearing to [body positive space]. It’s beautiful! I love doing it! And I think to myself ‘can’t wear it anywhere else, really. Can’t wear it at work’” [John] – their clothing practices have not changed since discovering the body positive movement and overall, their stories do not place importance on clothing practices. For this reason, I instead focused on participants whose clothing practices were discussed at length and a great deal of importance was placed on clothes consumption as a way of expressing one’s fat and body positive identity. Despite the fact that Leor and John’s stories do not feature in this chapter, their absence is nevertheless significant. The fact that the men who took part in this study did not put emphasis on their clothing choices and experiences highlight the deeply gendered nature of clothing practices, which constitutes an aspect of my analysis.

The chapter is divided into three main sections. In the first one, I discuss the structure of clothing stories and the impact of body positivity on their clothing choices. Participants articulated their narratives around a trajectory of a past, insecure self and a present, confident self, with the plot-twist in these stories represented by the discovery of the body positive movement. In the second section, I illustrate how clothing practices can be interpreted as a quest for (ab)normality. Participants want to express their individuality and the unruly nature of their bodies through clothing, and yet they also at times express the desire to conform to normative ideals of fashion. This leads us to the third and final section of the chapter, where I try to answer the question: should body positive clothing practices be considered a form of resistance? My argument is that even though at times clothing practices are ambiguous and contradictory, fat body positive women and non-binary individuals’ clothing practices are a form of resistance.

## The impact of body positivity on clothing choices

One of the topic areas that I wanted to explore during my interviews concerned the changes that happened in the participants’ lives since becoming body positive. All participants

identifying as female or non-binary narrated stories in which a renewed sense of fashion represented the main change that happened in their lives since the discovery of the body positive movement. These stories – more than any other story that I collected during the interviewing process – were articulated around a clear-cut distinction between a past, insecure self and a present, confident self. As this project has a strong narrative focus, a discussion around emplotment and its importance is due in order to understand clothing stories. It is through emplotment that we understand both singular events narrated in the interview, and the morals, goals and, ultimately, the participants themselves (Jovchelovitch, 2000). To put it simply, without an overall plot there would be no narrative (Lawler, 2002; Lawler, 2008; Ricoeur, 1990). The emplotments that participants created in narrating their clothing stories can be divided in three separate components: the past, insecure self; the present, confident self; and the revelatory moment represented by the discovery of the body positive movement. The past self represents a period in the participant's life in which they struggled because of their fatness, and therefore fatness was perceived as a highly negative trait and a source of mockery and suffering. In terms of clothing, participants reported that before the discovery of the movement they would pay little attention to what they wore. In the following extracts, the italics are used to highlight the similarities in participants' stories:

*I used to buy any clothes of any kind that fitted me just because I was grateful that they fitted me. And I didn't care whether they were my style, or whether they were flattering [Natasha].*

*I used to very much just wear kinda jeans that I had for a few years and then they're all kinda battered cause I didn't like wearing them. I'd just wear a shirt that was either too big or too small cause I didn't wanna go shopping. I used to wear clothes for years and years [giggles] cause I just couldn't face a fitting room. I just didn't wanna go and have all the mirrors looking at me and just being able to see every angle. [Kate]*

The type of clothes that participants wore before becoming body positive are described as shapeless, lacking fashion and colour. The word “baggy”, in particular, features in most interviews. For example, Natasha, a forty-nine-year-old woman, narrates that for the majority of her life she would only wear three colours, all of them of a dark shade, i.e. black, navy blue,

and blue. She would only wear cotton wide leg trousers with an elasticated waist and on top a wrap-around dress, making sure that she would layer around the stomach. It was only after the discovery of the body positive movement and her involvement with an anti-diet collective that she started to wear clothes of her size, which would accentuate her figure rather than hiding it:

*I used to wear a lot of baggy clothes but actually baggy clothes make you look bigger. And the realisation that actually fitted clothes were more comfortable and made me look my size rather than a different size, is... But a lot of it, it's that now I embrace colour [Natasha].*

Similarly, in Sophie's story we see how as a teenager she had to resort to buy clothes from what she defines a shop "tailored for middle-aged women":

*I'd always wear, when I was a lot younger, really baggy things. I used to go to... is it Bonmarché? And it's been tailored for middle-aged women and I'd buy really baggy floral shirts, really baggy jeans [Sophie].*

Completely opposite to the past self is the present self, who is portrayed with much brighter and lighter tones. The present self is presented as confident and positive, and these attributes translate onto clothing choices. In fact, after the plot-twist represented by the discovery of the body positive movement and their identification with it, participants narrated that they started to pay more attention to their clothes:

*Now I think I wear more like fitted things, not ridiculously tight but I'm more like confident in who I am and more self expressive. I have tattoos now, I dyed my hair red. Before I ... My 10, 15 years old self, she was very reserved [Sophie].*

Sophie's words are a good example of the change in perspective that took place after the discovery of the movement and the dichotomy between past and present self. When she refers to her past self, Sophie uses the word "she", as if the time when she would wear baggy clothes was so far behind her to almost create an entire new persona. Using the word "she"

to refer to her past self can be read as a signifier of distance between the past, fashion/less self, and the present, confident self, much more interested in clothing choices.

The following extract offers a good example of how in clothing stories there seems to be a clear-cut distinction between what the participants would wear before becoming body positive and after:

When I found body positivity, I was like “I can wear colours!” That was the big deal. Colours, I’m allowed to wear those. And also shopping. The way I shop changed cause I realised that I used to, you know, go to shops like Yours and Simply Be. I was like, I thought, before I became body positive, if I start shopping in those shops then that’s it. That’s the beginning of the end. And then I think when I became body positive I was like, I can shop in these shops, there’s nothing wrong in doing that, that’s fine. Which meant that I could wear clothes that I actually wanted to wear instead of wearing clothes from Primark that didn’t actually fit me, the biggest men’s size kind of thing.  
[Nancy]

Nancy explicitly refers to her becoming body positive as the shift in perspective that allowed her to start experimenting with different clothes and colours. However, all clothing stories – either implicitly or explicitly – refer to a “before” and an “after” stage in the participant’s life, which means before they discovered body positivity and after they started identifying with the movement. This before/after dynamic represents the plot-twist of their stories, i.e. the ever-changing moment around which the story is narrated.

Participants’ stories are permeated with a sense of pride in narrating their fashion choices and the pieces of clothing that they started to wear since becoming body positive. The present self is joyous when describing clothing practices:

I was really sad for years cause I couldn’t find a style that suited me at all. And then skater dresses came out and I was like “these are sent by Heaven! [emphasis. Voice goes up]. I love them!” [giggles]. And gradually since then I have been able to build up

a wardrobe of dresses again and they are like my passion. Love dresses so much!  
[Anna].

Anna's story exemplifies the relevance that the body positive movement had in redefining her relationship with clothing and fashion. We conducted our interview on a Monday morning in a library just before she started her shift at work. She had a clerical job in the Higher Education sector and no dress code was specifically required for her duties, as she later revealed in our conversation. My recollection of her during our meeting was of a woman dressed with elegance and attention to details. The way she was dressed got my attention because she stood out from my other participants, who wore jeans, hoodies, and, in general, what could be considered "ordinary" clothes. Anna, on the other hand, was wearing fashionable, refined clothes, with court shoes and a coordinated umbrella. When I asked her about her clothing style, she said:

I like to dress up fancy. You know, everyday. It seems so silly but... [I have] two looks: one, I haven't brushed my hair at home and pyjamas, and the other one is dresses and... [giggles] Sometimes people comment on it and say "Oh you always dress up really posh" and imply maybe overdress but I don't care [Anna, she/her].

Anna's extract highlights the gendered nature of clothing practices in the workplace. As Entwistle (2000) has argued, women in the workplace are more likely than their male counterparts to be hyper-aware of their appearance. As a result, they are more conscious of their clothing choices in public spaces rather than private ones, such as their home environment.

Unlike Anna, Sophie is a university student and hasn't had yet the experience of working in an office environment. I met the 19-year-old in between her classes and she was wearing leggings and a hoodie. Once she took off the hoodie I could see that she was wearing a striped orange and yellow crop top. Annie appeared to be very reserved throughout the interviewing process, but when I asked her about her crop top, she lit up:

I've started dressing differently. I've started wearing clothes that I've seen other people wearing... Like crop tops! I've cut this one myself! Because I like it quite short...

I don't know why, it's just a bit more... I don't like to cover my stomach too much [Annie].

In their study on the role of clothing in managing anxiety in relation to one's appearance, Frith and Gleeson claim that women tend to "manipulate their clothing practices to manage bodily anxieties [...] and to manage how their bodies will be perceived by themselves and others" (2008: 260). Similarly, from their study of the impact of weight perception in clothing practices, Kwon and Parham (1994) discovered that women who "feel fat" tend to cover themselves and use clothes for comfort, while women who "feel slim" use clothing to express individuality. In both studies, "feeling fat" is associated with negative emotions and consequent clothing choices aimed at hiding one's body. Conversely, "feeling thin" is associated with being at ease with one's body and therefore expressing one's individuality through clothing practices. What these studies do not account for is whether it is possible to "feel fat" and still express individuality through one's body and clothing choices. Much body positive work has focused on the idea that it is possible to have mixed feelings about one's body and still be able to wear clothes that are deemed inappropriate for fat bodies, such as crop tops and mini skirts (Crabbe, 2017; Elman, 2018). The fact that some of my participants felt comfortable and to an extent liberated by wearing crop tops suggests that not all women who are fat use clothing to make themselves look thinner. The fact that Annie felt comfortable revealing one of her supposedly "flawed" body parts suggests that not all women who "feel fat" necessarily use clothes as a hiding device. On the contrary, as much as those women who in Kwon and Parham's study are defined as "feeling thin", they express their individuality through fashion.

Clothing stories do not differ in terms of age group. In fact, even my oldest participants express similar feelings in relation to their clothing changes since discovering the body positive movement. Natasha – a 49-year-old woman – claimed to be "a bit more flamboyant" with her looks now that she identifies as body positive. She seemed particularly proud of her skirts. On the day that I met her, she was wearing a long, patterned green skirt with a 1960s' cut. She told me the story of how she would always wear dark clothes that would never stand out and then, after joining an anti-diet collective, she started experimenting with different patterns and fabrics. As a really tall woman, she narrated the stories of how difficult it was

for her to find clothes in high-street shops and she had to resort to customised clothes made by dressmakers found on Etsy. It was then that she became “famous for [her] looks”.

For me, it's very important that I express my sexuality and express my sexiness and how I dress is one of the ways I do that. I also wear heels a lot. [...] I love wearing fishnets and heels. Yeh look I'm sexy! [Natasha]

Natasha started wearing colourful clothes only after she separated from her abusive husband. When I asked her why she liked wearing skirts, she said that it was because “they're fun. They swish. I've got all these fun different fabrics. I like the way they fit my body”. In this sense, Natasha's story is emblematic of how clothing can be considered an instrument to reclaim femininity and identity. Hoskin and Taylor (2019) argue that through the celebration of failure, fat bodies - among other “unruly” bodies, such as queer and crip bodies - can create counter-discourses to challenge and disrupt standards of normalcy: “while mainstream fashion focuses on the minimising of difference and the capitalisation of cultural shame, femme fashion functions to reclaim and celebrate difference” (2019: 288). However, in Natasha's story, her desire to wear fishnets and heels in order to “express her sexuality” does not seem to fit with Hoskin and Taylor (2019)'s concept of feminine failures. In other words, despite Natasha's “unruly” body, she was not highlighting her “failures” or dismantling beauty norms with her clothing practices. Rather, her story simultaneously reveals a desire to blend in with “the normals” (Goffman, 1963). This suggests that it might not be possible to reduce Natasha's account to either of these two positions and instead this extract provides a more subtle way of living out fat embodiment, one that isn't entirely a celebration of feminine failures nor a desire to be completely assimilated into standards of normalcy.

## The quest for (ab)normality

The discovery of the body positive movement seems to have played an important role in the participants' lives, particularly in terms of clothing choices. This raises the important question of whether changes in clothing style have also had an impact on their identities. To use

Campbell's question: "is there any truth in the claim that 'we are what we buy' or, perhaps more especially in the context of this discussion, that 'we are what we wear'?" (2012: 15). In a sense, it seems self-evident that the choices we make about what we decide to wear reveal something about our selves. But this condition does not exclusively apply to clothing (Brach, 2012). In fact, the same could be said about our accent, hair-styles, career paths, etc. If the question is to assess whether wearing a certain type of clothes or following a certain fashion determines our identity, the answer should be negative. There is an unquestioned relationship between fashion and identity but claiming that "we are what we wear" seems a stretch. As Campbell puts it, "If different styles are indicative of different identities, then the sheer rapidity of change characteristic of modern fashion suggests that modern individuals change their identities at least annually, if not seasonally, which, on the face of it, seems exceptionally unlikely" (2012: 16).

The relationship between clothing and identity becomes salient if we consider it through the lens of reflexive embodiment. In fact, clothing constitutes a good example of reflexivity: experiencing the body both as a subject – through which I experience the world – and an object – that I can adorn and embellish – makes clothing into the perfect site for reflexive embodiment. "The process whereby 'my body', the body that I am, becomes an object of perception, thought and feeling for me, and becomes something that I act upon by way of exercise, diet, adornment and so on, is the phenomenon of reflexive embodiment" (Crossley, 2006: 140). We "inhabit" the pieces of clothing that we decide to wear, but at the same time, we also experience the world through them. The idea of the body as an absent presence (Leder, 1990), and as a site for reflexivity (Crossley, 2006) becomes evident in the case of clothing. In this context, the act of getting dressed, in particular, highlights the social aspect of clothing as well as the internalised perception that we have of our bodies: "Getting up and dressed is thus a process of preparing the body for the social world, both an intimate experience of the body and a public presentation of it" (Twigg, 2013: 22).

As previously stated, it would be impossible not to mention clothing when discussing the body, because these bodies we theorise about are mostly clothed. In *The Absent Body*, Leder claims that "the surface is where self meets with what is other than self" (1990: 11). In his argument, the body is what constitutes this surface. I would like to argue that clothes, in

particular, are the point of contact between the self and the world outside the self. Eco (1986) calls this “epidermic self-awareness”: when we wear an item of clothing that does not fit properly, we become hyper-aware of the limits and physical boundaries of our bodies. In contrast, when we wear comfortable clothes, the garments are simply taken as extensions of our bodies, almost like a second skin. There is something quite unique about clothing in terms of identity formation and it is only by understanding the importance of clothing practices that we can fully understand the importance of wearing “unsuitable” clothes while fat. In other words, the question that I am trying to address here is: why does it matter if fat body positive individuals wear crop tops or mini skirts? Furthermore, do clothing practices have an impact on their identities? To use Wilson (1985)’s example, when we see someone’s slip showing, we are less concerned with sartorial sloppiness than we are with the “exposure of something much more profoundly ambiguous and disturbing [...] the naked body underneath the clothes” (1985: 8).

Entwistle (2000) has argued that “dress is part of the micro-order of social interaction and intimately connected to our (rather fragile) sense of self, which is, in turn, threatened if we fail to conform to the standards governing a particular social situation” (2000: 338). The relationship between clothing and identity is so complex because by choosing what to wear, we can present different versions of our self to the world. Choice and creativity are at the base of this complicated mechanism (Brach, 2012): “Fashioning the body becomes a practice through which the individual can fashion a self” (Finkelstein, 1998:50). But even though creativity and personal choices have a role in this discussion, we should not use a voluntaristic approach to understand clothing practices, i.e. we shouldn’t assume that one is free to self-fashion autonomously (Entwistle, 2000). Rather, the interesting aspect of clothing practices is that they are often spoken of in moral terms. This means that even though clothing practices can be used as a means to express one’s individuality and creativity, the mundane act of getting dressed extends far beyond creative choices. Clothing practices are embedded in social interactions aimed at managing others’ expectations. To return to Goffman (1963), they are another way in which stigmatised individuals manage their relationship with “the normals”. Dress is a performance that gets repeated across time with the intent of communicating something to other social actors all while being inscribed in a larger context of social costume. After all, we see our body – as well as other people’s bodies – clothed for

the vast majority of the time. This has an effect on the way in which we perceive bodies, whether this is our own or somebody else's (Frith and Gleeson, 2008). Clothing practices extend beyond individuals' personal choices in terms of fashion style and need to be inscribed into a wider social context. This answers the question of why fat people wearing items of clothing that are deemed unsuitable for them does play a role in the ways in which fatness is constructed and perceived. Given the importance that clothes and clothing practices have on the shaping of one's identity and the collective understanding of what fat people can and cannot do in terms of clothing practices, what is left to discuss is how other people reacted to the participants' clothing choices after becoming body positive.

Georgia's story offers a good example of the backlashes that some participants experienced in relation to their change in clothing style since becoming body positive. She is a fat and disabled non-binary femme who came to body positivity through her activism in disability movements. As part of her militant activities, Georgia has a body positive fashion Instagram account where she posts pictures of her styles, often including her mobility aid or stick. She created the account as a challenge, "as a way of pushing myself to take more care of my appearance because I know that if I dress, not that I look better, but if I pay more attention to what I'm wearing and how I'm feeling, I tend to feel a bit better in myself". She also told me the story of the first time she stepped out of her comfort zone and started experimenting a bit more with her clothing style in public. This event involved a crop top:

I went out with a crop top and a guy I know said "You look different today" and I said "In what way?" and he said "I don't know. You just look much glowier". I wasn't wearing any different makeup. I wasn't doing anything different like that, the only difference was I was wearing a pair of leggings and a crop top. [...] He just went "there is something different about you. You look great!" [giggles] And I was like, okay then [smile in embarrassment]. [Georgia]

In Georgia's story, the same day she wore a crop top for the first time, she was mocked by a stranger. While queuing in a shop, a woman behind her loudly started to discuss how "certain people shouldn't be allowed to wear a certain type of clothes": "I turned and looked and [she]

gave me raised eyebrows and I was like, yeh I hear you. I don't care [giggles]". The episode left her with disappointment:

I was [she sighs] less bothered than I thought I would be. I was a little bit bothered. I was kinda... Cause that was the biggest step that I'd taken up to that point. Like, it was showing that... cause my stomach [...] it's also got stretch marks and it's got old self harm scars and stuff like that. So it was a big step for me. So it was kind of a knock" [Georgia].

Experiencing backlashes in relation to one's clothing choices was not limited to strangers' comments. In fact, a significant theme that kept emerging throughout all interviews was a conflictual relation with the family of origin, in general, and the mother, in particular. This became even more relevant when discussing clothing habits. Annie told me the story of her school prom night. She was wearing a fitted, low cut dress that she has since stopped wearing "because people's reaction to it has changed [her] opinion of it". In fact, she said that she hadn't worn a dress since (as Annie was a first year university student at the time of the interview, it means that she hasn't worn a dress for a few months). Annie had previously mentioned during the interview that not wearing a bra had felt empowering to her, and she considered it as a personal achievement, particularly because she described her breasts as "saggy". Because the dress she wore during prom night was low cut, she said "I couldn't wear a bra with it, I could have, but I didn't want to". Her mother's reaction to the dress was quite negative:

She was like, she said I looked really like... not disgusting, she didn't use that word, but she was like hinting that I looked a bit... fat [almost inaudible, whispered] [...]. She did not like that at all [...]. She was really like "I don't want you to wear that" [Annie].

Another example of this conflictual mother-daughter relationship in terms of clothing and fashion choices can be found in Anna's story. While she was discussing her body image issues, she mentioned having a feeling of shame in certain public situations in relation to her sense of fashion. She grew up in a household where her father would blame her mother for not being fashionable enough: "he told her [Anna's mother] that she couldn't come to his work

dos because his colleagues would laugh at her because she was dowdy. He said she couldn't come because he was trying to save her from the embarrassment". Soon after her dad left the family home, Anna started to gain weight and reported feelings of shame in relation to her body type. I asked her if she could think of an episode in her life when she felt particularly ashamed of her weight:

I think... Certainly my wedding. I remember people looking at me a lot, because obviously they do with the bride and I couldn't interpret whether they were positive looks of "you look lovely" or "oh I thought she would have lost all the weight for the wedding!" [she giggles, out of embarrassment]. And I chose to be quite different for the wedding cause I didn't want to be kind of compared to the traditional bride as directly, so I went for a bright red dress. [...]I felt I wouldn't look like a normal bride so there was no point trying to look like a normal bride [Anna].

She told me the story of how she got married wearing a red prom dress because there were no plus size bridal shops at the time. She ordered the dress online and she could not try it on until it arrived. In relation to this, she said she was jealous of her sister because she could have the experience of going to a bridal shop, drinking champagne and trying dresses on, while Anna was denied this opportunity. When I asked her if the thought that she couldn't be a "normal" bride spoilt the day for her, she said: "I think I resented like... cause my mum and my sister were like, 'you can't wear white!' [said like an order]. Don't wear white!". In her study about beauty work, Gimlin (2002) interviewed members of the NAAFA (National Association to Advance Fat Acceptance). Among them, one woman reported that her parents discouraged her from wearing a white dress to her wedding:

'We don't think that you should wear white to your wedding.' I said, 'Why?' and he said, 'Well, because you're not a virgin,' and I said, 'You are so full of crap. Mom doesn't want me to wear white because it makes fat girls look fatter... well, I'm wearing anything I want.' So I cut my parents out of my wedding plans completely. (Gimlin, 2002: 118).

Anna's story resonates with Gimlin's participant. Even though further research is needed in order to assess the recurrence of this phenomenon, these extracts suggest that fat women

might be recurrently discouraged from wearing a white dress to their wedding because of the common assumption that wearing white makes you look fat.

Anna got married years before she started identifying as body positive. She claimed that if she was to organize her wedding day today, many things would be different, including having more pictures taken and a video of the event as well. She also said that maybe she would have picked an “unconventional” dress anyway, but she would have liked to have the experience of trying a few white dresses on. Most importantly, she seemed less bothered now about not being a “traditional, thin bride”. In fact, just days before the interview, she attended a wedding where the bride was fat and she was mesmerised by her beauty:

I went to a wedding on Saturday night with a bride who was my size, maybe slightly larger and she looked gorgeous in white. She looked so nice! She was, proper long black hair with curls and tumbling down fairy tale, really lovely! And I kind of feel a bit sad that I didn't have that option. You know... I did, but I didn't feel like I did at the time [Anna].

Anna's story suggests that what she wanted for her wedding was the experience of being a “normal bride”, whether that might be achieved through wearing a white dress or simply having the possibility of participating in a bridal shower. The theme of “normality” and more broadly the relationship that participants have with what Goffman (1963) called the “normals” – i.e. individuals who do not have a stigmatising trait, in this case, non-fat people – has already been addressed in the previous chapter. However, in the context of this discussion, clothing stories can be inscribed within a quest for (ab)normality. I call it (ab)normality because participants are at one time aware of their unruly bodies and want to celebrate their differences through clothing practices, but they also want to conform to normative ideals and “play by the rules”.

Fat scholars and activists have long debated whether it is possible to change fatness' perception by simply using the word “fat” to describe oneself or by wearing supposedly unsuitable clothes (Hoskin and Taylor, 2019; Murray, 2005; Murray, 2010; Wann, 1998). Among others, Wann has argued that it is possible to redefine the meaning of fat and fatness

through mundane activities because it is within everyday life practices that fat individuals – women, in particular – get to experience their fat embodiments: “Clothing isn't just for looks anymore. Bikinis are political. Your wardrobe can indeed change your life” (1998: 152). However, Wann (1998) does not account for how other people would react to these “political acts”, as she calls them. In other words, she fails to inscribe clothing practices within a broader and more complex web of meanings. As Murray has put it, “naming one’s fat flesh, and changing a few minds does not constitute a dismantling or even a critical analysis of the systemic influence of dominant bodily discourses. The system of judgement remains intact (2010: 274). Fat individuals are aware of the meanings attached to fatness and, in the context of this chapter, of the meanings attached to specific items of clothing, such as bikini, crop top, mini skirts etc. So how do they react when they meet others' resistance and judgements in relation to their clothing choices? Some try to “pass” – to use again Goffman’s (1963) terminology – as “normal” and do “what thin women do”. The participants of this study are aware of societal norms around fashion, and in a sense they want to abide by them. Anna’s story is an example of this:

Certainly certain dresses turn me into a shapeless lump and I don’t want to look like that just because I like to accentuate my curves. And show off the things I feel really good about [a smile of embarrassment in her voice]. I imagine for people who don’t have boobs, they don’t want to show off their lack of boobs, you know. Whereas I’m like well I might not have much of a waistline but I have boobs so... might as well accentuate your good bits. [Anna]

This extract is from a part of the interview in which Anna is describing her liking for skater dresses. In her words we can perceive a sense of reflexivity: her clothing choices reflect her knowledge of fashion and in a sense, she is “playing by the rules” (Woodward, 2007). To use fat activist Jes Baker’s words,

You know the fashion rules I’m talking about. We’ve all heard the plus-size rule about avoiding horizontal stripes. About wearing black because it’s slimming. About wearing flared pants instead of tapered so we look “proportional”. About avoiding small patterns so we don’t look like furniture. Don’t wear giant print because you’ll

overwhelm the viewer. Don't wear halters. Don't wear sleeveless. Don't wear chunky jewellery. Don't wear texture. Don't wear shiny fabric. Don't wear spandex. Don't wear baggy clothes. Don't. Don't. Don't. But "LOVE yourself!", the world still somehow tries to say, "by playing to your strengths and hiding your flaws!" (Baker, 2015: 171).

At the same time, other participants, like Georgia, seem aware of these same rules but like to subvert them: "I'm not a big believer in dressing for your shape, I'm like: dress for your personality!" Georgia's story perfectly captures the complexities of being hyper(in)visible (Gailey, 2014) and the inescapability of this condition:

I'm never gonna be invisible, which I tried to be for a very long time. I tried to be invisible... It's such a low self-esteem, such bad mental health but I was like "if I just dress very boring people might not see me". And then when I became visibly disabled, I was like "people kinda have to see me now all the time". People are constantly staring if you are disabled. And I was like, "why not give them something to stare at?"  
[smiles] [Georgia]

In a constant tension between reclaiming visibility and passing as "normal" – to use again Goffman (1963)'s terminology – fat body positive women and non-binary individuals are stuck in a limbo where they want to be able to wear clothes originally ideated for non-fat bodies and do "what thin people do", but they are also fully aware that they never will, and therefore resort to wearing red wedding dresses, shave and dye their hair in bright colours so that the "normals" will have something to stare at. Georgia knows that she gets stared at ("People are constantly staring if you are disabled. And I was like, why not give them something to stare at?"). The presence of others and others' look in her story is pivotal, and it seems to align to what was already argued in Chapter four about hyper(in)visibility. In particular, her account resonates with Cooley's (1902)'s notion of "looking glass self" and Waskul and Vannini (2006)'s "looking glass body". Because of her disability, Georgia is fully aware of her hypervisibility and she likes to subvert the norms of fashion. The following extract is another example of Georgia's awareness of the others' gaze. She creates a fictional dialogue between her mother talking to her past self, and her present self talking to a hypothetical insecure fat person, possibly her mother:

She [Georgia's mother] was like "you can't wear that because it doesn't suit your body type. You can't wear that, it doesn't... People your weight can't wear that. People like us can't wear that. Fat people don't wear this, fat people don't wear that...". And I kind of internalised all those rules. So I kinda had to break them all down. Going, "fat people can wear a pair of skin-tight pencil skirt! Fat people can wear leather! Fat people can wear crop tops! Fat people can wear stuff that can show the fact that they are fat! You don't have to hide!" [Georgia]

Georgia and Anna's stories are an example of the ongoing process of reflexivity that occurs in clothing practices. They are either compliant with the norms around fashion and what constitutes "normality" and therefore don't wear a white wedding dress, and highlight their "good bits", or they reclaim visibility by highlighting their "feminine failures" (Hoskin and Taylor, 2019). Hoskin and Taylor talk about how deviations from patriarchal feminine norms can function as a discourse to resist patriarchal femininity. By strategically highlighting and celebrating one's difference, individuals who are outside of traditional femininity, can "dislodge a fundamental mechanism of policing normative boundaries" (2019: 287):

Femme fa(t)shion is resistant because it calls attention to fatness rather than conceals it, and it does not always adhere to norms of fem(me)ininity and mainstream capitalist consumption. For some fat femmes, then, fa(t)shion may be a site of exclusion and harm, and/or a site of resistance or (re)clamation. (Taylor, 2018: 474).

Similarly, it could be argued that for some of my participants, refusing to conform to thin ideals of fashion and wearing clothes which highlight their "feminine failures" represent a type of resistance. However, the clothing stories that I collected for this project manifest a great deal of ambiguities and contradictions, even within the same participant. That is to say that the process of creating practices of resistance is a complex one and for this reason, in the next section I discuss whether body positivity should be considered a form of resistance.

## Should body positive clothing practices be considered a form of resistance?

In the discussion around resistance, Foucault (1978; 1982) provides a compelling explanation of how power relationships cannot be reduced to a sterile and over-simplistic dyad of powerful vs powerless. To use his own words, “where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (Foucault, 1978: 95). He argues that people occupy different position in society in terms of the amount of power that they hold, but regardless of their position, individuals have also the capability of resisting power. To put it simply, as soon as there is a power relationship for Foucault there is also the possibility of resisting this power (Foucault, 1978; 1982). In terms of clothing practices of fat body positive individuals, Foucault’s account of power relationships and resistance suggest that my participants might be neither powerful nor powerless, as power is – in his view – only exercised over free subjects and this implies the possibility of behaving differently (Foucault, 1982).

Foucault argues that where there is power there is resistance but equally, he does not explain how the body – the fat, “unruly” body, in this study – can present a material resistance to these operations of power: “Power relations are only examined from the perspective of how they are installed in institutions and not from the point of view of those subject to power” (McNay, 1991: 134). It is no coincidence that there have been many criticisms of Foucault’s work by feminist scholars. For McNay (1991), but also Bartky (2003) and Bordo (1997), the disciplinary power that is at play in the woman’s body is “everywhere and nowhere” (Bartky, 2003: 36) and as such it renders it extremely difficult to account for individuals’ experiences and forms of resistance. In other words, from a feminist perspective, Foucault’s work is too focused on the historical construction of the body as a “practical direct locus of social control” (Bordo, 1997: 90). He does not account for the practices of resistance that women – fat women in this study – have put in place in order to subvert the dominant ideology around fatness.

Entwistle (2000) draws on Foucauldian feminist literature to discuss how fashion and clothing practices are connected to operations of power. She argues that Foucault’s theory is useful

to understand how “institutional and discursive practices of dress act upon the body, marking it, and rendering it meaningful and productive” (2000: 329). But she also uses other scholars – phenomenologists such as Merleau-Ponty (1981) and Csordas (1996) as well as Bourdieu (1984; 1989; 1994)’s concept of “habitus” – to account for the embodied nature of clothing. In reframing clothing as an embodied practice, it is possible to still use some Foucauldian analysis in terms of power dynamics without making the body into a mere symbol. Rather, understanding clothing in terms of embodied practices has the twofold advantage of approaching the body taking into account its fleshy and material nature, but also, it helps to make sense of the forms of resistance that body positive individuals might be putting in place when they wear clothes that are deemed unsuitable for them.

Going back to our previous discussion about Foucault (1978; 1982) and his concept of resistance, disciplinary power restricts and enables. Simply because fat body positive women and non-binary individuals cannot get “outside” of power, does not mean they cannot also resist it. Power creates capacities as well as restraints. In light of this, the experiences of the participants of this study need to be understood as a form of resistance, even though – as I am about to explain – it is an ambiguous one. In a broad sense, with a taboo body – such as fat bodies – any kind of claiming of positivity is a form of resistance. So rather, the issue is: do these practices of resistance get weakened if the resistance works alongside other dominant norms? I believe the answer is negative because otherwise we would be trapped within a “purity binary”: outside norms or inside norms.

Some feminist scholars have suggested that conceptualising resistance as an opposition to a dominant ideology is reductive and misleading. MacLeod (1992) in her study of the use of the veil among Egyptian women argues that moving away from the concept of resistance and instead adopting the much more nuanced term of “accommodating protest” might allow us to think beyond the dichotomy powerful/powerless and dominant/victim and instead understand the “more complicated ways that consciousness is structured, and agency embodied in power relations” (1992: 556-557). In agreement with MacLeod, Weitz (2003) suggests that everyday acts of resistance, such as women’s hair styles, might not always challenge dominant ideologies but are at times the only “accessible route to power” available to some women and therefore “women are neither ‘docile bodies’ nor free agents, but rather combine accommodation and resistance as they actively grapple with cultural expectations

and social structures” (Weitz, 2003: 136). Although I understand that “accommodating protests” might be the only option available for some women, in the case of fat body positive women it seems reductive to theorise their form of resistance merely as “accommodating”. Even though at times my participants manifest a desire to comply with normative standards of beauty, their project – embracing fatness and promoting body positivity – is so utterly revolutionary in its intent that it cannot be reduced to such a mild understanding of resistance.

In her study about women’s responses to beauty ideologies, Gimlin (2002) uses the expression “pockets of resistance” to explain how the women in her study are not free from domination in their everyday beauty practices but still derive some pleasure from partaking in beauty work. Most importantly, enjoying some of these activities does not undermine the oppressive power of beauty ideals: “The body might be a location of domination, but it is also a tool for resistance and agency in the construction and reconstruction of contemporary selfhood” (2002: 149). Nevertheless, as she puts it, “women who engage in body work often enjoy the work itself” (2002: 147). This means that rather than understanding practices of resistances in terms of a purity binary, it would be more appropriate to frame these issues using the concept of “pockets of resistance” (Gimlin, 2002). Just because one cannot get “outside” of power, does not mean that it is not possible to resist it. Moreover, one can even *enjoy* beauty work – and normative clothing practices, in the context of this chapter – and conforming – or trying to conform – to fashion standards without inhibiting oneself from putting in place practices of resistance.

The women and non-binary individuals who took part in this study have expressed at times the desire to conform to beauty ideals by “accentuat[ing] [their] good bits” (Anna) or by expressing their sexuality through items of clothing such as fishnets and heels, as in Natasha’s story. However, this should not lead us to believe that their embodied practices are any less body positive or resisting common assumptions about clothing and fatness. Among others, scholars such as Davis (1991) and Johnston and Taylor (2008) have argued that participating in the (re)creation of beauty and fashion ideals can function as a source of empowerment. The fact that my participants at times complying with and celebrating norms of fashion does not mean that they agree with them (Davis, 1991). For this reason, body positivity should be

considered a form of resistance, even though at times my participants' everyday practices might present some contradictions. Their type of resistance is conflictual, ambiguous and often expressed unintentionally – in this regard, Hoskin and Taylor (2019) argue that femme embodiments can be both unintentional and intentional. The fact that these stories present ambiguities should not come as a surprise. In fact, I would argue that the complexities and multifaceted nature of human experiences could only ever lead to ambiguous forms of resistance.

## Conclusion

In this chapter, I have discussed the changes in clothing style that happened in the participants' lives since becoming body positive. These stories are narrated using a trajectory based on the distinction between a past and a present self. The past self is self-conscious and does not pay too much attention to clothing style. Clothes are used to “blend in” and they are described as shapeless, lacking fashion and colour. On the contrary, after the plot-twist represented by the discovery of the body positive movement, clothes are used to “stand out”: the present self is portrayed as confident and positive; it experiments with different colours and patterns and it shows a sense of pride in relation to its wardrobe.

Even though my participants use their clothes as means to express themselves and their rediscovered positive body image, clothing practices cannot be considered simply in terms of a voluntaristic and free expression of one's fashion. In other words, clothing choices are embedded in social interactions aimed at managing others' expectations. For this reason, in the second section of the chapter I analysed how other people reacted to the participants' change of style and how respondents' felt about this. Some of them experienced backlashes and negative comments, particularly from their family members.

Clothing stories are ambiguous because participants want to express their individuality and the unruly nature of their bodies through their clothing, but at the same time they also manifest the desire to conform to norms of fashion. In this sense, I have argued that their

clothing practices are quests for (ab)normality. Some participants enjoy at times partaking in the (re)creation of normative ideals of fashion, by “highlighting their good bits” or by wearing fitted clothes to enhance their figure. However, the fact that they enjoy doing “beauty work” should not automatically disqualify these clothing performances from being considered as forms of resistance. Using Gimlin’s (2004) concept of “pockets of resistance”, I have argued that even though at times these clothing practices are ambiguous and contradictory, they are simply a reflection of the complexity of human life. That is to say that any form of resistance can only ever be “imperfect” and contain within itself some discrepancies. For this reason, fat body positive women and non-binary individuals’ clothing practices should be considered as a form of resistance, albeit an ambiguous one.

# Chapter six: “Good parenthood” and caring practices in the narratives of fat body positive individuals

## Introduction

In the previous chapter, I mentioned how parents – and mothers, in particular – play a role in how fat body positive individuals perceive themselves and, specifically, how they are influenced in their clothing choices by their parents’ opinions. Even though during the interviews I was not purposefully asking questions about parenting, most participants’ stories contain lengthy and frequent discussions about motherhood, relationships with family members and, in particular, discourses around “good” and “bad” parenting. The parenting stories I collected are articulated around the trope of “good parenting” vs “bad parenting”. In this chapter, I discuss how my participants’ narratives in relation to parenting are highly influenced by some powerful discourses around childrearing and particularly, the rhetoric around raising a “healthy” child. Moreover, I also identify a commonality that pervades all my participants’ stories; the need to be perceived as “caring” figures. In this chapter, I put forward an interpretation of my participants’ need to be perceived as “caring” individuals as a compensation mechanism for being fat parents. In other words, a fat parent can be perceived as a “good” parent only if she can regain respectability through practices of caring.

This chapter is divided into three sections. In the first, I discuss the narrative tension identifiable in the parenting stories of fat body positive individuals. Unlike other parts of the interview where there is a clear distinction between past and present self stories, in this section I highlight how participants are unable to maintain a coherent chronological line. The second part of this chapter is dedicated to the influence of health discourses within the family, as diets and “healthy” practices have a predominant role in the narratives around “good” parenthood. In the third and final section of the chapter, I discuss how the narratives of the

fat body positive individuals are articulated around the trope of being a “caring” parent and how this “caring” discourse applies to non-parents as well.

## Parenting stories

Parenting stories of fat body positive individuals are articulated around the trope of “bad parenting” vs “good parenting”. This theme is the *leitmotiv* of the entire chapter but the purpose of this first section is to understand the narrative tension around which participants articulate their parenting stories. By “narrative tension” I mean the trajectory that participants deployed to convey “a sense of an active, agentic protagonist, implies a moral, evaluative standpoint and communicates a sense of dramatic tension and emotional tone”. (McLeod and Balamoutsou, 2001: 136). It is important in this first stage to identify what the narrative tension around which these stories are told because it is only by understanding the trajectory of these stories that we can fully make sense of them. The way in which I approach narrative analysis is centred around understanding the stories I am presented with. In this sense, I am less concerned with “what happened?” and more with “what is the significance of this event?” (Lawler, 2002). The very notion of narrative tension is strictly connected with “emplotment” because a plot is made of a series of elements that give the narrative a tension (Plummer, 1995; Polkinghorne, 1988). As already discussed in the previous chapters, emplotment is a fundamental step in the creation of a story. In fact, emplotment *is* what makes the recollection of past events and present thoughts into a story (Lawler, 2002; Jovchelovitch and Bauer, 2000; Ricoeur, 1980). Every story needs to have a point, a direction that helps the narrator fend off the question “so what?” (Lawler, 2002; Ricoeur, 1980). In the case of parenting stories, participants draw a direct correlation between having – supposedly – “bad” parents and becoming “better” parents themselves. In doing so, the “point” of their stories is easily identifiable: they want to explain how and why they have become “better” parents than the parents they had, and ultimately how they are “good” parents.

Before I proceed to analyse the ways in which this “good” vs “bad” parenting trope is articulated it is important to remember that the parenting stories I was presented with were

complex, not linear and significantly heterogeneous. For example, only five participants are parents, therefore the remaining six did not have experience of what is like to be a parent (although we will see later in this chapter how not being a parent did not prevent some participants from manifesting parental behaviours). Unlike other parts of the interview, the discovery of the body positive movement is hardly mentioned in these narratives, and when it does, it is *en passant*, without attributing any explicit significance to their overall story. Nevertheless, in the context of our interview, body positivity functioned as a background framework through which I wanted to explore the participants' experiences and in this sense, even when it was not specifically mentioned, it was a constant presence. Discussing illness stories, Frank exhorts us to remember that

First-person stories of illness depend on a shared horizon of moral significance, even as they also push the boundaries of this horizon. To make sense of the story, its hearers must already be prepared to recognize value in certain ways of acting, of relating to oneself and to others (1998: 342, 343).

This means that although the body positive movement is not explicitly mentioned as the ever-changing moment in the participants' parenting stories, we need to remember that it was clear in the context of the interviews that I was investigating their body positive journey and that as a fat, body positive woman myself, we shared the same moral horizon. In other words, it is important to remember that given the nature of our conversation, the body positive movement might have a role in these narratives even though participants do not explicitly mention it.

Within a great deal of heterogeneity, what the stories of the eleven fat, body positive individuals I interviewed seem to have in common is a series of conflictual family relationships. Six participants reported to have been estranged from the entirety of their family, or at least one close family member (mother, father or siblings). Even those participants who are still in touch with their family of origin expressed difficult relationships with their parents and family members. Most participants (all except two) come from a family in which at least one other family member is fat. Some participants position themselves in

opposition to a family member who is significantly thinner than them, with their difference in body type creating friction in their relationship.

Although the participants come from different socio-economic backgrounds, have different family histories and body types in their families, the parenting stories resemble one another: a difficult childhood filled with humiliation and diet talks was followed by a renewed sense of worth after the discovery of the body positive movement and now all participants are involved in a crusade against diet culture and the promotion of body inclusivity. In particular, a great deal of emphasis is given from those participants who have children to the fact that they are – supposedly – “better” parents than their parents: “I learnt from the mistakes that my family made” [Leor].

Leor provides us with a good example of how the narrative trajectory in his story is created by directly linking his own “good” parental strategies to the “bad” parental strategies he experienced during childhood. Much like the other respondents, Leor defines the type of parents he had as “bad” and creates a juxtaposition with his own parenting style. The fact that he says he had “bad parents” and the fact that he says he is a “good parent” is not coincidental. He creates a direct correlation between the fact that he had “bad” parents and he is a “good” parent. Leor is a “good parent” *because* he had “bad parents”. He can recognise the traits of “bad parenthood” and therefore can step away from them. The narrators emphasise the “shortcomings” of their parents and their parenting stories reflect this desire to be a better parent than their parents ever were:

You know you have these things when you’re a kid you think well, when I’m a parent, I’m not doing that. I remember all of those and I put them all in place. So if I found myself saying, “Because I say so!” [imitating herself shouting], I’m like “don’t say that”. That’s just the death of any good parenting. I’ve never hit my kids once. I really wanted to, but I’d lock myself in the bathroom and go, “go watch some TV darling [in a fake nice voice] because mummy really needs some alone time” [giggles], “Don’t knock on the door cause I’ll kill you” [whispered]. But it’s having that awareness of I know what it was like to have that kind of parenting and it’s so much easier to do that kind of parenting. [Ellie]

In telling her parenting stories, Ellie is at one time recognizing her parents' "faults" and in doing so, she recreates a story in which she is a "better" mother to her children. The counter-narrative she creates with her stories might have the capacity to empower her as a daughter. In her study on the mother-daughter relationship, Lawler argues that "It is through recognizing characteristics which are shared with the mother that these women were able to check those characteristics within themselves – to 'pedal back' and thus to resist the drawing-in of the kin system" (Lawler, 2000: 64). The self-narrative that both Leor and Ellie are creating in these passages – where by "self-narrative" I mean the narration of self-relevant episodes across time – is a progressive narrative which implies that a level of obstacles have been overcome and therefore it suggests that the narrator should be treated with a certain degree of respect: "In developing a self-narrative the individual attempts to establish coherent connections among life events. Rather than seeing one's life as simply 'one damned thing after another', the individual attempts to understand life events as systematically related" (Gergen and Gergen, 1988: 19).

The types of parenting stories centred around the trope of "I am a good parent because I had bad parents" that we find in Leor's and Ellie's extracts are not isolated cases. According to the stories that my participants narrate, it appears that the childhood of fat body positive individuals is shaped by episodes of fat shaming starting within their family of origin. Anna told me that when she was in her teens, she started gaining weight. She remembers that her mother did not take many pictures during Anna's 16th birthday party and she was convinced that it was because her mother was ashamed of how she looked. When I asked her if she has ever had a conversation with her mum about her weight gain or being fat, she replied:

I was worried to bring it up in a way because I was ashamed of it. I didn't really want to hear it, if that makes sense. It was the elephant in the room. I think if I had said to my mum "I'm fat, are you ashamed?" I would have not been able to deal with the answer [her voice is more serious now Low tone, speaks slowly], cause that would have really upset me. [Anna]

Anna was the only fat person in her family. Her mum gained some weight after two pregnancies, but she “buckled down and lost the weight and she can’t see why other people can’t just do it like that”. Leor, on the contrary, comes from a family of fat individuals. Nevertheless, much like Anna, some of the first forms of stigmatization he had to endure came from his family:

They were just very, very negative about my weight. Even though they are all similar! I’m the biggest one out of them but they are all still pretty fat. But yeh, they wanted me to lose weight constantly. It wasn’t any positive reinforcement about losing weight or getting healthier, it was always negative reinforcement. Always calling me very negative names. [...] Fat bastard, quite a lot. And just calling me a pig. Mister Blobby, as well. [Leor]

These extracts show how in narrating their past, i.e. “bad” parenting stories, participants create a trajectory in the story by identifying an obstacle that the main character, i.e. their past self, needs to overcome. This obstacle can often be found in their mothers, whose character is often portrayed as damaging, insensitive or simply inadequate. This trope resembles the experiences of women with anorexia (See also Lawrence, 2002; Vander Ven and Vander Ven, 2003).

I think my mum has always been very insecure about her weight. I don't think that helped. I don't want to penalise her [said really fast] [...] She would be like “oh I’m fat I’m ugly”, so I guess when I was in school and I heard that, it sort of registered as a negative thing, I guess... Maybe, I don't know. Maybe if my mum had been like “I'm fat and I’m great”, I would have gone to school and thought “oh don't worry about it”. [giggles] [Sophie]

Georgia is disabled and so is her mother. They do not have the same type of disability and they became disabled at different stages of their lives and for different reasons. Nevertheless, they share similar challenges in relation to their mobility. These experiences, rather than bringing them closer, created friction in their relationship. Both fat and disabled, Georgia and her mother have a completely different take on their bodies. Georgia is flamboyantly body

positive: from the very start of our interview, she discussed how she was involved in the crip punk scene and how she had named her mobility aid “The Beast” (“I’m never gonna blend in. I’m never gonna... because I’m disabled and I’m very loud about my queer identity, you know? I wear badges that says “still queer” and “do I look straight?” and that kind of stuff”). Georgia’s unapologetic attitude toward her fatness and her disability contrasts with her mother’s:

That’s the thing with the fat. She projected her, her unhappiness onto me and assumed that I must have been unhappy. And made me unhappy for a while. So I think when she sees me wearing something that she would never dare to wear, but I clearly like to wear, she gets a bit... [sounds] she’s like, how dare you be happy when I’m so incredibly unhappy? I think that makes her... I think a lot of people do that though. Like for a lot of [?] not just people who are thin, going “fat people can’t wear that!”. But also other fat people going, “you shouldn’t wear that!” [Georgia]

At the end of this extract, Georgia tries to minimise her mother’s behaviour by saying that “a lot of people do that”. It’s not just her mother who is incapable of accepting Georgia’s re-found happiness in her disabled and fat body, but it is a characteristic common to other fat people.

In a Foucauldian fashion, Georgia doesn’t need to actually hear her mother making negative comments about her clothes for her to perceive them as real and change her behaviour accordingly. Much like the prisoners in Bentham’s Panopticon, Georgia feels observed by her mother whether her mother is there or not. The effect of this “panoptical” mother-daughter relation is “to induce in the inmate [daughter] a state of conscious and permanent visibility that assures the automatic functioning of power. So to arrange things that the surveillance is permanent in its effects, even if it is discontinuous in its action” (Foucault, 1995: 201). In fact, in another part of the interview, Georgia says:

It was always, even when I moved out, the voice in my head that was saying “gosh you’re getting fat” was always her voice, it was never mine because it always came from her. It never came from anywhere else. Again, it’s because she internalised her own problems with her own weight. If I buy new clothes that I like and I know she

won't like, I'll have to make sure that I wear it on a day where she's not gonna be in the house so she doesn't see me go out and I can go out and get confidence wearing it before she... Cause if she sees it first and goes "I don't like it", I won't be able to wear it, I won't leave the house with it [Georgia].

Georgia's extracts are a good example of another theme that emerged from discussing family relationships, i.e. the inability to maintain the same verb tense throughout the story. Having a closer look at the verbs that Georgia used in both passages we see how she switches from a past tense "She *projected* her, her unhappiness" to a present tense "When she *sees* me wearing..." and again from a past tense "the voice in my head that *was* saying 'gosh you're getting fat' *was* always her voice" to a past and even future tense "If I *buy* new clothes that I like and I *know* she *won't like*, I'll have to make sure that I *wear* it on a day where *she's* not gonna be in the house".

The inability to maintain the conversation in the same tense even just within a sentence is a phenomenon that only appeared when discussing family relations. In other sections of the interview participants occasionally alternated between tenses, intertwining the recollection of a past event with a much more recent one and therefore changing verb tenses. However, when discussing other topics, participants were able to maintain the narration on the same verb tense. In the case of clothing, for example, there was a clear-cut distinction between past and present tenses because there was a clear divide between past self and present self. A specific typology of stories belonged to the past self (feeling insecure about one's appearance, wearing dark, baggy clothes) and another one belonged to the present self (feeling confident, wearing fitted colourful clothes). At times, these tenses intertwined but overall it was clear whether a story belonged to the past or the present and the chronological line was coherent throughout the narrative. That is not to say that the stories involving clothing and appearance lacked ambiguity. Any clear-cut distinction between past and present self is fictional but nevertheless it is important to highlight how in the narration of other stories – all except parenting stories – the narrator tells a story in which past and present self are clearly separated and what allowed for the creation of the present self, i.e. the plot twist, is represented by the discovery of the body positive movement. On the contrary, in the case of parenting stories, there is no definite distinction between past and

present self and the plot twist is hard to identify. This suggests that the parental “past” is so important that it lives on in their present and cannot ever be fully overcome.

In her narration, Georgia is alternating past and present tenses and this renders difficult for the reader to identify whether the story is set in the past or present. Rather, it seems that most parenting stories have a blurred chronological line and are set in a unique temporal space that goes from a remote past and extends its influence until the present time. The inability to maintain the narration in just one tense could be explained by the fact that two narrating voices are always at play in parenting stories: their past self (participants as children) and their present self (participants as adults). My participants are adults, and, in some cases, they are parents themselves, but nevertheless they are also still children, i.e. they are at both ends of the parent-child relationship. Moreover, simply because they are now adults, it does not mean that they are not still involved in a relationship with their parents, whether it is in a day-to-day reality or a fictional conversation in their heads. In other words, they both have their adult perspective on their parents and their child’s experience of that relationship.

Participants often manifested a desire to question some of the knowledge and assumptions around fatness that was passed down from their parents, who are often fat themselves. This is particularly evident in Georgia’s story:

She [participant’s mother] was like “you can’t wear that because it doesn’t suit your body type. You can’t wear that, it doesn’t... People your weight can’t wear that. People like us can’t wear that. Fat people don’t wear this, fat people don’t wear that...” And I kind of internalised all those rules. So I kinda had to break them all down. Going, “fat people can wear a pair of skin-tight pencil skirt. Fat people can wear leather. Fat people can wear crop tops. Fat people can wear stuff that can show the fact that they are fat. You don’t have to hide... Nobody is gonna, if you’re wearing a drapey top, nobody is going to go, oh she’s not fat anymore”. [Georgia]

When silencing the parents’ voice in one’s head is not possible, participants opted for interrupting all contact with their family member. When I asked Leor about his parents’ stance on body positivity and fatness, he said:

I had lots of negativity from my family in my youth and then I cut most of them out of my life. And then I sort of fell into this crowd [he refers to the body positive group he is part of]. I think one of my friends invited me to one of these events and I enjoyed it. And I just kept coming back.

You mentioned your family. Can I ask you if you cut them out because of this?

That was one of many many many reasons. They are not really nice people. [...] Regarding the body positivity, they were just very very negative about my weight. Even though they are all similar! I'm the biggest one out of them but they are all still pretty fat. But yeh, they wanted me to lose weight constantly. It wasn't any positive reinforcement about losing weight or getting healthier, it was always negative reinforcement. Always calling me very negative names [Leor].

When Leor was 15, he cut his mother out of his life and when he was 23, he left the house and interrupted all contact with his father too. As previously mentioned, over half of my participants reported that they were estranged from one or more close family members (mother, father or siblings) and in particular, six of them have cut out one or both of their parents from their lives entirely. I did not purposely investigate the reason behind this decision, as it was beyond the scope of my research. However, at times being fat and body positive was mentioned as an ulterior motive of conflict within these already troublesome family relationships. The data presented in this section suggest that parenting stories are conflictual and are based on a blurred chronological line, but also, that being fat and body positive represents a cause of conflict between participants and their parents, mothers in particular. This suggests that there might be something specific about fatness and body positivity that further complicates these family relationships.

## The influence of health discourses in parenting narratives

One aspect that all parenting narratives have in common is that they focus on “healthy” behaviours when discussing “good” parental strategies. As I did not purposefully want to investigate the parenting style of fat body positive individuals, I did not specifically recruit participants who were parents. However, as already explained, six respondents had children and this has allowed me to study the approach they took to raising their children. At the time of the interview, the age range of participants’ children varied from 3 to 24 years old. Only in one case was the child fat, but even the participants who did not have fat children reported having a fear of them becoming fat. In fact, all participants with children discussed their eating habits in the family. This is not surprising, as being a fat parent, and being a fat parent to a fat child or a child who might become fat in the future is a complicated matter, impregnated with moral judgement: “The expectations that individuals will take responsibility for their own health, with respect to children, is handed over to parents. If children show signs of being overweight then parents are blamed and assumptions are made about the quality of their parenting” (Gard and Wright, 2005: 184). As Gard and Wright (2005) argue, children can be divided into two groups: those who are already fat, and those who have the potential to become fat. Either way parents ought to be vigilant about their children’s weight. Fatphobia and the fear of raising a fat child affect every parent, regardless of the child or the parent’s size (Lupton, 2013).

The parental stories I was presented with often included diet talks. In the stories involving their upbringing, diets are perceived as inevitable, a “thing of life” in the life of fat individuals: “So we were all fat people in my family. But all the fat people dieted, everyone dieted. That’s what you do, you diet and then...” [Nancy]. In particular, while they were discussing their families, participants highlighted how it was always one of their family members who encouraged them to lose weight and start a diet:

The conversation usually went, my mum was, “Georgia do you want to go to Slimming World? Georgia do you want to do Weight Watchers? Georgia have you eaten this? Should we do, should we start dieting together, should we start doing this together?” It was always coming from her. It was never coming from me. I never went “I want to

do this". It was always, even when I moved out, the voice in my head that was saying, "gosh you're getting fat!" was always her voice, it was never mine because it always came from her. It never came from anywhere else. [Georgia]

Lawler (2000) describes how in her research on the mother-daughter relationship, participants dismissed the physical work they did in raising their children and put an emphasis on emotional needs, as if the key to "good motherhood" entirely relies on taking care of the psychological and emotional demands of a child. On the contrary, in my participants' stories, emotional needs go alongside physical ones. The conversation around eating habits and being in charge of meal preparation was discussed at length by all the mothers I interviewed. DeVault (1994) and Gregory (1999) both emphasise the role that feeding a family might have for women:

Many home managers, when talking about changing diet, whilst frequently expressing their views in practical terms, demonstrated a strong sense of responsibility for the health and well-being of the family. This was particularly the case where the female home-manager was totally responsible for food and meals. (Gregory, 1999: 69).

Participants expressed concerns of their children becoming fat and this fear reflects on the stories they narrate. When I asked Nina if she was afraid that her child would become fat, she said "Yeh, I think I'm always worrying that he could be. That is a possibility from our side". Later, she revealed that as a child her needs were not met and when she became a mother, she made sure that her son was having "healthy" eating habits:

I think for me as a child my needs weren't met a lot of the time so I think we've tried to meet his needs as best as we can and his dad is quite slim himself so we sort of like to make sure he exercises but we don't put too much of an emphasis on it. It's not a huge issue in our house. We probably go swimming once a week, we probably come in town for a good walk once a week. We sort of encourage him to eat healthy food but give him the treats that he wants when he wants it. So it's more of a balanced thing. We're not constantly telling him off or constantly watch what he eats. [Nina]

Nina's extract is a good example of the anxieties surrounding parents' – and particularly fat parents' – expectations of raising a "healthy" child. Like the rest of my participants, Nina identifies as "fat" and "body positive". I recruited her through the Facebook page of a fat positive collective. One of the rules of this organization is that diet talks are banned both from their online platforms and in their in-person events. As such, Nina had a degree of awareness of the rhetoric concerning diet talks and the portraying of "obesity" in public discourse (see also, Lupton, 2013; LeBesco, 2010; Quirke, 2016; Gard and Wright, 2005). Nevertheless, her parenting stories suggest a compliance with the current narrative of what being a "good fat parent" entails. Nina tries to downplay the emphasis she puts as a mother into the promotion of "healthy eating" and exercise: she does so by using the plural form, i.e. "we" instead of "I" as if she wants to emphasise the fact that this is a decision that she shares with her non-fat partner and father of the child; she also repeats that "it's a balanced thing". Conscious of the hazards involved in raising a "healthy" child, Nina was able to adjust her parenting stories in order to include balance in her narration. Her story aligns with literature produced on risk avoidance and positive health behaviours as practices of illness avoidance (Crawford, 2004; Hughner and Kleine, 2004). This explains why in her story Nina emphasises the fact that the parental strategies that she puts in place in order to raise a "healthy" child are a "balanced thing": "When one is healthy, there is a sense of harmony and balance. When there is a balance one has a sense of peace" (Jensen and Allen, 1994: 354). In the context of our interview, Nina was aware of my beliefs around body positivity both because I recruited in a fat positive Facebook group that we both were part of and because we discussed at the start of the interview that fatness and body positivity were the purpose of my study. To put it simply, we both knew that body positivity encourages a different approach to food and eating than the one she was describing and therefore she might have adjusted her story in order for her self-narrative to be coherent: "Because one's narrative constructions can be maintained only so long as others play supporting roles in their constructions, the moment any participant chooses to renege, he or she threatens the array of interdependent constructions" (Gergen and Gergen, 1988: 39).

It is important to remember in this context that Nina's child was not fat. None of the participants' children – except one – were fat. Nevertheless, there is no significant difference between the stories of the participants with a fat child compared to the ones of parents of

“non-fat” children. Every parent – regardless of her own or the child’s size – is confronted with the threat of “childhood obesity”. As this discourse pervades most aspects of a child’s life (from food consumption to leisure activities), the notion of “good parenting” – and in particular, “good mothering” – becomes intertwined with health discourses: a “healthy” baby equals a “good” mother and vice versa. Since the early 19th century, experts started advising parents to put a great deal of emphasis on how they cared for their children. As mortality rates among children decreased and a child’s survival was not at stake anymore, childbearing was invested with the arduous task of having to take care of the child’s emotional potential (Quirke, 2016). But it was only from the second half of the 20th century that “child obesity” and more generally a child’s weight started being conceptualised as a problem. In fact, the belief that children were eventually going to outgrow their “baby fat” was still popular until the 1940s (LeBesco, 2010; Quirke, 2016). This way of approaching a child’s weight was ousted by the 1970s by the issue of “child obesity”, which later blew up into “epidemic” proportions between the late 1980s and early 2000s (Gard and Wright, 2005; Quirke, 2016).

Throughout the 20th century, parents (mothers) were deemed responsible for their children’s nutritional needs. However, if up until the first half of the 20th century children are portrayed as “out of control” and cast as responsible for their own weight, by the second half of the century they became entirely passive entities and the responsibility for their weight was put on their parents (Quirke, 2016):

Bad parenting (usually read as bad mothering) is blamed for making our children fatter. Women who work outside the home (and thus are less available to cook nutritious, balanced meals) and those who use the television as a babysitter, thus encouraging a sedentary lifestyle in their offsprings, are framed as the scourges of civilisation (LeBesco, 2010: 73-74).

Lupton (2013) illustrates how mothers’ responsibility for their children’s weight begins as early as pregnancy and it then persists throughout the child’s life. Mothers are responsible for the child’s weight and if they “fail” to comply with these (moral) prescriptions, then they are deemed irresponsible. The health discourses on parenting are articulated around a series of binary oppositions: healthy/unhealthy, disciplined/undisciplined, moral/immoral (Fullagar,

2009). Therefore, “good motherhood” “demands constant surveillance of oneself (as a role model) and one's children to ward off the threat of obesity, and requires women to simultaneously supply and deny food to their children” (Lupton, 2013: 45).

The diktats of how to avoid “child obesity” have remained almost untouched in the last forty years: parents need to encourage children to eat “healthy” food, exercise, refrain from eating “junk food” and be less sedentary (Quirke, 2016; Herndon, 2010). This unquestionable and unquestioned advice is the result of a heavily impregnated moral battlefield. In this witty passage, LeBesco (2010) argues that the state did not need to enforce “health” through coercion as

our capitalist culture industries make it rather unappealing to be fat, so much so that most fat people internalize this stigma and admit to a sincere desire to be thinner [...] We need a more compelling argument. And voila, exhorting them to change because ‘fat is just so unhealthy!’ puts us on safe moral ground. We are not being mean – we are helping, striving for a better society of well and vigorous individuals by giving people information about their health risks and possibilities for prevention and treatment. We are giving them choices about how to proceed! We are looking out for our brothers and sisters! (LeBesco, 2010: 160-161).

The policing of fatness masked as “health concern” pervades the narratives of “good parenting”. The measures that have been put in place to prevent “childhood obesity” – from Michelle Obama’s campaign *Let’s move!* to the 2018’s sugar tax in the UK – are just an example of a much longer list of legislation put in place to regulate several aspects of mothering practices (Skeggs, 2002; Rose, 1989). The family has become a site of government intervention for what concerns the promotion of health, and specifically in our case, the condemnation of “obesity” (Lupton, 2013; Fullagar, 2009; Rich and Evans, 2005).

Rose – among others – exhorts us to be wary of the seemingly neutral language used to depict notions of “normality” as “criteria of normality are elaborated by experts on the basis of their claims to a scientific knowledge of childhood and its vicissitudes” (1989: 131) and therefore what is depicted as “natural” is “not an observation but a valuation” (1989: 131). Despite

matter-of-fact language being used to describe health matters, campaigns such as those of Cancer Research UK highlight the heavy moral judgement behind these initiatives: “Does obesity cause cancer? Yes, overweight and obesity is the second biggest preventable cause of cancer in the UK” (Cancer Research UK, 2019). The following chapter (Chapter seven) will entirely focus on health, but given the role that this topic plays in parenting stories it is important to mention in this context that not only are weight-focused campaigns ineffective (Simpson et al. 2017) and lacking of core empirical evidence – weight is influenced by a variety of factors and only a minority depends on individuals behaviour (Government Office for Science Foresight Report, 2017) – more importantly, these types of campaigns reinforce the idea that weight gain is the result of a lack of willpower and ultimately, that “obesity” is a life choice. If “obesity” is a choice and can be prevented, then parents are to be blamed responsible for their children’s weight and ultimately for their life expectancy. TV programmes such as *Honey, We’re Killing the Kids!* directly draw a connection between a child’s weight and its future health and appearance (often portrayed as grotesque). In a not-so-subtle way, they hint at the fact that the parents’ inability to control the child’s weight could resort in extreme health consequences, including death (Fullagar, 2009).

The promotion of health and specifically the theme of “looking after one’s self” has led to an increased interest in risk discourses (Petersen, 1996). This emphasis on self-management can easily be found in parenting stories, as risk discourses applied to parenting have the specific intent of creating guilt in parents but also, at large, they aim to create a “healthy citizen” and a “responsible eater” “who is productive, entrepreneurial and works hard on the self-project of health” (Fullagar, 2009: 112). The notion of the body as a project on which individuals need to constantly work has been defined by Shilling not as a full-time preoccupation, but as an activity that “involves a practical recognition of the significance of bodies; both as personal resources and as social symbols which give off messages about a person's self-identity” (Shilling, 1993: 5). In this context, health is not something that individuals have or do not have, but rather it becomes a morally impregnated battlefield where individuals are striving to achieve – or better, earn – the badge of a “healthy citizen”.

Sociostructural factors – i.e. factors outside the mother’s control, including socioeconomic status, food availability, geographical limitations such as neighbourhood walkability and

quality of infrastructure – play an important role in determining “obesity” rates and yet they are largely ignored in depicting a mother’s list of responsibilities (Lee et al., 2019; Skeggs, 2002; Quirke, 2016). We will have a fuller discussion on the construction of fatness as a health matter in the next chapter, but in the context of parenting is important to mention how the health imperatives on raising a “healthy” child are entirely put on a parent’s capacity to enforce “healthy behaviours”. Not only mothers are responsible for the food their children eat and for their leisure activities, they need to be a role model: “Driving your child to the tobogganing hill is not enough; good parents must exercise *with* children and make better food choices as a family” (Quirke, 2016: 146). This aspect is particularly significant in the case of my participants, as they emphasise how they engage in “healthy” leisure activities with their children. In light of this, we see the extent of the responsibility that is put on fat body positive parents: not only do they need to act as role models, but they are also responsible for their children’s health. For example, in his interview Leor wanted to clarify that despite one of his children being fat, it was not due to him overfeeding him. In his story he puts great emphasis on the fact that his child’s weight was not related to “unhealthy” eating habits and therefore it was not “his fault”:

Because my oldest son, he’s pretty chubby as well. It’s not... We don’t overfeed him or anything. Cause my younger one, he’s skinny as. He’s really skinny and they’re eating the same thing. So there’s gotta be a genetic component to it cause he’s not getting extra food from me or the mum or anyone! [Leor]

Although my participants are supposedly subverting the norms concerning the perception of fatness (one of the key slogans of the body positive movement is “all bodies are good bodies as they are”), the parenting stories we are presented with in the interviews are impregnated with moral judgement. The fat body positive parents I interviewed had to balance two conflicting forces: on the one hand they are fat and body positive advocates and as such they are supposed to be dismantling diet-culture, but on the other they are parents and as such they are aware of the burden that has been placed upon them about their children’s weight and health. If they were not aware of the discourses around what “good parenting” entails, they would have not put such emphasis on justifying their beliefs and downplay their decision around “healthy” eating and exercise.

## Practices of caring

According to the health discourses that dominate the debate around “obesity”, my participants are on the verge of being “bad parents” because they are failing not only to manage their own weight, but also because they need to demonstrate that they are constantly complying with the norms of what “good parenting” looks like, i.e. controlling children’s weight, providing their family with “healthy” meals, and promoting physical exercise. To balance out the seemingly inability of managing their own weight, and therefore to prove that they are “good parents”, fat body positive individuals articulate their parenting narratives around the notion that they are “caring parents”. Because they are failing to “control” their “unruly bodies” and to follow society’s expectations around “healthy” living, they put emphasis on their “inner self” in order to be perceived as morally responsible and respectable. The moral responsibility of being a fat parent creates a productive power whereby fat parents need to be seen as caring (taking care of their children's needs) in order to be accepted and valued as morally competent parents. To be a caring person “involves having to display responsibility by taking on personality traits such as unselfishness” (Skeggs, 2002: 56). Only in so far as they are caring, they are respectable.

There is no significant difference between the parenting stories told by participants with children compared to those told by participants that are childless and still in the proximity of their teenage years. Kate – 20 years old – was the first person I interviewed. Repeatedly, during our conversation they kept asserting that they were “motherly”: “I do pride myself on my ability to comfort people, get people to trust me. And as I said, I can be a bit of a mother”. What I initially thought was a singular characteristic of one participant turned out to be a recurring theme during the interviews. I was able to identify three types of parenting stories: stories about complimenting strangers on their appearance; having motherly attitudes toward one or more of their family members; and finally, stories in which participants were motherly towards strangers. I am using the word “motherly” in this context because women and non-binary participants themselves used this gendered term to describe their attitudes and behaviours. The men in the study did not use the word “motherly” to describe their

behaviours and further research is needed in order to study the fat body positive men's approaches to fatherhood. However, in terms of caring practices, the findings of my study remained consistent regardless of the gender of the participants, i.e. equally men, women and non-binary individuals narrated stories in which it was important to them to come across as a caring figures.

Complimenting strangers can be assimilated within the *leitmotiv* of body positivity as the key idea of the body positive movement is to share positivity towards one's body. When I asked the participants what it meant for them to be body positive, the answers often included not bringing people down about their bodies ("I just try not to get down on other women for the way they look" [Anna]) and on the contrary, helping to spread the body positive message ("I prefer to speak to people like one on one and understand what they think of their body and what makes them feel like that and then kinda trying to work with them so that they know how amazing they really are" [Kate]): "I am quite a mum and I would go to people, god you look amazing" [Kate].

Some young participants expressed a tendency of being motherly toward their family members: "I very much had to become a mother with my family because they're all quite immature" [Kate]. Some narrations even involved "successful" parental stories. For example, Nancy used to show her girlfriend's sister body positive videos in order to let the girl develop a positive attitude towards her body. In the following extract, Nancy emphasises how the "work" she did with her girlfriend's sister was successful as the child was able to internalise the body positive message. As a result, Nancy affectionately refers to the girl as "my child". This shows how the successful parental strategies that she put in place made her a "good", proud parent:

A's younger sister is 13 and before we went off to uni we knew that we would be leaving her in this really diet positive culture so we used to do body positivity lessons with her, show her YouTube videos about fat positivity, and show her Sofie Hagen and things. And there is this thing where A and N went swimming together and A was "I don't wanna go, I don't wanna do it cause, you know, I'm too nervous I don't want to

wear a swimming costume” and N who at the time was 11 goes “A, all bodies are good bodies!” and it was just like aww, my child! I love her! [Nancy].

Even participants who have children of their own manifested at times the tendency of extending their maternal role beyond kin relationship. Ellie’s extract is a good example of being motherly towards strangers. She used to work in a Job Centre and as such part of her job consisted in evaluating benefits claims. In the following passage she narrates the story of how she “took care” of one of her claimants:

I had somebody in front of me and I said “oh I’ve noticed you’ve got several health conditions”. She was quite an older lady, she was like 59, 60. She said “yeh”. I said, “you look quite stressed as well”. She said “yeh I know. It’s only been a few weeks...” and I thought [no sounds but acts as if she is thinking], “what’s happened?” “Well, my husband died 9 weeks ago”. Which was why she claimed benefits. She never claimed benefits before. “We’ve been married for 45 years”. And the person that had seen her before me the week before, hadn’t said in the notes her husband is dead. It said she needs a fit note, she needs this, she needs that... And I said “do you know what? Forget the sick note. It’s an automatic switch off for 6 months. You don’t need to look for work for 6 months if you’ve had a close family member die”. “So I will get my benefits?” [imitating woman’s voice in disbelief]. “Of course you will [reassuring and firm voice]. You’re my customer now. Don’t worry about it”. [...] She was just like a shell and I went “I’m not gonna ask you to look for work. What I’m gonna ask you to do is to take care of yourself and think about what you wanna do when you retire cause you’ve got a long way yet”. [Ellie]

Ellie’s, Nancy’s and Kate’s extracts show how all participants – regardless of the fact that they had or did not have children – narrated stories in which they manifested “parental traits” and ultimately, came across as “caring”. As this section focuses on “caring” practices, it is important to have a brief discussion on what I mean by “care” and “caring”. The literature on care is broad, but overall it is possible to identify two main strands: the one that comes from a philosophical tradition and discusses the notion of “care” from a purely theoretical perspective (Mayeroff, 1971) and the one that focuses on the pragmatic aspects of caring and

addresses the best arrangements in relation to unpaid and paid care work (Hollway, 2005). Predictably, the theme of care work and the ethics of care has been discussed at length within feminist literature, both within the philosophical strand and within the social policy and social work literature. My interest in care is linked to a feminist tradition that makes an important distinction between caring *about* and caring *for* (e.g., Skeggs, 2002; Tronto and Fisher, 1990; Hollway, 2005).

The work of Skeggs on working class women and how they construct themselves as “caring” is particularly useful in the discussion on the parenting narratives of fat body positive individuals. Skeggs (2002) links her understanding of being a caring agent to Foucault (1987)’s notion of caring for the self. These two divergent positions hold that for Foucault “the care for self takes moral precedence in the measure that the relationship to self takes ontological precedence” (1987: 117) while for Skeggs “it is the others who take moral precedence, even if the self is constructed through them” (2002: 64). The moral problem we are discussing refers to “the practice of liberty” (Foucault, 1987: 115). To put it simply, for Foucault, in order to be able to practice freedom individuals need to give priority to the care for self. He references the Greek aphorism *gnothi seauton* to explain how in ancient times the profession of liberty was necessary linked to the act of caring for one’s self both in the sense of knowing one’s self (the literal meaning of *gnothi seauton*) but also, at large, caring for one’s self was a necessary step in order to be considered a good citizen of the *polis*. For Foucault, the *ethos* implicit in being a good citizen always necessarily links the care for self to the community, as “the care for self implies also a relationship to the other to the extent that, in order to really care for self, one must listen to the teachings of a master” (1987: 117).

The ontological precedence of the care for self outlined by Foucault is for Skeggs the result of a “bourgeois individualistic practice” (2002: 64). In other words, Skeggs accuses Foucault of not taking into consideration the experiences of all those individuals that are entangled in a constant practice of caring in order to be seen as worthy: “The women of this study have to continually prove themselves as respectable through their caring performances for others” (Skeggs, 2002: 64). Skeggs gives moral precedence to the caring for others to explain her participants’ selfless attitude and she claims that Foucault – from his bourgeois privileged position – does not acknowledge the struggle that women – working class women, in her

study – need to overcome to be seen as worthy of respect: “The caring self is produced through care for others. It is generated through both self production and self denial. The selflessness required to be a caring self is a gendered disposition” (2002: 64).

Much like the women in Skeggs’ study, my participants are constantly narrating stories that portray them as caring. In the parts of the interview where they tried to come across as caring, their stories were enthusiastic, almost frantic. Their speech speeded up, their sentences became less coherent and more fragmented and overall they conveyed the impression that they were trying to convince me of something, namely that they were indeed caring figures. There is a sense of urgency and desperation in these narratives: they need to constantly prove that they are respectable through their caring performances for others.

I do pride myself on my ability to comfort people, get people to trust me. And as I said, I can be a bit of a mother. Things like, I’m head of a team at the radio station, so I mother people there. And that’s kinda encouraged me to be able to care about people but also encourage them cause I just ... I’ve always kinda loved people [?] it’s been very... I want to care about, you know? I want to help you and then kinda being able to physically go to people and going “you’re amazing” [Kate].

Regardless of the urgency of these stories, Skeggs’ criticism of Foucault does not seem entirely accurate. The selflessness that Skeggs attributes to the act of caring for others is just another side of caring for self. In accordance with Foucault’s view, my participants care for their selves *through* the caring for others. For Foucault, Christianity is when caring for self starts acquiring negative connotations and the moral precedence is given to caring for others. Similarly, in my participants’ case, their caring attitude might be interpreted as having a salvific role: being a caring person and a caring parent might be an attempt to avoid societal disapproval and ultimately, it might be what saves participants from being judged as irresponsible parents. To understand that caring for others is just another aspect of caring for self is important to realise that it is not that my participants are caring, rather they have given a specific meaning to the act of caring as a pivotal step in the creation of their identity:

We *talk* in this way about ourselves because we are entrapped within what can be thought of as a “text”, a culturally developed textural resource - the text of “possessive individualism” - to which we seemingly must (morally) turn, when faced with the task of describing the nature of our experiences of our relations to each other and to ourselves (Shotter, 1989: 136).

Rose (1998) argues that psy disciplines have created different types of agents: “characters” in the 19th century; “personalities” in the 20th century; and “free agents” in the late 20th century. In this sense, for my participants being seen as caring is not simply part of their character or their personality, but they reclaim their being caring as a free choice. Therefore, when my participants articulate their narrative in order to be perceived as caring selves, they are revealing their longing for being attributed such a characteristic: “to declare ‘I *am* that name’ [...] is no outward representation of an inward and spiritual state but a response to that history of identification and its ambiguous gifts and legacies” (Rose, 1998: 39). Their desire to be perceived as caring beings and caring parents reveals the history of the ideologies around “good parenting” and it shows how my participants align with such discourses.

Despite Skeggs’ criticism of Foucault, her account of caring is useful to understand my participants’ constant desire to be perceived as caring parents. Skeggs distinguishes between caring *about* others and caring *for* others, where the first type of caring refers to an emotional connection between the carer and the cared for and the care *for* others implies some actual practices of care such as cleaning and cooking (Skeggs, 2002). Ellie’s extract provides a good example of both:

So when my mother died, I was sad and I cried but that was it. What... [she gets emotional] I said to my ex “oh god it was 10 years ago that my mother died and I’m really sad” [surprise in her voice] and he said “how are you feeling?” And I said “fine” and burst into tears. And he said, “what’s going on?” And I said, “I’ll never have a mother”. While she was alive, there was always that hope that I’d be mothered and I would have a mummy look after me. I’ll never have that. And my daughter is 18 and she got home pissed drunk last night, I ‘phoned her this morning and she said “I found pizza sitting on top of my speaker”. “Oh dear god did the cat eat it?” “No, the box is

open but I kicked them all out of my bedroom". "Thank god for that". But she texted me at 6 in the morning saying "hello mommy I love you". And that's, you know, she's always gonna be babied. So is he. Always babied no matter.... I said, "you know you're gonna be my baby till you're 90 and you drop dead?" He said "yeh, I know" [flat tone]. But they love that [giggles]. [Ellie]

Ellie's mother is described in several parts of the interview as a strict woman incapable of giving affection or understanding. When Ellie says that she will never have a mother, what she means is that she will never have a *caring* mother. The very existence of motherhood for Ellie relies on caring. When a mother is portrayed as *careless*, it ceases to be a mother at all! The desperation that surfaces from Ellie's extract can be directly linked to what Rose (1989) calls "familiarization of society": without coercion or direct intervention by political authorities, individuals have started to evaluate their lives and their parental strategies in order to determine whether they are raising "normal" children. Motherly love – and its application, i.e. caring practices – ceases to be perceived just as a moral duty or romantic ideal and becomes the key element upon which the notion of a "normal" child is constructed: "The mundane tasks of mothering came to be rewritten as emanations of a natural and essential state of love" (Rose 1989: 157). Rose only mentions parents but I think this process can extend to those children - now adults - who are re-evaluating their past parental stories and are now trying to make sense of their own parental approaches. In this passage Ellie is not mourning her mother's death but rather her mother's "moral failure" as a parent. At the same time, she is also emphatic about how – unlike her mother – she is fully compliant with the norms around "good motherhood" because she is a loving mother.

Ellie manifests her caring *about* her children through expressions such as "she's always gonna be babied. So is he. Always babied no matter..." Her caring *for* others, and specifically the care she has for her children is expressed through the narration of how she made sure that her daughter had some food once she woke up after a night out. This double connotation of caring allows Skeggs (2002) to define the "caring self" "both a performance and a technique used to generate valuations of responsibility and respectability. Doing caring, that is their caring practices, are fundamental to their concept of self" (Skeggs, 2002: 69).

Caring *for* others is something that remains constant throughout the participants, regardless of their gender. John, for example, told me the story of how he used to organise body positive pool parties, i.e. events where fat people would feel at ease to enjoy being at the pool without fear of being judged or discriminated against. He also told me that he used to actively encourage – “coach”, to use his own word – other men to attend fat body positive events, particularly those men who felt self-conscious and hesitant about attending body positive events. When I asked him to explain the reasons behind his actions, he said:

A lot of it was how I was raised as a person. My mum... You know, you help other people. That’s what I mean. There are people in this world that don’t care and there are people in this world that do care. I once almost wanted to look into becoming a paramedic or something but then I realised I couldn’t do it [giggles] the blood and all that nonsense. [...] I think there are people... I don’t wanna say they need help. I don’t mean it in “ew they need help”, but I mean that guidance and encouragement. [John]

This extract is interesting for two reasons. First, John’s story aligns with the female and non-binary participants in this study in the sense that he feels compelled to care for and support others. This suggests that caring practices might be displayed in the narrative of fat body positive individuals regardless of their gender. Second, John directly attributes his caring nature to his mother and the way in which she raised him, drawing once again a connection between motherhood and caring practices (“My mum loved everything and everyone. My mum was the most positive... My mum was happy about everything!”) This creates a paradoxical situation where the need to come across as a caring figure applies to all participants regardless of their gender, and yet it is in motherhood and mothering practices that most participants identify as the origin of caring.

Like John, Georgia too directly correlates her being a caring person to her mother. During our interview, she emphasised the fact that she was a protective person:

I’m a really protective person. If some, if I like somebody I will protect them till the end of the earth... Even if I don’t like somebody. Even if it’s somebody that I hate... I’ve got an ex girlfriend who was terrible. She was manipulative. She was dreadful. But

if she would call me tomorrow and say I'm in a bad situation, I would still go [soft giggles] I will pick her up and sort it all out. I would probably buy her whatever she needs to get somewhere else and be like "I hate you" and leave. Cause I just can't deal with people in... If somebody bullies me, fine. I can handle it. If somebody says something to a friend of mine that upsets them, oh my god I'm like...

When I asked her the reasons behind her behaviours, she said:

I just think... my mum is like that. My mum is very protective. Her mum, my grandma, doesn't show any emotion, so my mum always demonstrated fear and love to us cause she didn't want us to feel like she was unloved like she felt like she was unloved as a kid. And I think I demonstrate love in the non, not very verbal cause my mum is not very verbal, but she's very demonstrative. So to me, being protective, making big gestures, fiercely fighting somebody's corner is my way of showing love. And I have a lot of love for everybody, if they give me a chance [smiles]. [Georgia]

As previously discussed in this chapter, Georgia has a conflicting relationship with her mother, which causes constant tension between the two. However, much like John, she draws a link between her caring attitude and her mother's parenting style. This suggests that even though at times participants have tense relationships with their parents – and their mothers, in particular – they justify their caring attitudes and behaviours by linking them to the selfless acts of caring that motherhood requires (Hays, 1996).

Caring is therefore at one time a performance and a technique. It is a performance because body positive individuals need to keep presenting themselves as caring (through examples of doing caring deeds as in Ellie's story and through the repetitions of sentences reaffirming their caring nature) in order to be perceived as responsible parents. But caring is also a technique because it transforms participants' behaviours around practices of parenting, as in the emphasis Nina puts on "healthy" family activities. This is what Rose defines as "technologies of subjectification": "the machinations, the being-assembled-together with particular intellectual and practical instruments, components, entities, and devices that produce certain ways of being-human, territorialize, stratify, fix, organize, and render durable particular

relations that humans may truthfully establish with themselves (Rose, 1998: 186). Caring is a technique because it makes individuals self-regulate and transform their behaviours in order to “attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault, 1988: 16) which is, in the case of the narratives of fat body positive individuals on parenting, being a “good parent”.

## Conclusion

In this chapter I discussed how the narratives of fat body positive individuals are articulated around the trope “bad parent/good parent”. Unlike other parts of the interviews, in their parenting stories participants made no clear-cut divide between past self and present self’s stories. On the contrary, I highlighted how in the parenting stories participants were unable to maintain a coherent chronological line and often switched between past and present tenses. The narrative tension in my participants’ parental stories is articulated around the notion of an authoritative self, i.e. the capacity to develop an original parental voice that is able to contrast with their own parents’ voices. Therefore, although the plot twist is difficult to identify and there is no coherent chronological line in their stories, emplotment is based around the idea of developing an authentic parental voice and participants narrate stories of how they have achieved this voice by expressing with intensity how much of a better parent they are compared to their parents.

In the second section, I illustrated how diet talks and “healthy behaviours” are recurring themes in the parenting narratives of fat body positive individuals. Ideologies surrounding health and what being a “good” parent entails surface in my participants’ accounts as I unveiled the contradictions implicit in being both body positive and a fat parent. In order to explain the urgency that participants put in their stories about adopting “healthy” behaviours in raising their children, in the final section of this chapter I draw a link between respectability and being a “good” parent. As my participants are on the verge of being considered “bad” parents because they fail to control their “unruly bodies”, they narrate parental stories in which there is a great deal of emphasis put on the fact that they are caring parents. This

tendency extends the parent-child relationship as it applies to strangers and other family members as well. Caring - in the forms of caring *about* and caring *for* others - is both a practice and a technique as individuals actively change their behaviours and self-regulate in order to generate a positive evaluation of respectability. It is in this sense that caring might be interpreted as having a salvific role in the narratives of fat body positive individuals. Only by being caring parents - whether it might be to themselves, their children, other family members or even strangers - they can be perceived as “good” parents and therefore selves worthy of respect.

# Chapter seven: Health and “healthy” eating: navigating health matters in a fatphobic society

## Introduction

This chapter focuses on the stories that fat body positive individuals articulated in relation to health and eating habits. Much like the other chapters in this thesis, this chapter explores the changes that happened in the participants’ lives since becoming body positive. They reported having developed better mental and physical health as well as “healthier” eating habits. Their renewed “positivity” about their fat embodiment and desire to challenge some common assumptions about fatness – including that which links fatness to inevitable ill-health – led to some conflictual relationships with family members and medical professionals, who are portrayed in their stories as unresponsive and at times completely hostile to their body positive approach to health matters. These conversations are a source of contention because in wider society, dieting and keeping “healthy” are constructed to be a moral imperative rather than just a personal choice (Richardson, 2010; Saguy, 2013). However, despite their desire to question anti-fat biases, participants are still situated in a fatphobic society which influences their ways of understanding fatness. This means that even though they express a desire to dismantle fatphobic assumptions, at times they too tap into common stereotypes in order to make sense of their own behaviours or other fat people’s behaviours.

The chapter is divided into three sections. In the first, I discuss how participants have changed their approach to and understanding of health since becoming body positive. They express a desire to question some of the common assumptions around fatness, including that fat people are necessarily unhealthy. They manifest strong anti-diet beliefs and assert that it is not possible to establish a person’s health status simply by looking at them. Not only did participants argue that they started developing better health since becoming body positive, they also reported having “healthier” eating habits. The topics of eating and health are in fact

interconnected in their stories, i.e. they often speak of “healthy” eating and health in general as if there was no distinction drawn between the two.

In the second section, I illustrate how this revised understanding of health causes friction with their family members. As already argued in the previous chapters, the family is the repository of a series of tensions in terms of fatness, eating habits and diet talk. In the context of health, participants struggled to have a dialogue with their family members about their changed approach to health and eating habits since joining the body positive movement. A similar ineffective communication can also be found in the participants' relationships with medical professionals. In fact, most participants expressed feelings of distrust towards their GPs and overall they felt that health providers were dismissive of their experiences.

The third section of this chapter highlights some contradictions that emerged during the interviews. For example, even though in general participants reported having developed a better and more relaxed approach to eating, they still at times struggled to eat in public. The very mundane task of consuming food in a public space becomes invested with moral significance. A second contradiction that arose during the interviews was that participants at times tapped into common stereotypes around fatness to explain the behaviour and determine the health status of other fat individuals. These contradictions reveal the deeply pervasive nature of fat stereotypes. This means that even though participants express a desire to question anti-fat biases they are situated in a fatphobic society and are influenced by such environment.

## A renewed understanding of health

The concept of “health” has an ephemeral nature and scholars within sociology of health and illness have long debated the difficulties of providing an adequate account of what “health” means. For example, there is no one encompassing definition of health and instead it is possible to distinguish between negative and positive understandings of health, i.e. whether health is merely the absence of diseases or rather if it involves “a state of complete physical,

mental and social well-being” (WHO, 2021). It is also possible to distinguish between functional and experiential definitions of health, which respectively take into account the ability that an individual has to function in society and their embodied experiences (Nettleton, 2006; McCartney et al., 2019). That is to say, health matters are extremely complex to theorise and investigate. The intent of this project was not to provide a definition of health. Instead, I wanted to study how fat body positive individuals’ perception of health has changed since becoming body positive. In other words, my intent was to study whether becoming body positive had had an impact on the ways in which participants understood their health status as well as their perceptions of “health” in general. In order to fully analyse the changes that happened in the participants’ lives in terms of understandings of health, it is important to briefly illustrate how fatness has been framed as a health issue.

In Chapter two, I discussed how historically, matters of fatness have been mainly conceptualised as issues concerning “obesity”. In fact, I would argue that despite the relentless work that both fat activists and fat scholars have carried out in the past few decades, fatness is still mainly framed in medical terms and is predominantly considered a “health issue”. As Stein and Hoffstein have argued, “problems of fat people are not seen as political problems, but as medical problems; and not as needing a political solution but as needing a medical solution” (Stein and Hoffstein, cited in Cooper, 2016: 24). Medicalisation refers to the process by which “nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders” (Conrad, 2007: 4). However, since the late 1990s, many medical sociologists have used the term “biomedicalisation” to describe how in the 21st century medicalisation practices not only exercise control over medical phenomena, they also transform them by using technoscientific means (Clarke and Shim, 2011). Adding the prefix “bio” to the concept of medicalisation emphasises how biomedical knowledge has not only framed the body in terms of risk and surveillance, but it has also transformed health into a commodity, and therefore “the biomedical (re)engineered body becomes a prized possession” (Clarke and Shim, 2011: 177). In this sense, the (bio)medicalisation of fatness is a relatively recent phenomenon that started to develop around the end of the 19th century and across a century transformed the fat body into a diseased body. Up until then, a fat body was a luxury that only few could afford, because you had to be both wealthy and healthy in order to keep on weight (Farrell, 2011). Medical professionals did not start weighing their

patients and therefore being concerned about “obesity” until far into the 20th century and in fact, up until then doctors encouraged their patients to gain weight rather than losing it as they were more concerned about the risks associated with consumption and malnutrition than with the risks of carrying “excessive” weight (Farrell, 2011). “Obesity” only started being conceptualised as an illness from the 1980s and it started being referred to as an “epidemic” in the late 1990s, i.e. when the World Health Organisation in 1997 referred to it as a “global epidemic” (WHO, 1997; James, 2008).

Attaching the word “obese” to an individual, irremediably describes that person within the medical frame. As Lupton puts it, it is like saying that a person has “the disease of ‘obesity’ and is therefore considered abnormal” (Lupton, 2013: 6). However, there is still a disagreement in terms of how “obesity” should be classified, i.e. whether it is a disease or a risk factor for disease (Heshka and Allison, 2001). The World Health Organisation defines obesity as an

abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. The issue has grown to epidemic proportions, with over 4 million people dying each year as a result of being overweight or obese in 2017 according to the global burden of disease (WHO, 2021).

In this definition, “obesity” can be calculated – diagnosed? – by using the body mass index (BMI), a “surrogate marker of adiposity calculated as weight (kg)/height<sup>2</sup> (m<sup>2</sup>)” (WHO, 2020). However, the use of BMI charts to diagnose the “disease of obesity” is contentious. Not only are BMI charts poor indicators of health, they are also inadequate indicators of fatness (Oliver, 2006; Raisborough, 2016; Guthman, 2013). For example, by solely focusing on weight, BMI not only fails to take into account all those bodies that might be “heavier” and yet “healthy”, as in the case of athletes and muscular people, but also bodies that are still growing, as in the case of children and adolescents (Rich and Evans, 2005). The use of BMI to determine a person’s health created the distinction between “normal” weight, “overweight”, “obese” and “morbidly obese”, a distinction that far exceeds the medical realm and overflows into the moral one (Gard and Write, 2005; Grønning et al., 2012). It is for this reason that fat

scholars and activists reject the term “overweight” as it suggests that there is an ideal weight to which people should aspire (Lupton, 2013). BMI is used not simply as a diagnostic tool, but as a “direct measure of health, assuming a linear relationship between weight and health” (Evans, 2006: 262). As such, “A BMI over 30 means *inevitable* ill-health – it means that body is diseased – and a BMI over 40 (*morbid* obesity) must presumably mean inevitable death” (Evans, 2006: 264, emphasis in original).

The construction of “obesity” as a matter of public health was influenced by a larger process of individualisation and responsabilisation that occurred within clinical medicine and public health discourse (Metzl and Kirkland, 2010; Lupton, 1995; 2013). The 1970s saw the creation of a number of public health reports – including the *Prevention and Health: Everybody’s Business* (Department of Health and Social Security, 1976) – which framed health in terms of health promotion. Lupton (1995) has argued that much of this new health promotion rhetoric focused on fostering “positive health”, i.e. it centred around preventing illnesses and diseases instead of curing them. In this sense, health promotion was not merely targeting ill and unhealthy individuals, but population at large. “At its most politically conservative, health promotion is presented as a means of directing individuals to take responsibility for their own health status, and in doing so, reducing the financial burden on health care services” (Lupton, 1995: 51). This shift in public health discourse connected to neoliberalism and the concept of a “healthy citizen” will be further discussed later in this chapter. However, in the context of this preliminary discussion, understanding how health has been framed as a matter of personal responsibility is useful in order to contextualise the rhetoric surrounding fatness. As Throsby (2009: 201) puts it, “the ‘war on obesity’ is morally and ideologically driven, with obesity figured as evidence of a moral failure of individual responsibility to care appropriately for the self, and by extension, to be a good citizen”. In light of the new public health discourse around health promotion and personal responsibility, fat individuals are considered to be “bad” citizens because they fail to engage in the self-project of health and ultimately, are not put in the work required in order to – supposedly – mitigate or avoid future consequences on their health (Fullagar, 2009).

The previous paragraphs provided a brief – and by no means exhaustive – discussion of how fatness has been historically constructed as a health issue. It was important to explain how

matters of fatness often have been framed as issues concerning “obesity” to understand the health stories that fat body positive individuals narrated during their interviews. In the following sections, I articulate the multiple ways in which their approach to health has changed since becoming body positive.

### Health and “healthy” eating

Health is understood by participants as a “journey”; a feeling (“I feel healthy” [Anna]; “I could just feel myself getting really unhealthy” [Leor]); a “balanced approach”; an “internal thing”; and a category that fluctuates over time (“I’m healthy sometimes” [Annie]; “nobody is 100% healthy” [Georgia]). All these definitions can be reconnected to a broader discussion in sociology of health and illness of what constitutes “good health”, i.e. whether health is understood as the lack of illness, as a capital asset or an equilibrium (Herzlich, 1973; Nettleton and Bunton, 1995; Crawford, 2006), in general, and how the medical discourse on obesity shapes our understanding of health when dealing with fat bodies, in particular (Guthman, 2013; Rainsborough, 2016).

Despite their nuances in defining health, participants shared an understanding of health that is inseparable from “healthy” eating. In other words, health and “healthy” eating are interconnected in their stories to the point that it is difficult to distinguish one from the other. When I asked if their understanding of health had changed since becoming body positive, most reported having developed a more relaxed approach to the food that they consume as long as it makes them *feel* “healthy”:

I don’t worry about what I am eating as long as I feel healthy. [Anna]

I used to be very, very unhealthy. With my food. Cause I used to snack a lot. I used to drink a lot of energy drinks and fizzy drinks constantly. And... I could just feel myself getting really unhealthy. So I stopped snacking as much. I still eat unhealthy food but it’s more the snacks that I cut out and the fizzy drinks. [Leor]

“Healthy” eating stories are constructed using the same pattern that we encountered in other stories, i.e. participants narrate a chasm between their present eating and health habits and their past relationship with food and understanding of health, in general. For example, Kate reported that during childhood and adolescence, they alternated periods of food restriction and bingeing episodes. However, since becoming body positive their relationship with food had improved:

I’ve got a lot more self care. I’m not kind of forcing myself not to eat anymore. I’m going “oh I can make a really nice meal”. And it could be healthy at the same time. And I can eat with my partner and it would be a nice experience. [Kate]

Similarly, Annie and Georgia became more relaxed about their food choices since becoming body positive:

Do you think there is any other aspect of your life that has changed since you became body positive?

My relationship with food. I like eating vegetables now a bit more [...] I view it as I’m able to eat what I want, basically. Whether that is healthy food, I don’t want to lose weight very quickly, it doesn’t necessarily mean I don’t want to lose weight. I don’t know. But like, I should be able to have chocolate if I want to have chocolate. Of course my body after a while would be “please stop eating”. [giggles]. Sometimes I just sit there with a bunch of food and I eat it and then my tummy would be like please no more of that, don’t do that again. And that’s alright. [Annie]

One thing I stopped doing is talking about food as a moral thing. Stop saying, “oh I was naughty, I ate a cupcake!” Like, no “I ate a cupcake. It’s fine” [assertive tone]. There is no moral judgement in somebody eating something. I hated people saying “oh I had a bad day, I ate so much!” And I’m like, “well that sounds like a good day to me!” [...] This is one of the things I was doing subconsciously, even if I was eating this stuff, I was like “this is naughty. This is a syn, this is wrong”. [Georgia]

The word “syn” in Georgia’s story refers to the term that Slimming World uses to describe the types of foods that are “least filling and are higher in calories, like biscuits, sweets and alcohol” (Slimming World, 2021). The organisation claims that the term “syn” refers to the “synergy” between “free foods”, “healthy extras” and “syn” required in the “healthy” eating plan that they call “Food optimising” (Slimming World, 2021). However, as Bacon noted, “syn” is an ambiguous word because it “evokes ancient theological meanings, establishing fat as disordered and as a site of danger and power” (2015: 92). Several of my participants had joined weight-loss groups before becoming body positive, including Slimming World and Weight Watchers. Their recollections of being part of these groups and attempting to follow their dietary plans are depicted as low stages in their lives when they had not yet started to question assumptions around fatness and health and ultimately when they did what they thought they were supposed to do, i.e. diet and try to lose weight:

The first time I dieted I was in year 2 [of school], so I would have been... 7 or 8. That was the first time I did, well we called it healthy eating but it was dieting. So I must have been 7 or 8, I guess. Young! Really young [giggles] [...] We were all fat people in my family. But all the fat people dieted, everyone dieted. That’s what you do, you diet and then... [Nancy]

[Talking about her mother] She’s always been quite big. She was on Weight Watchers all the time, and I was like oh okay it’s not that good to be fat. I think I went once at the age of 10 but I was too young obviously. [Annie]

The conversation usually went, my mum was “Georgia do you want to go to Slimming World? Georgia do you want to do Weight Watchers? Georgia, have you eaten this? Should we do, should we start dieting together, should we start doing this together?” It was always coming from her. It was never coming from me. I never went “I want to do this”. It was always, even when I moved out, the voice in my head that was saying, gosh you’re getting fat was always her voice. [Georgia]

The striking element that these stories have in common is the fact that participants started to diet at a very young age and that this decision was encouraged by their family members,

mostly their mothers. Before becoming body positive and changing their perspective on the relationship between fatness and health, participants were following society's expectation of dieting as an attempt to get "healthier". In fact, dieting is not simply a personal choice but an obligation (Throsby, 2009). However, after joining the movement, not only did they stop participating in these practices, but they actively started to challenge them.

### Dismantling fat stereotypes around health

All participants share a desire to question some common assumptions around fatness and its association with ill-health. As already discussed in chapters two and four, anti-fat stereotypes are based on the idea that fat people are unattractive, lazy, ugly, undisciplined, out of control and – most importantly in the context of this chapter – they are considered to be unhealthy (Pausè, 2012; Bacon and Aphramor, 2011). As Campos (2004; 2011) suggests, some of these assumptions concerning fatness imply that there is a strong correlation between weight and health risk:

The entire case against fat hinges not only on the inaccurate assumption that increasing body weight correlates well with ill health and early death, but also on three further assumptions: that heavier people will be healthier if they lose weight; that the health benefits of attempting to lose weight will outweigh the possible risks; and that some reasonably reliable method or methods exist to carry out this prescription. Naturally, such assumptions cannot be supported by epidemiological studies that fail to control for the risk factors that these assumptions implicate. Studies that do not control for factors such as dieting, diet drug use, fitness, activity levels, etc., cannot tell us whether whatever ill health they discover among larger people is due to "excess" weight, or to some combination of these and other factors. *And yet all of the studies that are most often cited by anti-fat warriors almost completely fail to control for such factors* (Campos, 2011: 26-27, emphasis in the original).

Campos (2011)'s position resonates with Oliver (2006)'s study on the origins of the so-called "obesity epidemic" in the US. He astutely notes that, "heavier people may have a higher

mortality rate, but this does not necessarily mean that it is their body fat that is killing them. Their weight may simply be capturing the effects of other unmeasured variables” (2006: 24). Despite the lack of evidence to establish a causal relationship, the way in which fatness has been problematised in our society is based on the truism that fatness equals ill-health and, in the case of “morbidly obese” individuals, *inevitable* death (Evans, 2006). It is a truism because some of these assumptions are so ingrained that they hardly ever get questioned.

Challenging assumptions around fatness – including its relationship to health – has been on the body positive agenda since the beginning of the movement, and even before then, it was one of the main focuses of the fat acceptance movements of the 1970s (Cooper, 2016; Rothblum and Solovay, 2009). In terms of health, body positive spaces tend to align to the Health at Every Size (HAES) framework (Watkins et al., 2018; Gibson, 2021). In chapter two, I have already discussed some of the implications of the HAES approach. However, in the context of this chapter, it is important to briefly remember what this paradigm stands for. The HAES framework is based around the concept of weight inclusivity and for this reason, HAES advocates encourage physical, emotional and spiritual health without focusing on weight loss (Watkins et al., 2018; Burgard, 2009). Without explicitly referring to the HAES approach, most of my participants manifested a series of beliefs that could easily align with this paradigm. Because my participants self-identify as body positive, they display an awareness of body positive’s general stance on health and for this reason, most of them express a desire to challenge common assumptions around fatness:

I see health more as an internal thing. Like more kinda having stamina, having the abilities to do certain things rather than the thinner you are the healthier you are. I think that’s a very common misconception...I think health can be so many different kind of things: healthy eating, healthy body, healthy mind... and I think it’s more kinda how well something processes rather than the size that someone [is]. [Kate]

[When] People see a big person, they think they eat terribly, they never exercise, they’re never physically fit, they are gonna die young and then they see this skinny person and think the complete opposite. They think, “oh they must have really good mental discipline and strong willpower and be really like fit physically and they are

gonna live forever”. [giggles]. And I don’t think it’s just correlated as that. It’s not as strict as that. You can’t always tell how physically healthy a person is just by looking at them. [Anna]

Why are we talking of health as a measure of worth? Because if I were unhealthy, I would still be a worthwhile person. Cause if we are saying that you need to be healthy to be worthwhile, are we saying then that people who have a disability are less worthy of our respect and our attention? [...] One of the things that’s healthy is not being so obsessed with how much you hate fat people you send them abuse on Twitter [giggles]. Cause I’d suggest I’m a lot healthier than those people who, those 300 people I had to block last year. [Natasha]

Natasha is referring to an episode that had happened a few months prior to our interview. At the time of our meeting, Natasha was actively involved in the running of an anti-diet collective and she took care of the collective’s Twitter account. When Cancer Research UK launched its campaign to raise awareness on the risks of developing cancer that “obese” persons were facing, Natasha was caught up in a Twitter dispute: “I got a lot of abuse. I think I blocked about 350 people in a week”. The campaign thundered: “overweight and obesity is the second biggest cause of cancer in the UK” (Cancer Research UK, 2019). It also stated that the exact risks of developing cancer depend on a series of factors, some of which are outside of an individual’s control such as age and genetics, but overall the campaign framed “obesity” as a personal responsibility: “People keeping a healthy weight could prevent around 22,800 cases of cancer every year in the UK” (Cancer Research UK, 2019).

In reality, the correlation between a higher risk of developing cancer and “obesity” is a complex one but it is presented by Cancer Research UK as if it is straightforward. Some participants manifested an awareness of the dynamics at play when discussing health and fat matters. For example, Natasha thought that the way in which Cancer Research UK was linking “obesity” to a higher risk of developing cancer was forceful:

[It's for] your own good! You poor fatty! [sarcastic tone] You haven't realised... And also, it's bollocks anyway because causation and correlation are not the same thing!  
[Natasha]

Despite the participants' desire to question common assumptions around fatness, they found themselves fighting against some well-established beliefs. In fact, "obesity" has long been presented by authoritative agencies – including the Organisation for Economic Co-operation and Development (2017) and WHO (1997; 2021) – as a global problem of epidemic proportions that has an impact not only on an individual's health, but more generally on a population-level health. Fat individuals come to be seen as "a threat to social values and interests" (Boero, 2012: 6) and therefore "obesity" incorporates elements of moral panic. That is to say that challenging common assumptions around fatness is an arduous task and it creates – as I will discuss later in the chapter – a series of conflicts in the participants' lives.

### Fat stereotypes and mental health

Even though at the time of our interview participants manifested an awareness of certain rhetoric concerning fatness and health, this had not always been the case. In fact, in their past - i.e. before becoming body positive - they too used to hold the belief that fatness inevitably caused ill-health. These understandings of fatness and its implication for health matters had a significant impact on some participants' mental health. For example, Anna was convinced that her weight was going to lead her to a premature death: "For a while it was very much at the forefront of my mind that I was going to die because I was fat". In the following extract, she reveals how the public construction of fatness and rhetoric concerning obesity had a negative impact on her mental health:

For 2 or 3 years I was really bad. There was like a couple of weeks or months even where I was like so anxious about it, I was rocking back and forth and pacing and... On my days off from work, I would sit in a public place because if I collapsed then people would be around to call an ambulance. And that was all about heart attacks. I don't know why [giggles of embarrassment]. Just thinking... Because it's so much in the

media, if you are fat you are going to die of a heart attack immediately. And it took me a few years and the CBT sessions to kinda feel okay about it. [Anna]

Several studies have highlighted the alarmistic ways in which “obesity” has been portrayed in the media (Campo and Mastin, 2007; Yoo and Kim, 2011) and how increasingly people are obtaining health information from news media rather than from medical sources (Hepworth and Featherstone, 1998; Tian and Robinson, 2008; Zhao and Zhang, 2017). These studies suggest that “obesity” is depicted in the mass media as the result of individual choices and lack of discipline, therefore overlooking the social and environmental factors involved in the matter. In particular, Kim and Willis (2007) have argued that there has been an emphasis in discussing personal causes and solutions over societal attributions of responsibility. Similarly, Saguy and Almeling (2007) have used the word “dramatisation” to depict the ways in which news media use evocative expressions such as “obesity epidemic” and “war on obesity”. In other words, news media use scientific papers to spread information to the lay public, but they do so by emphasising personal responsibility over systemic issues related to “obesity” and in doing so, they oversimplify the complexity of the matter in favour of a crusade against “obesity” and, by extension, “obese” people.

In light of the ways in which fatness has been problematised in news media as a matter of urgency and as a result of personal choices, it is possible to better understand why Anna experienced severe anxiety in relation to her body size and, in particular, why she feared that her fatness was going to cause her to have a heart attack. Interestingly, while researchers have yet to prove that adiposity is an independent cause of heart disease (Oliver, 2006; Folsom et al., 1989; Walker et al., 1995) and more research needs to be done in order to establish a causation link between fatness and an increased risk of cardiovascular diseases – some research even seems to suggest that the prognosis of patients with heart failure or coronary heart disease is more favourable among “obese” individuals than their “normal” weight or “underweight” counterparts, generating a so-called “obesity paradox” (Carbone et al., 2019; De Schutter et al., 2014) – numerous studies have argued that fat stigma has a negative impact on an individual’s health (Muenning, 2008; Himmelstein et al., 2015; Lillis et al., 2020). Ironically, while Anna was concerned about her fatness putting her at risk of having

bad (physical) health, the fat stigma that she was experiencing was already having a detrimental effect on her (mental) health.

Anna's story is not an isolated example of how before becoming body positive, participants' mental health was negatively impacted by common assumptions around fatness and health. In the following extract, Nancy draws a link between past episodes of self-harm and the hatred she felt for her body:

I was severely self-harming... There was a point when I was getting stitches 3 times a week kinda level, it was bad. I always said I don't think I would have done that if I wasn't a fat person. Because in my head I was like, I always felt like... I think for me, and I talked to [girlfriend's name] about it a lot cause I'd been working through this in the way you would, I don't know anyone who hates themselves in that way who isn't plus size, you know what I mean? I think when I was self-harming and it was bad I think it was about all this stuff, all this trauma but also I just hated my body. I don't care if I destroy it because it's fat, it's ugly, you know what I mean? And I think I say fat and ugly synonymously because that's how I saw it. And it's interesting looking at me then and me now and I'm like, I'm going out wearing short sleeves, strappy tops and stuff... the difference is huge. But it's taken this massive journey to get there. [Nancy]

Even though in other parts of the interview Nancy discussed being a trauma survivor and how this led her to self-harming, in her own interpretation, the poor mental health that she experienced in the past was exacerbated by the hatred she felt for her fat body. The extract is characterised by a distinction between Nancy's past perception of her body and the present – much more positive – approach to fatness and fat embodiment. As already discussed in the previous chapters, participants had the tendency to articulate most of their stories using this past/present self trope. In the case of health stories, they distinguished between the assumptions and beliefs they had about health before and after becoming body positive:

I am quite active and there have been periods in my life when I haven't been. But I don't force myself to do everything all at once. I think sometimes, sometimes there has been a lot of "I must lose weight" and "I must starve myself" and "I must exercise

lots and lots and lots and lots”. Rather now it’s more a balanced approach. I have to balance out my mental health as well as my physical [health] and that has sort of helped a lot. [Nina]

Nina refers to a time in her life when societal pressures around losing weight, exercising and ultimately what could be classified as “healthy living” were having a detrimental impact on her mental well-being. Since becoming body positive, she has developed a broader understanding of health – namely, one that includes both physical and mental health and it gives equal importance to both – and she is now weary of dynamics and thought processes that could deteriorate her (mental) well-being. Her renewed understanding of health resulted in family relationships struggles, as will now be discussed.

## Discussing health matters with non-body positive individuals

So far in this chapter I have discussed how fat body positive individuals have developed a broader understanding of “health” that encompasses both physical and mental health and, most importantly, one that does not rely on an individual’s physical appearance and weight to determine their health status. Participants manifest a desire to question some of the common assumptions around fat and ill-health, including that fat people are necessarily unhealthy. However, this process creates a series of frictions in their life, specifically in terms of communicating their renewed understanding of health and “healthy” eating to other non-body positive individuals. In the stories of fat body positive individuals, two main sites of contention can be identified, namely discussing health matters with family members and with medical professionals.

### Frictions within the family

In the previous section, I used Nina’s example to highlight how, since the discovery of the body positive movement, she had developed an understanding of health that encompasses

both physical and mental health. Coming to the realisation that her health was not solely determined by the state of her body and by her weight caused some distress in her life. In the following extract, Nina tells the story of how her family members reacted negatively to her new approach to fatness and eating. As an attempt to preserve her well-being, she had to put distance between herself and her aunt:

My auntie was a healthcare worker and she was a nurse for years and years so she's got that... Although she's bigger herself, she's very "well everybody needs to be thinner" and "you need to help yourself" and that sort of thing. If you complain about anything, it's because you're overweight... There is a little bit of distance there because of that. Because I'm not willing to compromise my own mental health to sort of persuade her, all of them [referring to her family] that what I'm doing is right or the way I'm thinking is right. [Nina]

When I asked her if she had ever tried to have a conversation with her family members about body positivity and her new approach to health, she said:

I don't think they'd understand it to be honest. Cause they'd assume that happiness can only come from the thinness cause they are all desperate to be thinner and they can't see that I can be happy at the size I am and I can do all the things at the size I am. They still say to me, "well if you were slimmer this, if you were slimmer that..." [Nina]

Most participants reported that their family members either did not understand body positivity or they are strongly against it. For example, Sophie's mother was pleased that her daughter found happiness in body positivity and yet – according to Sophie – she wasn't fully capable of understanding her daughter's position: "She's happy that I'm happy but she has not fully understood the sort of journey, if it makes sense". Other parents were much more critical of their children's choice to be unapologetically fat and not trying to lose weight. For example, Anna had several conversations with her family members about not wanting to purposefully lose weight: "I talk a lot about not wanting to change. And I'm not actively trying to lose weight. I've told them that. It's not something I am aiming for and I am happy as I am,

that sort of things". Her family struggled to come to terms with Anna's body positive approach to health and weight. In particular, her mother seemed concerned about her health:

My mum is all about the headlines she sees in the papers about everyone who is fat is going to die [giggles]. [...] She was always telling me that she's read in the headlines people dying young of heart attacks because they were fat. And I guess that was her way of worrying about me and caring, but it really gave me a complex and I never told her that. Cause I don't want her to feel guilty [she smiles out of embarrassment].  
[Anna]

In the previous section, I discussed Anna's mental health and how for several years she battled severe anxiety linked to the fear of having a heart attack. In this extract, Anna draws a direct correlation between her fear of having a heart attack and her mother's approach to Anna's health. This highlights the persuasive and impactful ways in which family members can affect one's understanding of health (Abella and Heslin, 1984; Carman et al., 2013; Duggan, 2006).

Another interesting example to consider in terms of family friction caused by the participant's approach to health is Nancy's story. Nancy's father is a psychiatrist who works in an eating disorder unit. This suggests a level of understanding from her father's side about "health", in general and "healthy" eating habits, in particular. However, Nancy's recollections of her father's eating behaviours portray a different story:

In my own house my dad is a dieter. He's been on Atkins diet since I can remember, which is the worst [...]. He's been on it for as long as I can remember. He just... And it's the same thing with him, "oh no, I can't have that, I'm on my diet" and it breaks my heart because he's 50 and he's not fat, he's like an average size guy but he thinks he's huge. He thinks he's massive. [...]

When I asked her why she thought that her father was constantly on a diet, she replied:

I said this to him before! He'll be like, "I'm not having dinner because I'm on my diet" and I was like, "so if you had a patient telling you she was doing this, what will you be doing?" "Well it's different because I'm a big fat man and they're not". It's just deluded thinking. I'm like, "you're doing the same thing as them! It's so ridiculous!" And we call him out on it and he goes, "oh well it is what it is". Can you imagine?!

At the time of our interview, Nancy had been body positive for a few years and she reported having frequent conversations with different people – including her family members – about body positivity. That is to say that her involvement with the body positive movement had been an established presence in her life at the time of our conversation. However, while she was telling me this story, Nancy seemed distressed, as if the issue with her father was still a matter of contention. The following extract highlights her dissatisfaction with her father's attitude towards body positivity and its anti-diet stance:

I was talking to him about a friend on my course who is underweight and she's really trying to put on weight and I remember saying to my dad, "I think she has got an eating disorder, I think she's probably bulimic" and I was really worried for her and he goes "well actually it's probably better for her so she's not carrying around all this extra weight!" I was like, "you are literally a shrink! You should know that this is not..." [she sighs] and he was like, "Well..." Such an idiot! And I told him, "you're so stupid! If you could hear yourself talking!" In fact, last year at Christmas, [Nancy's girlfriend] bought him this *Dietland* book and it just sat on his shelf, he has never even... And I asked him, "why don't you read it?" And he said, "If I read it, I don't think I could live like you guys are living, I need..." I think he just needs his diet. It's so interesting! I think it's such a culture!

Nancy is one of my youngest participants. At the time of our interview she was 20 years old and I initially attributed her conflictual relationship with her father to her young age. However, some of the traits that I noticed in my youngest participants in terms of conflictual family relationships remained consistent across the sample regardless of the participant's age. For example, Natasha was 49 years old at the time of our interview and her story

resonates with Nancy's in many aspects. When I asked Natasha how people reacted to her anti-diet beliefs, she said:

Mostly people were quite... I wouldn't say supportive, I would say they just didn't care. I don't think people care one way or another. I think we spend an awful lot of time thinking about what other people think of our bodies when in fact nobody else is really interested. [giggles] I still got one friend who is still dieting who talks about it a lot and still hasn't noticed that I shut down the conversation. My mother is a bit of an issue. She... I've spoken to her about it at some length and she knows that I'm not just not dieting but anti dieting and so... she's... ugh [sighs]... She wasn't dieting for a very long time, she gave it up but she's ill now and she keeps saying "I know it will be easier if I lost some weight" and so she's eating sensibly. And she keeps talking about eating sensibly and I keep saying "could you not talk about this in front of me, please?" And actually the last time I was with her I snapped. Unfortunately, someone else was there at the same time. Cause I put my fingers in my ears and I said "tell me when this is over cause I don't want to listen to your diet talk". And then when I put my fingers out, she said "But it's not diet talk!" I said, "it is and I need you to stop and you know I struggled with food issues my entire adult life! Please stop doing this! Talking about eating sensibly is still diet talk and I can't listen to it from you!"

Natasha had only been body positive and anti-diet for a few years before our interview. This means that at the time when this episode took place, she must have been already in her 40s. As an adult woman, she was so frustrated by her mother's approach to dieting and "eating sensibly" that she put her fingers in her ears to avoid having this conversation with her mother. The participant's unwillingness – and perhaps inability – to talk about diets and "healthy eating" with her mother could be understood both in terms of resolution and fragility. In a child-like manner (putting fingers in the ears), the 49-year-old woman reveals how health, in general, and diet talks, in particular, are controversial topics that often fat body positive individuals struggle to deal with.

Discussing health and eating habits is so contentious because what is at stake is much more than a mere personal choice on body size and eating habits. Neoliberal approaches to health

have shaped citizens' desires so that external imperatives of health have become internalised as private interests (Petersen and Lupton, 1996; Schrecker and Bambra, 2015). In the case of body weight, an individual is encouraged to maintain a "healthy" weight and have "healthy" habits not simply because in doing so she will – supposedly – improve her own health, but more importantly, because in doing so she will fulfil her role of "active citizen". In fact, by definition, the concept of "citizenship" implies both rights and obligations:

Under the Neo-liberal approach to government it is expected that the subject *qua* citizen will conform to the goals of the state voluntarily, in most cases needing no direct coercion. Such self-discipline is vital to this mode of government. Citizens are required to become active on their own behalf (Petersen and Lupton, 1996: 64).

In the case of fatness, a "healthy" citizen is one who eats responsibly, exercises and is constantly involved in the act of self-improvement: "Individuals are required to work harder and 'invest' in themselves to modify their risky leisure choices to receive future benefits (longevity, reduced illness) from healthy lifestyles, regardless of mitigating social circumstances" (Fullagar, 2009: 112). Fat individuals are therefore considered "bad citizens" because, in the UK, by failing to comply they are creating an avoidable burden on the NHS (Williams and Annandale, 2020). Because they come to be seen as "a threat to social values and interests" (Boero, 2012: 6), "obesity" incorporates elements of moral panic. Throsby argues that "the 'war on obesity' is morally and ideologically driven, with obesity figured as evidence of a moral failure of individual responsibility to care appropriately for the self, and by extension, to be a good citizen" (2009: 201). Fat individuals who refuse to diet are failing society's expectations twice: they are fat *and* they are not doing anything about it.

One of the consequences of the so-called "imperative to health" (Lupton, 1995) is that weight-loss and therefore dieting is not a choice but an obligation (Throsby, 2009). As such, fat people cannot simply decide to diet or not to diet. They have to make the much harder decision of following an order – albeit a non-coercive and internalised one – or violate it and face the consequences. As Nancy puts it, dieting is just what fat people do ("we were all fat people in my family. But all the fat people dieted, everyone dieted. That's what you do, you diet and then..."). The fact that fat people must diet goes so unquestioned that when

participants do discover that this is not the case, this revelation is momentous: “The main change [of becoming body positive] was realising you don’t have to diet. Dieting wasn’t something you just had to do as a chubby person. That was the main change, I think” [Nancy]. As I have already discussed in the previous chapter, family relationships are charged with tension when it comes to food consumption, dieting and health matters. In light of the morality which permeates discourses around health and “healthy” eating, it is possible to understand why some of my participants struggled to debate health matters with their family members.

### Lack of trust in medical professionals

Participants’ revised understanding of health since becoming fat positive creates frictions in their life that exceed the realm of family relationships. In fact, most participants reported having developed a sense of distrust against medical professionals:

If I go to the GP and they’ve got one of those BMI charts I’m like, “oh right I guess I’m not gonna get taken seriously today”. [Nancy]

So I managed to get down to A&E at the hospital, I saw a doctor and I said “right I think my coil has moved cause I...” And she said, “no it’s your back because you damaged your disk because you’re fat”. I don’t think she quite said it that rudely, but it was pretty much that [...]. A couple of days later I went into my GP cause nothing was any better. My GP wasn’t there so I had to see the other one in the practice. And he said, “no, it’s not your coil. It’s your fat. Because you do know you’re overweight, don’t you?” Which made me laugh so much, in his face, “yes I shower this body. I know what it looks like!” At which point he got really embarrassed and wouldn’t speak to me, well barely anyway. Still in agony, I had to take a week, 2 weeks off work, finally managed to get into the sexual health clinic, the walk-in clinic [...] went to see the triage nurse there and said “look, I’ve been told this is my back but I think it’s my Mirena”. And I described the symptoms and she said, “yeh it’s your Mirena. It’s a really common effect. If you want to go back to the waiting room, we’ll see when we can fit you in

and we'll get a doctor to take it out". Oh god I'm crying, almost crying from the thought of that pain... The doctor took it out the same day. And the pain was just gone! It's been believed! [Her voice breaks a little] And I am much better now. I would advocate for myself. It hasn't happened but I will in the future advocate for myself much better! I should have done but I was... This was a few years ago now and I wasn't as far on my journey of being badass [giggles]. [Natasha]

Natasha is a talented storyteller and often her stories are filled with contrasting emotions. In this extract, her story begins with a sense of frustration due to not being heard and being misdiagnosed by several medical professionals. On the other hand, the resolution of the story manifests a sense of relief after finally having found someone who was willing to listen to her list of symptoms and, more importantly, someone who was willing to accept Natasha as a knowledgeable subject in terms of her own health and body. For this reason, she got emotional after she said "It's been believed!" Throughout the interview, Natasha came across as an assertive character. In many stories, she portrayed herself as a resolute woman who was standing up for herself, particularly in relation to weight discrimination. As already mentioned, at the time of our interview she was actively involved in the running of an anti-diet collective. This background information is important in order to understand both the frustration that she felt towards the medical professionals who misdiagnosed her, but also towards her own inability to be a better advocate for herself. To use her own words, "I will in the future advocate for myself much better! I should have done but I was... This was a few years ago now and I wasn't as far on my journey of being badass".

The next extract similarly narrates an episode in which one of my participants felt like he could not complain against the treatment he received by a medical professional:

I was supposed to have my tonsils out about 2 years ago and I was on the table. They had given me anaesthetics to put me to sleep. And then, as I was about to fall unconscious, the guy pumped me full of oxygen and they stopped my surgery because I was too fat. Even though I had an ECG the week before saying I was perfectly fine and healthy to do it. And he said, apparently it was because it was a weekend and there wasn't any other doctor on staff, and he didn't want to do it himself and because

my weight was a factor, and it was too much of a risk factor for doing it on a weekend. [...] I was just shocked. Why did I have it? And then he explained why I didn't have it and I was just... Well okay, why? But... But I couldn't really argue because he said it's too much of a risk because there is no other doctor on the staff. [Leor]

This extract is an interesting example of the authoritative nature of the medical discourse. Despite having previously been considered fit enough to undergo surgery, the authority of the surgeon who was supposed to operate on Leor allowed the doctor to not proceed with the operation. Not only was Leor denied a procedure that he needed, but also, he was subjected to the administration of general anaesthetics for no reason. According to the Association of Anaesthetists of Great Britain & Ireland Society for Obesity and Bariatric Anaesthesia (2015), before receiving anaesthesia the “obese” patient needs to undergo a thorough preoperative assessment in order to determine whether the patient has some co-morbidities that might have a negative impact on the procedures. Doctors are encouraged to carry out a series of tests before administering anaesthesia that include ECG, airway assessments and cardiovascular assessment. Moreover, it is encouraged that a consultant anaesthetist reviews the health status of patients in the pre-op clinic (NHS, 2019). It is impossible to establish what made the surgeon decide to stop Leor's procedure and neither is my intention in this chapter to question their decision. However, based on NHS guidelines (NHS, 2019), what we do know is that Leor was thoroughly assessed before undergoing this procedure and he was considered fit for surgery. The key element of this story is that Leor seemingly had grounds for complaint – he did receive an unnecessary procedure that could have been avoided if the decision of not going ahead with the operation had been taken in due time – and yet he decided to not put forward an official complaint. In his own words, he said that he “couldn't really argue because he [the surgeon] said it's too much of a risk”. A possible explanation for Leor's reluctance to complain against what he felt were unjustified medical procedures – i.e. administering general anaesthesia without carrying out the operation and denial of surgery – could be found in the authoritative nature of the medical discourse, which establishes a hierarchical position between patient-doctor and it often inhibits individuals – fat individuals, in our case – from speaking up against unfair medical treatment.

With the expression “medical discourse” I refer to all those coherent ways in which people, events and things are represented and discussed in terms of health in a range of forums, from everyday talk and popular media to medical literature (Lupton, 2013). The medical literature on “obesity” is not only extremely vast – it goes beyond medical science and it includes disciplines such as public health, epidemiology, health psychology – but also powerful and authoritative and as such, it is difficult to resist. For example, Murray (2008) argues that the biomedical literature on “obesity” – “lipoliteracies”, as she calls them – does not merely *describe* “obesity” but it *creates* it. From Foucault (1973) onwards, many scholars have argued that the role of medicine in the last century has been to shape a model of health and normality more than simply curing illnesses (Conrad, 2007; Clarke and Shim, 2011). In this sense, the distinction between “normal” and “pathological” is a normative one and therefore a fat body constitutes a problematic mode of embodiment, one that exceeds “normality” and consequently becomes pathologized (Murray, 2008).

The medical discourse has been difficult to question because – as Cooper (2016) has argued – it pervades every aspect of fatness and it presents itself as an omnipresent, apolitical fact. Moreover, in this context medical professionals are constructed as an authority that is extremely difficult to question, as both Leor and Natasha’s examples suggest. Why didn’t Leor complain about being given general anaesthesia? Why didn’t Natasha demand to be examined by her GP? The answer to these questions can be found in the authoritative nature of the medical discourse. Even though a growing body of literature suggests that patients have started to question medical authorities and their first-hand experiences have been used to improve medical knowledge (Brown et al., 2004; Pols, 2013; Arksey, 1994), it is still extremely difficult to challenge health professionals about their assumptions on fatness (and other matters). There is a vast literature suggesting that healthcare providers show anti-fat biases (Brown and Flint, 2013). For example, GPs tend to spend less time with their heavier patients (Gudzune et al., 2013). Sabin et al. (2012) sampled 2284 medical doctors and they found strong implicit and explicit anti-fat bias in their approach to fat patients. Similarly, Malterud and Ulriksen (2011) analysed findings from 13 different studies and concluded that stigmatising attitudes are enacted by healthcare providers.

The stories narrated by my participants align with these studies. In fact, most of them reported having had several bad experiences with medical professionals. In particular, they felt that their experiences were being dismissed and all their symptoms – including mental health symptoms – were unfairly reconnected to their weight:

I think my relationship with doctors has changed. I think I'm less trusty of healthcare professionals than I was. They put down everything to my weight. They tell me that it's because I'm fat and especially with things like mental health, they say to me, "well if you lost weight, things would be easier". The last time I went in was a while ago, and when I explained what was happening, there've been changes in my mental health and I wasn't quite sure... I just wanted to go in and get checked whether I should... And they say, "we can give you more antidepressants or you can lose weight". Those were the choices. And I thought, "really?" I don't see that as being a solution because the stuff that was happening wasn't... It was what I thought... I felt it was more serious... I would have thought it needed more discussion than just "go and lose weight". I thought [giggle] well obviously you don't know what you're going on about so... [Nina]

Most of this pushing to get well, mentally well, has come from me. Obviously, you have to be your own advocate. Do research... I needed to go see someone for my depression. I needed to see a depression specialist. And I made the mistake, all the men in my GP practice are absolute pigs, all the women are fantastic. I don't know why. And he [male GP] said, "well, you know, has it to do with your weight?" And I said "No. It has to do with depression. Weight is a symptom of my depression. I'm not depressed because I am fat. I am fat because I am depressed". So he sent me to an eating disorder clinic. And I phoned up the receptionist and I said "he sent me to the eating..." "well, you know, I'm sure he's got very good reasons" and I thought "yeh, he has. He thinks he knows better than I do". So after all these tests, "can we weigh you?" "No" "Why not?" "Because my issue is not food. It's a symptom. I have depression, not an eating disorder". And having to do all the "no, I'm not doing it", "you're confrontational, you're not cooperative"... And at the end of it, 3 consultants sat around with a whole shedload of students and said, "well, you don't have an eating

disorder, you have depression". And I looked at my ex who came with me and I go "No fucking shit Sherlock! I told the GP that before he referred me here and I said I didn't wanna come here" So they said "we're suggesting this, that..." "So there's nothing new you can offer me?" And they went "no" and I went "well, I'll be off then! Thanks for wasting my afternoon". [Ellie]

In the above extracts, participants discuss encounters with medical professionals that could be interpreted as signs of implicit anti-fat biases, i.e. some of the medical struggles that my participants were facing were, in their opinions, unfairly reduced to their weight. However, at times, participants also reported episodes in which medical professionals were explicitly manifesting anti-fat bias:

When I was pregnant I heard a couple of people in the hospital, I've overheard them talking about me as being the BMI 40 so... and I thought, they are talking about me because I was the fattest in the room at that point, so I'm guessing they were discussing something about me but it was definitely a derogatory conversation, it was definitely a hushed conversation. [Nina]

[There were] Cervical cells in my cervix that were precancerous, so they needed to laser them out. So it was an operation. And the nurse said, "well, we've never had someone as fat as you on the operating table. So we'll need a heart scan" I said "I find it very hard to believe that you've not dealt with somebody as fat as me" [...] Funnily enough they did the heart thing and it was fine. But "I've never had someone as fat as you on the table" [imitating the nurse's voice]. [...] Why would you say? I either have the operation and get rid of that or potentially go on to get cervical cancer. What's your suggestion there? And you just think, do you hear yourself speaking? But no, they don't. [Ellie]

Because participants felt judged and shamed by their medical professionals, they resorted to delaying their check-ups and overall avoided whenever possible needing to interact with their health providers:

I've had negative experiences with doctors in the past, before I was pregnant. I remember being about 18, 19 and going to see one for the first time, and I was really shy about my weight, I said "I know I am a bit overweight" to pre-empt the conversation, and the nurse went "You're not a *bit* overweight, you're *very* overweight!" [she imitates the nurse's voice, emphasis on "bit" and "very"]. And I was like "thank you!" [sarcastic]. That's so nice of you! [she giggles]. It was not like I was sat there going "I don't see a problem with my weight". You know, I realise that in her eyes I was overweight, I was admitting that. So that put me off going back to doctor's for years after that. And I think they need to realise that... If they make people feel like they aren't welcome because of their weight, then people aren't gonna go get help.

[Anna]

I will avoid the doctors unless it's horrific, I will ... because I just know the treatment I'm gonna get... and I don't want that just because of a number on a scale. [...] No matter what I have, it's gonna be an attack and I want to avoid that at all costs.

[Sophie]

My participants' experiences are in line with what other researchers seem to suggest, i.e. that fat individuals are more likely to cancel or postpone their medical appointments for fear of being reprimanded or harassed by health care providers (Carryer, 2001; Jutel, 2001; Olson et al., 1994; Williams, 2017). Their conditions are frequently overlooked as medical professionals tend to reduce fat individuals into a one-dimensional identity, i.e. that of a fat patient (Williams, 2017). According to the 2017 Fat Census, 78% of respondents have avoided going to the doctor due to fear of being mistreated as a fat person (Shackelford, 2018). This tendency of avoiding or delaying medical appointments has even been reconducted to Goffman's (1963) stigma management. Pausè (2012) has argued that these behaviours are nothing but examples of withdrawing, i.e. stigmatised individuals would remove themselves from social situations and activities that are perceived as hostile. However, removing oneself from a hostile environment is not always an option. Participants can avoid having difficult conversations with their family members about health and eating habits and they can postpone their medical appointment for fear of being unfairly treated. What they cannot avoid though is their own internalised fatphobia. This will be the topic of the next section.

## The enemy within: the impact of internalised anti-fat biases

So far in this chapter I have discussed how the fat body positive individuals who took part in this study developed better mental and physical health since joining the movement. In their narratives, the concept of “health” is closely connected to food consumption and eating habits. For this reason, they not only reported having “better” health, they also said that they now have “healthier” eating habits and these two things are one and the same. The main theme of this chapter is that despite having developed a what they saw as a better relationship with food consumption and their bodies in terms of what constitutes “good” health, participants still found themselves in a social context permeated by a series of assumptions around fatness and health, including the presumed fact that a fat body is necessarily unhealthy, and that dieting is not merely a personal choice but a moral obligation. For this reason, a series of frictions are displayed in their interactions, including the ones that participants have with their family members and with medical professionals. In this section, I argue that despite the participants’ new approach to health, they still occasionally struggle with the mundane task of eating in public. Moreover, at times they also manifest a series of double standards when discussing other fat people’s health status, particularly their family members. This shows that even though they are body positive and as such they aim to dismantle diet culture and its assumption that it is not possible to be fat and healthy, they too are influenced by fatphobic rhetoric around health.

### Eating in public

Body positivity offers an alternative to diet culture and encourages fat individuals to accept themselves and their bodies as they are (Burgard, 2009). Nevertheless, it would be simplistic to assume that by changing one’s attitude it would be possible to dismantle anti-fat biases. As Lupton has argued,

Fat people cannot even extricate themselves from the network of meaning, discourse, practice, material objects and other bodies in which they live and experience their bodies. They are assemblages of all these phenomena which configure their bodies

and selves. Fat people cannot force other people to see fat embodiment as positive, even if they themselves insist upon this way of seeing (Lupton, 2013: 92).

Scholars have debated whether it is possible to redefine people's perceptions of their fat bodies by simply adopting a positive outlook on them. Wann argues that self-acceptance requires a shift in perspective: "You *can* face your fears. You *can* dispel that cloud. And you don't have to change the world to do so. You don't even have to change your weight. You just have to change your attitude" (Wann, 1998: 13, emphasis in the original). She also argues that it is possible to achieve a better relationship with one's body by starting to use the word "fat" to refer to oneself: "Reclaiming the word fat is the miracle cure you've been looking for, the magic trick that makes all your worries about your weight disappear. Do you want to feel good about yourself? Silence your tormentors? Look better in miniskirts? Use the f-word" (Wann 1998, 18). On the other hand, Murray (2008; 2010)'s position is similar to Lupton's (2013) and she is sceptical of the simplicity of Wann's project. Wann's position seems to suggest that identity is located in one's consciousness and by attaching new attributes to it, we can redefine its meaning. For Murray this understanding denies the complexities of embodied subjectivity, as when we attach new meaning to fatness we are not dismantling the "systemic influence of dominant bodily discourses. The system of judgement remains intact" (Murray, 2010: 271).

If Wann's interpretation is right, my participants should have had no problems dealing with the external perceptions of their fatness. In fact, they do have a positive outlook on their fat bodies, they are self-identifying members of the body positive community and overall, the vast majority use the word "fat" freely and with a positive connotation. Yet in narrating their stories of eating in public, participants revealed a great deal of discomfort and contradictions. In the following extracts, Sophie and Nancy narrate stories of how since the discovery of the body positive movement, their relationship with food, in general, and eating in public, in particular, has improved:

I am not afraid just to eat in general in public anymore when obviously that was a thing when I was very young, school and stuff. Even middle school I was like, no I might skip lunch. [Sophie]

I never used to eat on my own. When I was walking here, I had a sandwich and I ate while I walked. That was a huge thing. Cause I'm like, oh everyone is gonna be like "oh look at that fat girl, she eats while she walks, she can't even walk and stand still without eating". That was a big one. [Nancy]

Despite reporting having grown more comfortable with the act of eating in public, both Sophie and Nancy still struggle with this everyday task. Later in the interview, they reported feelings of discomfort and uneasiness in relation to the consumption of food in front of other people:

I am more confident eating in front of people generally, but there are some people or circumstances that are less with. [...] if I'm with members of my family, that aren't my dad or my mum, because they're all very slim and... very completely different personality wise as well, I think in my head from eating with them I am more thinking "oh look at Sophie downing a plate of food". Even if they are probably not. [Sophie]

I would never go for a meal on a first date. That would not be a thing. [...] I wouldn't do that, a coffee maybe. But anything regarding consumption would be a no. [Sophie]

Last year I lived in halls, halls of residence and at the beginning, although I was body positive, I didn't want to cook in the kitchen because they are going to see that I eat food. [Nancy]

The literature on eating disorders has already discussed the links between high levels of anxiety and eating in public (Murray et al., 2018; Levinson and Williams, 2020). In particular, anorexia nervosa and bulimia nervosa have been associated with a series of behaviours aimed at avoiding social situations where a person needs to consume food in a public setting (Bordo, 1995; Austin, 1999). These fears are normally connected to a broader fear of fatness and being perceived as being fat (Cooper et al., 1989). Zdrodowski (1996) conducted a study on the experiences of fat women eating in public. She found that her participants would carefully assess a venue before entering the building in order to determine whether there would be

enough room for them to sit comfortably. They would also prefer cafes over restaurants for the possibility of ordering a drink without any eating, therefore avoiding the difficult task of deciding what to order. In fact, when eating in public cannot be avoided – such as in formal settings like weddings, Christmas celebrations, religious functions, etc. – a lot of consideration will go into deciding what to order. Those women who would rarely allow themselves to eat in public would order a meal that they would normally not have at home, while others would feel compelled to order a salad or a plate of vegetables in order to convey the message that “something is being done about being ‘overweight’” (1996: 662). Zdrodowski (1996)’s study highlights how eating in public while fat goes beyond the mundane act of consuming food and it is instead permeated by a series of choices: where to eat, what to eat, but also how to eat it, at what pace, etc.

Unlike Zdrodowski’s participants – who were recruited simply because they reported having “weight problems” (1996: 656) – the individuals who took part in my study not only self-identify as fat, but they also declare to be part of the body positive movement, which implies a degree of “positivity” in relation to their body size. However, what Zdrodowski (1996)’s and this study have in common is that in both cases we are presented with stories containing a great deal of complexity when it comes to fat embodiment and having to manage others’ perceived expectations, particularly in terms of food consumption. Eating in public involves a series of practical struggles, including taking up space in a public place, having to decide where to sit - and specifically, assess whether there will be enough room to sit comfortably and not inconvenience anyone – deciding what food to order – i.e. going for a “healthy” choice and risking the “who are they fooling?” question or instead ordering “unhealthy” food and therefore subjecting oneself to people’s disapproval. All these struggles suggest that multiple discourses interact in the act of eating in public, including issues concerning hypervisibility, diet talk and its focus on “healthy” eating, and stigma management, in general.

### Tapping into fat stereotypes

Despite participants’ quest to question common assumptions around fatness and their desire to promote the idea that it is possible to be fat and healthy and that a person's health status

cannot be determined simply by their weight, challenging some of these ingrained beliefs is a complex task. In the previous section, I used the example of eating in public to illustrate how despite their renewed “positivity” about their embodiment, some of my participants still struggle with this mundane activity and they do so because they find themselves situated in a hostile, fatphobic society. A second element that highlights the difficulties of living out body positive ideals is represented by the participants’ representations of other fat individuals’ health status. In other words, they occasionally tap into common stereotypes around fatness in order to make sense of some of their own life experiences and – more frequently – they use these stereotypes to make sense of other fat people’s behaviours.

In their study on the subjective experiences of living in “large” bodies, Tischner and Malson (2008) argue that fat individuals both actively reject stereotypes and misconceptions placed upon them (such as, being lazy or gluttons) but they also “construct themselves as part of the surveying or monitoring society” (2008: 265). For example, one of their participants said:

I *know* people go into, wear swimming costumes on the beach when they are my size, but [laughing] they shouldn’t. Uh, you see, I’m, I’m fat and I can look at other people and say ‘oh, no, you shouldn’t (.),’ uhm, so it’s not just thin people [laughing] who do that / I: hmm / it’s fat people as well (Emily) (quoted in Tischner and Malson, 2008: 263).

In this extract, Emily positions herself to be the repository of fat stigma but also, she is actively included in the process of recreating this normalising gaze. Similarly, my participants were adamant advocates of body positivity in parts of the interview, and yet in some others they would fail to translate these ideals into reality when narrating health stories. Most tried to resist the authoritative nature of the medical discourse by describing their own health experiences. For example, Kate was adamant throughout their interview that “health” is a complex concept and that it is possible to be fat and healthy (“I can be slightly bigger than everyone else and I can still be healthy”). They put a great deal of emphasis on the fact that often people have misconceptions in relation to fatness and it is impossible to determine one’s health simply by looking at them (“you can be chubby and healthy and I don’t think I quite understood that at the time and I think a lot of people have a hard time understanding

it"). Nevertheless, when discussing her sister's weight, Kate's tone became more serious. Kate was enraged when the doctor suggested that the pain in their foot was caused by Kate's weight. But when they discussed their sister's weight and her struggle to conceive, Kate revealed a possible double standard:

I think, if I went to the doctor and said "I want to have a baby" and they said, "medically, we advise that you lose some weight so that you will be more comfortable", I'd be like "okay, I get that". Cause that's healthy and that will be good for this broccoli [referring to the baby]. But ... if it was something like the pressure on my feet, they didn't even look at my feet! They didn't even check my feet. They just went "uhm too much..."

Later in the interview we returned to the topic of health and I prompted them to better explain their position:

I am interested in finding out why you think that when the doctor says to your sister that she cannot have a baby if she doesn't lose weight, that is medically appropriate and true and when they tell you about your feet, it isn't.

Yeh... [pause]. I am not sure, you know. I think people just... [pause]. [Kate]

When confronted, Kate became aware of the ambiguities within their stories and was not able to fully articulate an answer. It is important to remember in this context that Kate was aware of my beliefs in terms of health and body positivity, as we amply discussed them throughout the interview. This means that Kate might have not been able to respond to my challenging question both because of the power-imbalance between interviewer and interviewee but also because of my beliefs around health and body positivity. Nevertheless, this extract speaks of the messy and conflicting nature of health stories and it ultimately shows how difficult it is to dismantle anti-fat stereotypes. The same Kate who passionately advocated about the impossibility of determining one's health status simply by looking at them, was not able to apply this same logic to their sister's struggle to conceive, i.e. that there

might have been other reasons that could have explained why it was difficult for the woman to get pregnant.

Some of the most common stereotypes around fatness relate to lack of control. The body of a fat person – women, particularly – in its bulginess and excess reveals an inability to be confined and restrained. Anti-fat biases rest on the assumptions that these “unruly” bodies are lazy, sloppy, undisciplined and most of all, out of control (Pausè, 2012): “the ‘fat’ woman is lazy, not willing to commit to change or live up to the dictates of healthy living. She is a compulsive eater, she is hyper-emotional, she is a physical and moral failure” (Murray, 2008: 4). Some participants tapped into these stereotypes and common assumptions to justify their stories and the opinions they have in relation to others’ health status, particularly family members. For example, Annie said: “I don’t want to say she has to lose weight but... She does have a medical condition [participant’s mother had the gallbladder removed] that makes it better if she kept healthier”. Similarly, Georgia assumed that her grandmother’s weight was due to the woman’s inability to deal with emotions:

She was incredibly large. I think when her husband died, I think she coped very much by eating. My grandma doesn’t have feelings as far as anybody else is concerned. She never shows anything good or bad so I think she internalises a lot and probably ate to deal with that probably. [Georgia]

Kate, Annie and Georgia’ examples highlight that even people who identify as fat and body positive and that therefore express a desire to challenge assumptions about fatness, including that fatness necessarily equals ill-health, easily lapse into using stereotypes to make sense of fat people’s behaviours and health problems. These stereotypes are ingrained in our society and for this reason, they are difficult to resist. Several studies have already discussed the extent of the stereotypical and prejudicial attitudes toward fat people and the detrimental effect that this has on fat people’s lives (Aronson, 1997; Lewis et al., 1997; Robinson et al., 1993; Yaker et al., 1995). Robinson et al. (1993) developed a fatphobia scale – which was later reviewed in 2001 – to determine the extent of this phenomenon. They reported that anti-fat biases are so prevalent that fat people internalise these negative messages and place restrictions on important aspects of their lives, including dating, seeking medical care, career

choices, and education (Bacon et al., 2001). This suggests that even though my participants are advocates for body positivity, they might not necessarily be immune from the influence of fatphobic rhetoric. The fat body positive individuals who took part in this study strongly support anti-diet attitudes and they often expressed the desire to question common assumptions ingrained in our society, including the one which implies that fat people are necessarily unhealthy. However, despite their revised and broadened understanding of “health”, participants are still situated in the same fatphobic society that they are trying to challenge. This means that on one hand their beliefs will cause friction – both in their family relationships and in the trust that they have with medical professionals – and also, occasionally their beliefs will not translate into their stories.

## Conclusion

In this chapter, I discussed how one of the main changes in the participants’ lives since becoming body positive was a revised approach to health and eating habits. Most participants reported having developed better mental and physical health, as well as an overall more positive attitude towards food consumption. As a consequence of their changed approach to health matters, participants also manifested strong anti-diet beliefs and a desire to challenge common assumptions about fatness, particularly that fatness necessarily equals ill-health.

When they tried to communicate their body positive stance on health to non-body positive individuals, such as their family members and their medical professionals, many participants encountered either openly hostile reactions or indifference. This highlights one of the main themes of this chapter, that even though participants had developed a positive approach to their body and had challenged the assumption that they will suffer poor health because of their weight, they are still situated in a fatphobic society, i.e. a society that values thinness over fatness and that frames fatness in terms of “obesity” and therefore a health concern. For this reason, communicating health and eating approaches to family members and medical professionals is still a contentious matter.

Because the authority of the medical discourse is so pervasive and persuasive, it would be simplistic to assume that simply by changing one's attitude towards health and eating habits, participants would be able to dismantle anti-fat biases. In fact, some of the tendencies that they aim to question – equating fatness to ill-health or making assumptions about a person's health status purely based on their weight – are also occasionally found in the participants' stories. This highlights that the participants themselves at times tap into common stereotypes around fatness to make sense of their own or other fat people's experiences. This shows that even though my participants are body positive and as such they aim to dismantle diet culture and its assumption around health and "healthy" eating, they too are influenced by fatphobic rhetoric around health.

# Chapter eight: Conclusion

## Introduction

In this final chapter, I will briefly summarise the content of all previous chapters and I will outline the main findings that emerged from this research, including the implications of navigating a stigmatised identity (Chapter four); the construction of clothing practices as forms of resistance (Chapter five); parenting stories and caring practices in the narratives of fat body positive individuals (Chapter six); and health and “healthy” eating stories (Chapter seven). I will then discuss the ways in which this study has contributed to the existing body of literature on fat studies, but also sociology of the body, sociology of health and illness, feminist theory, and stigma research. I will also list a series of limitations and recommendations for future research. The chapter concludes with some final remarks.

## Recapitulation of purpose and findings

This research aimed to understand how fat body positive individuals narrate stories of their bodies and how these narratives have been affected by being part of the body positive movement. Based on narrative and thematic analysis of 11 interviews, this study sheds new light on the rarely acknowledged phenomenon of body positivity and it provides an understanding of the lived experiences of people who are part of the body positive movement. Two objectives have guided this study, namely, to understand how people who identify as fat and body positive tell stories of their bodies; and to evaluate the changes that have happened in the participants’ lives since becoming body positive. Two research questions were formulated on the basis of these objectives: How do people who identify as fat and body positive narrate the history of their bodies? How are the narratives of fat people influenced by their experience of being part of the body positive movement?

The literature that I reviewed in Chapter two as a basis for the thesis has informed my research on the morally impregnated nature of having a body, in general, and a fat body, in particular (Evans, 2006; Richardson, 2010; Oliver, 2006; Throsby, 2009). With the decline of post-traditional societies, the body became an object upon which to inscribe meaning (Shilling, 1993; Giddens, 1991; Featherstone, 1982). In sociological terms, the body becomes an interesting social phenomenon through which it is possible to analyse our society and its values. In this context, the fat body is constructed as “unruly” and a failure (Featherstone, 1982; Farrell, 2011; Oliver, 2006). This allows us to understand the origins of the moralising aspects around fatness and how “obesity” is constructed into a disease, and ultimately, something to fix. The authoritative and pervasive nature of anti-fat discourses transformed fatness into a stigmatising trait. In Chapter two, I also explored the stigma management strategies that have been put forward by scholars, with a particular emphasis on the strategy of coming out, i.e. reclaiming one’s stigmatised identity through the creation of a community of like-minded individuals (Pausé, 2012; Link and Phelan, 2001; Oliver, 1992; Charlton, 1998; Taylor, 2018). This led me to investigate the history of fat acceptance movements and body positivity. These two approaches to reclaiming one’s stigmatised fat identity seem to differ on important issues, mainly the intent and strategies involved in fat activism. While fat acceptance movements emphasise structural intervention to dismantle fat discrimination, body positive activism seems to focus on individual empowerment and acceptance of one’s body.

The literature review highlighted the need to further research the topic of body positivity, particularly using primary data. For this reason, in Chapter three, I detailed the methodological assumptions that underpinned my study. A narrative approach was chosen as the best research method in order to capture the complexities of the lived experiences of fat body positive individuals. Most studies produced on body positivity have adopted a content analysis approach to visual and textual online content. While this method is useful to understand the logics of body positivity as a movement, it does not provide sufficient depth in terms of the lived experiences of individuals who identify as being part of the movement. Unlike previous studies, this project positioned the experiences of self-identifying members of this community at the centre of the knowledge produced on body positivity. Moreover, as body positivity is still an understudied social phenomenon, I wanted this research to be

informed by the experiences of those individuals whose stories have never been heard before, i.e. self-identifying fat and body positive individuals.

In Chapter four, I analysed how fat and body positive individuals navigated their stigmatised identity. Fat bodies are positioned in a constant state of hyper(in)visibility, i.e. they are at one time constantly looked at but also dismissed and therefore rendered invisible (Gailey, 2014). It is in this context that fat body positive individuals started to use the word “fat” to describe themselves as a desire to question some common assumptions around fatness, namely that fat bodies are unattractive, ugly, lazy, asexual etc. The first finding that I analysed in this chapter concerned the ways in which participants conceptualise their fat embodiment. When asked to describe what it is like to be fat, participants narrated stories in which their fatness was situated in a public context, such as sitting on a bus or being in a lift with other people. This suggests that the experience of “taking up space” might be influential in understanding their narratives, in general, and the ways in which they navigate their stigmatised identity, in particular.

The second finding of this chapter revealed that participants would use the word “fat” to describe themselves when they are in private – i.e. when they are speaking to themselves – but they avoid at times using this word in public, i.e. in front of other people. This suggests that using the word “fat” can create a social chasm because participants cannot always rely on an intersubjective understanding of the word, i.e. they cannot assume the meanings that other people might attach to this term. For this reason, I have argued that it might be possible to “come out as fat”. In fact, I believe that there is another possible interpretation of “coming out” that exceeds the traditional LGBTQIA+ interpretation of it. Coming out as fat means publicly affirming the desire to rediscuss a stigmatised identity and as such it shouldn’t be considered as a one-off event but an act that can be repeated over time. Every time fat individuals decide to use the word “fat” to describe themselves in public, they are coming out.

The final finding of Chapter four concerned the sense of collective fat identity experienced by my participants, which in turn reinforced the idea that it might be possible to come out as fat. In fact, the data suggest that the same participants who expressed a sense of uneasiness

about their “being fat in public” also felt a sense of belonging and shared experiences when it comes to other fat individuals. However, this sense of collective fat identity was not experienced indiscriminately with all fat people, but only with those who are perceived to be positive about their fatness. This means that a community of like-minded individuals is generated after the coming out process.

In Chapter five, I analysed the changes in clothing style that happened in the participants’ lives since becoming body positive. The first finding of Chapter five revolves around the structure of clothing stories. Participants articulated their narratives around a trajectory of a past, insecure self and a present, confident self, with the plot-twist in these stories represented by the discovery of the body positive movement. A renewed sense of fashion has been mentioned by most female and non-binary participants as the main change that happened in their lives since becoming body positive. This leads to a second finding, i.e. participants’ stories revealed a desire to express individuality through clothing practices. After having developed a positive relationship with one’s fat embodiment, participants started to wear fitted, bright-coloured clothes and ultimately, they started to use their clothes as means to express themselves and their identity.

The ways in which participants express their individuality through their clothing choices tends to conform to norms of fashion and beauty, i.e. the words of one of the participants, they want to “highlight their good bits”. Clothing stories are ambiguous because participants want to express their individuality and the unruly nature of their bodies through their clothing, but at the same time they also manifest the desire to conform to norms of fashion. I have argued that fat body positive women and non-binary individuals are stuck in a limbo where they want to be able to wear clothes originally ideated for non-fat bodies and do “what thin people do”, but they are also fully aware that they never will, and therefore resort to wearing red wedding dresses, shave and dye their hair in bright colours so that the “normals” will have something to stare at. This is what I have termed “a quest for (ab)normality”.

Chapter six focused on parenting narratives and how most participants articulated stories based on the trope bad parent/good parent. Unlike the other findings, I did not specifically ask participants about their parenting strategies or family relationships because it was beyond

the scope of my research questions. However, the family quickly became the repository of multiple discourses in terms of fatness and body positivity. The first finding of this chapter revolves around the narrative tension identifiable in the parenting stories of fat body positive individuals. Unlike other parts of the interview where there is a clear distinction between past and present self stories, in this chapter participants were unable to maintain a coherent chronological line. The narrative tension in my participants' parental stories is articulated around the notion of an authoritative self, i.e. the capacity to develop an original parental voice that is able to contrast with their own parents' voices. I have argued that although the plot twist is difficult to identify and there is no coherent chronological line in their stories, the emplotment of these stories is based around the idea of developing an authentic parental voice. Participants narrated stories of how they had achieved this voice by expressing with intensity how much of a better parent they are compared to their parents.

The second finding of Chapter six concerns the influence of health discourses within the family, as diets and "healthy" practices have a predominant role in the narratives around "good" parenthood. In fact, diet talks and "healthy" behaviours" are recurring themes in the parenting narratives of fat body positive individuals. Ideologies surrounding health and what being a "good" parent entails surfaced in my participants' accounts as I unveiled the contradictions implicit in being both body positive and a fat parent. This leads to a third finding discussed in Chapter six. As my participants are on the verge of being considered "bad" parents because they fail to control their "unruly bodies", they narrated parental stories in which there is a great deal of emphasis put on the fact that they are caring parents. This tendency extends the parent-child relationship as it applies to strangers and other family members as well. This trope of being a "caring" parent and "caring" attitudes in general, remained consistent throughout the participants.

Chapter seven concluded the analysis of my findings with a discussion on health and "healthy" eating. The first finding discussed in this chapter concerned the revised understanding of health that participants developed after becoming body positive. They expressed a desire to question some of the common assumptions around fatness, including that fat people are necessarily unhealthy. They manifest strong anti-diet beliefs and assert that it is not possible to establish a person's health status simply by looking at them. Moreover, this revised

understanding of health also impacted their mental health, with some participants reporting that their mental health had improved since becoming body positive.

The second finding of Chapter seven relates to how participants struggled to discuss health and “healthy” eating matters with other non-body positive individuals, particularly their family members and medical professionals. In the stories of fat body positive individuals, the family is often the repository of a series of tensions related to fatness and diet talks. In this chapter, I discussed how participants struggled to communicate their revised understanding of health to their family members. Similarly, they also felt dismissed by medical professionals, as their stories often reveal a sense of frustration when dealing with healthcare providers, and a desire to better advocate for oneself.

The third finding discussed in this chapter concerned the contradictions that emerged with participants’ own accounts of health and “healthy” eating stories. In fact, even though in general participants reported having developed a better and more relaxed approach to eating, they still at times struggled to eat in public. The very mundane task of consuming food in a public space becomes invested with moral significance. A second contradiction that arose during the interviews was that participants at times tapped into common stereotypes around fatness to explain the behaviour and determine the health status of other fat individuals. This reveals that even though they are body positive, at time my participants are influenced by fatphobic rhetoric around being fat.

The overarching theme of this thesis has been the management of a stigmatised identity and, in particular, how individuals who reclaimed this “spoiled” identity by having developed a positive outlook on one’s fat embodiment, navigate their fat identity in a fatphobic society. I have argued throughout the thesis that even though fat body positive individuals have developed a positive relationship with their fat bodies, they are also presented with a series of challenges in their everyday lives. These challenges are clearly exemplified by the words they use to describe themselves (Chapter four), the clothes that they decide to wear and how these choices are perceived by society (Chapter five), how they portray themselves as caring parents and caring individuals (Chapter six) and finally, the conflictual conversations that they keep having with family members and medical professionals about their health but also, the

battling of internal assumptions around fatness caused by their own internalised fatphobia (Chapter seven). I have argued throughout the thesis that even though fat body positive individuals are content with their fat bodies, this does not mean that the world around them has also changed its perception of fatness. For this reason, fat body positive individuals find themselves in a position where they express their positive embodiment through various forms – clothing choices and using the word “fat” to describe themselves, for example – but they also feel compelled to justify their positivity through a series of acts aimed at mitigating others’ expectations – including using words such as “chubby” and “plus size” to refer to themselves in order to avoid conflict or awkward conversations with other non-fat individuals, and emphasising the fact that they are caring individuals. The topics addressed in this thesis highlight the complexities involved in navigating a stigmatised identity, and the constant stigma management techniques that fat body positive individuals put in place in order to find their place in society.

## Contribution to research

This project provides a better understanding of the body positive movement as well as the experiences of self-identifying fat members of this community. As the literature on body positivity is still in its infancy, this project sheds light on the rarely acknowledged issue of the lived experiences of fat body positive individuals. Moreover, this project also contributes to the knowledge of a series of peripheral topics, i.e. areas of research that do not have their own dedicated chapter in this thesis and that are not explicitly mentioned in the research aims and objectives, but that at the same time underpin the findings of this study. I am referring in particular to areas such as sociology of the body, sociology of health and illness, feminist theory, stigma research and sociology of the family. Each analytical chapter provides insights that exceed the realm of fat studies and provide useful information on other areas of research, highlighting once again the multifaceted nature of fat research and the potential that it may have on adding knowledge to the existing body of literature of disciplines and subdisciplines that are not exclusively about fatness. In the following sub-headings, I will list and explain the five contributions to knowledge provided by this project.

## Methodological contributions

The method that was chosen to carry out this project constitutes a contribution to knowledge. In fact, most studies produced to date on body positivity have relied on secondary data and have mainly been using a content analysis approach to study the movement as a whole, i.e. how body positive contents gets created, shared and commented on in online spaces. The majority of scholars who have been working on body positivity seem to have been more interested in understanding the logics of this movement, instead of the lived experiences of self-identifying members of this community. For example, Cohen et al. (2019) used a content analysis approach to analyse body positive content on Instagram. Caruso and Roberts (2018) have collected visual and textual data from a male body positive blog in order to explore how body positive men construct their masculinities in online spaces. As their research aim was to investigate online data, they argued that not only “the inclusion of additional methods, such as interviews, was considered unnecessary to illuminate the issue being researched”, but that “unlike other more conventional qualitative methods – such as interviews or focus groups – pre-existing online data provides insights into more naturalistic homosocial discussion without the potentially constraining influence of a researcher” (Caruso and Roberts, 2018: 633). Similarly, Cwynar-Horta (2016), Sastre (2014), Zavattaro (2020), Johansson (2020) focused on understanding the meaning of body positivity and the creation of body positive content in online spaces, rather than studying how this movement has impacted the lives of the members of this community.

By using a narrative method and collecting stories, this project positioned the fat members of the body positive community, their accounts and experiences at the forefront of the knowledge produced on body positivity. In doing so, this project was able to provide a richness and depth of data that has hardly ever been produced on this topic. In fact, the aforementioned literature had informed us on how body positive content is digitally created and shared, how individuals interact in virtual body positive spaces, and how the movement has changed over time. However, when it comes to understanding the lived experiences of fat body positive individuals, these studies are both limited and inadequate, as they do not account for the influences that the body positive movement might have had in shaping

individuals' life stories. These studies are unable to capture the complexities and nuances of the lived experiences of individuals who identify as fat and body positive. This project provided a methodological contribution to the existing knowledge on body positivity and fat embodiment because it positioned the experiences of fat and body positive individuals at the centre of the knowledge produced on body positivity, and in doing so, it was able to investigate the complexities and multifaceted nature of the changes brought by the body positive movement.

### Coming out as an act that can be repeated over time

A number of scholars have debated about the possibility of coming out as fat (Saguy and Ward, 2011; Pausé, 2012; Murray, 2008). I have built on this literature and have argued that even though fatness is always hypervisible and never closeted, it is possible to come out as fat. Coming out as fat means publicly affirming the desire to rediscuss one's stigmatised identity. This means that coming out can exceed the traditional LGBTQIA+ understanding of this phenomenon and can be applied to other stigmatised identities, including fatness. This in itself does not constitute a contribution to existing knowledge because other scholars – namely Saguy and Ward (2011) and Pausé (2012) – have already developed similar arguments. The original contribution to knowledge that this study provides is that I have theorised coming out as an act that can be repeated over time. I have used and challenged the work of scholars like Samuels (2003), Sedwick (1990), Zimman, 2009), Liang (1994) and Plummer (1995) who have all theorised coming out as a one-time occurrence. Liang, for example, defines “coming out” as “the last straw” (1994: 141), the singular moment clearly identifiable in a person's recollections about the time when she felt as if she could not hide her secreted identity anymore and let it all out. Even Plummer (1995), whose account includes four different types of coming out – personal, private, public, and political – still considers each type of coming out as a “first and only time” event, i.e. the first time a person came out to his parents, friends, colleagues etc., as if there was never the need to come out *again*.

To the best of my knowledge, no scholar has ever theorised that it might be possible to come out repeatedly, even to the same person. I have argued that coming out is not a “crossing the

bridge” scenario, but a public expression of the desire to rediscuss the meaning of a stigmatised identity. Because my understanding of coming out is not bound to the revelatory act of revealing something that was previously hidden, it is possible to imagine a series of scenarios in which coming out is repeated through time. Fat people need to make the decision to come out every time they meet someone new, someone who might not know about their battle to reclaim the word “fat” or fat identity in general. Moreover, they might even come out more than once to the same person or group of people because every time they decide to use the word “fat” to describe themselves in public, they are coming out. I proposed a more inclusive understanding of coming out, one that does not revolve around a singular event that is possible to locate in space and time, but a repetition of such event.

### Clothing practices as ambiguous forms of resistance

The findings of this study suggest that fat body positive women and non-binary individuals enjoy at times partaking in the (re)creation of normative ideals of fashion, by “highlighting their good bits” or by wearing fitted clothes to enhance their figure. This is what I have termed “quest for (ab)normality”. The fact that participants enjoy doing “beauty work” should not automatically disqualify these clothing performances from being considered as forms of resistance. I have built on the works of Gimlin (2002), Davis (1991) and Johnson and Taylor (2008) to argue that participating in the (re)creation of beauty and fashion ideals can function as a source of empowerment.

The original contribution to existing knowledge consists in my understanding of clothing practices as forms of resistance even when they are ambiguous ones. In agreement with Davis (1991), I have argued that simply because my participants at times comply with and enjoy partaking in the (re) construction of norms of fashion, it does not mean that they agree with them. I have theorised that clothing practices can constitute forms of resistance even when they are normative in their intent. In other words, we should stop considering forms of resistance within a purity binary frame, i.e. outside norms or inside norms. Instead, I have argued that even though at times the clothing practices of fat body positive women and non-

binary individuals are contradictory, they are simply a reflection of the complexity of human life and should still be considered as forms of resistance, albeit ambiguous ones.

### Regaining morality status through caring

The participants who took part in this study placed a great deal of emphasis on the fact that they were caring parents. This tendency was also found among those participants who did not have children, which suggests that the desire to be perceived as caring figures extend beyond parental duties. My interest in care was linked to a feminist tradition that makes a distinction between caring *about* and caring *for* (e.g., Skeggs, 2002; Tronto and Fisher, 1990; Hollway, 2006). The work of Skeggs (2002), in particular, has been useful to understand how the care for self and care for others are inextricably interconnected. Caring – in the forms of caring *about* and caring *for* others – is both a practice and a technique as individuals actively change their behaviours and self-regulate in order to generate a positive evaluation of respectability. I built on Skeggs (2002)'s theory of caring and have argued that these two understandings of caring – as a practice and as a technique – are applicable to the stories narrated by fat body positive individuals.

I have also contributed to the existing knowledge by arguing that in the case of individuals with a stigmatised identity, caring *about* and caring *for* others might be interpreted as having a salvific role. As my participants are on the verge of being considered “bad” parents because they fail to control their “unruly bodies”, they narrate parental stories in which there is a great deal of emphasis put on the fact that they are caring parents. This tendency extends the parent-child relationship as it applies to strangers and other family members as well. Only by being caring parents – whether it might be to themselves, their children, other family members or even strangers – fat body positive individuals can be perceived as “good” parents and therefore selves worthy of respect.

## The challenges of resisting the medical discourse

Most participants manifested strong anti-diet beliefs and a desire to challenge the assumption that fatness necessarily leads to ill-health. However, it would be simplistic to assume that simply by changing one's attitude towards health and eating habits, participants would be able to dismantle anti-fat biases. In fact, some of the tendencies that they aim to question – equating fatness to ill-health or making assumptions about a person's health status purely based on their weight – are also occasionally found in the participants' stories. This highlights that the participants themselves at times tap into common stereotypes around fatness to make sense of their own or other fat people's experiences. This shows that even though my participants are body positive and as such they aim to dismantle diet culture and its assumption around health and "healthy" eating, they too are influenced by fatphobic rhetoric around health.

The main argument that I developed in Chapter seven is that even though my participants are body positive and as such they aim to dismantle diet culture and its assumption around health and "healthy" eating, they too are influenced by fatphobic rhetoric around health. Several studies have already discussed the extent of the stereotypical and prejudicial attitudes toward fat people and the detrimental effect that this has on fat people's lives (Aronson, 1997; Lewis et al., 1997; Robinson et al., 1993; Yunker et al., 1995). I have used some of the extensive literature on weight-based stigmatisation to argue that the medical discourse is difficult to resist. Even though some literature is suggesting that an increasing number of individuals are expressing the desire to question medical knowledge – see Brown et al., 2004; Pols, 2013; Arksey, 1994 – fat individuals often find themselves powerless when dealing with medical professionals, as numerous studies have shown the many forms of discriminations and weight bias that fat individuals are forced to endure when dealing with medical professionals (Brown and Flint, 2013; Gudzone et al., 2013; Sabin et al., 2012; Malterud and Ulriksen, 2011).

My original contribution to knowledge in relation to health and "healthy" eating consists in having developed an argument that accounts for the ways in which fat body positive individuals attempt to resist medical knowledge around fatness and express the desire to

question common assumptions, including that fatness necessarily leads to ill-health. At the same time, my argument is also able to explain why fat body positive individuals occasionally tap into common stereotypes of fatness to make sense of the world around them. Following the work of Tischner and Malson (2008), I have argued that my participants have not simply internalised fatphobic messages. They play an active role in the (re)construction of them. This in turn suggests that resisting the medical discourse is extremely challenging, not only because fatness is mainly discussed within a medical frame, which is authoritative, pervasive and therefore difficult to question, but also because the same individuals who wish to challenge the medical discourse are influenced by it. To put it simply, despite the fact that my participants have developed an encompassing understanding of health, they are still influenced by the fatphobic society they live in.

## Limitations and recommendations

There are three possible limitations of research concerning the number of participants, the generalisability of this study, and the decision to ask demographic questions at the end of the interviews. First, this project contains some methodological limitations in terms of the number of participants who took part in this project. 11 self-identifying fat and body positive individuals inform the findings of this study and as such, they do not constitute an ample representation of the body positive movement. However, the scope of this project was not to collect the information of a representative sample of the body positive movement. Rather, I wanted to collect data that was rich and insightful about the life experiences of individuals who identify as fat and body positive. Narrative research is time-consuming, and it generates rich, in-depth data (Somers and Gibson, 1994, Riessman, 1993). The interviews constituted over 20 hours of recordings, and almost 300 pages of transcripts. For this reason, even though 11 individuals is a limited number of participants, I argue that the data collected in this study does provide a rich and deep understanding of this social phenomenon.

Second, it might not be possible to generalise this project outside of the Anglophone world. Even though body positivity is an international phenomenon, most of the literature produced

on body positivity and fat studies is in English and it centres around the experiences of Anglophone individuals. Unfortunately, my project is no different. Due to lack of research funding, ethical concerns and time restrictions, this study is informed by the experiences of UK residents and this might cause some issues in terms of generalisability.

A third limitation to this study consists in the fact that I collected the demographic information of my participants at the end of our interview, which means that I became aware of relevant information about my participants after the completion of our conversation. A number of scholars have argued that demographic questions should be asked at the end of the interviewing stage (Stoutenbourg, 2008; Whitley, 1996; Jackson, 2009). In agreement with these scholars, I decided to leave the demographic questions for the final stage of the interviewing process. My aim as a researcher using narrative interviewing was to create a friendly and informal environment so that my participants would feel comfortable to articulate their life stories. I wanted them to autonomously decide the pace of our conversation and the depth of information that they felt comfortable to disclose. I was afraid that asking demographic questions at the start of our conversation might be perceived by my participants as intrusive and therefore it would have been counterproductive to the general scope of the project.

I do not regret the decision to ask demographic questions at the end of the interviews as this allowed me to collect rich and detailed data from the conversations that I had with my participants. However, if I had known certain demographic information about them at the start of our conversation, I would have been able to ask more detailed questions. This is particularly relevant in the case of sexual orientation, disability status and gender identity, as they turned out to be important aspects of my analysis. For example, if I had known that my participants identified as disabled, I would have asked more tailored questions in order to investigate their understanding of health.

At the same time, I am glad that I was not aware of their demographic information because I fear that I would have imposed my agenda – as a researcher – onto our conversations and this would have gone against my methodological approach as a researcher using narrative interviewing. In fact, I wanted the participants to be the ones leading our conversations and

even though I did use some questions to prompt storytelling, I did not want to be the one imposing the topics of our conversations. For all these reasons, asking demographic questions at the end of the interviewing process might be considered a limitation to this study, but at the same time, I would not have done it any differently.

Despite the multiple ways in which this project has contributed to the existing body of literature, further research is needed in order to fully understand body positivity. In particular, I would like to suggest three main recommendations. The first one concerns researching body positivity and fatness outside of English-speaking countries. Because of lack of funding, this project could only be based on the experiences of UK residents. However, the body positive movement is an international phenomenon and because of its simple and effective communication strategies – including Instagram photos with simple captions – it is accessible to people who do not speak English. This is an important difference compared to other fat activist movements who require a good proficiency of the English language. For this reason, it would be interesting to investigate how the movement has been received outside of Anglophone countries. As a scholarly discipline, fat studies has been mainly produced in a north American context. In this regard, Cooper (2009) wrote an essay titled “Maybe it should be called Fat American Studies”. However, researching body positivity and fatness in different cultures might improve our understanding of this phenomenon.

As body positivity research is still in its infancy, I would also like to suggest that further research is carried out in order to address the implications of this social phenomenon. In particular, as now the body positive movement has grown to include non-fat members, it would be interesting to investigate what body positivity means to non-fat individuals and the changes that have occurred in their lives since becoming members of the movement. This would allow us to compare the experiences of my participants – i.e. fat and body positive – with the experiences of non-fat individuals. This would add to the existing knowledge because it would allow us to analyse how the movement has changed over time. But also, it could provide useful information on the impact that this movement had on individuals who are not fat and that yet are still experiencing dissatisfaction in relation to their bodies to such a degree that they felt compelled to join a movement originally created by and for fat people.

## Body positivity: past, present, future

In Chapter one and Chapter two, I have explained how the literature produced on body positivity is still in its infancy, as it is less than 10 years old. This literature is inadequate not only because it is scarce in quantity, and because the methodologies that have been used to address the phenomenon of body positivity are limited – most of them use content analysis and focus on understanding the logics of the movement as a whole, instead of focusing on the lived-experiences of self-identifying body positive individuals. Most importantly, this literature has been focusing on highlighting the shortcomings of the movement, instead of exploring its possible merits. In other words, the vast majority of body positive research produced to date seems to focus on understanding how body positivity differs from traditional fat activism, and how it fails to live up to the expectations of fat scholars studying this new phenomenon. For example, Sartre (2014) argues that body positivity is not capable of dismantling beauty standards and it is simply promoting an empty and nebulous message of “self-love”: “Body positive spaces thus foster corporeal performances that all too readily become mimetic of the very norms they seek to counter” (Sastre, 2014: 931). Cwynar-Horta (2016) argues that body positivity has been co-opted by neoliberal discourse and consumer culture, which in turn, have separated body positivity from its intended social justice goals. This argument is echoed – among others – by Knox (2019). Even Cooper (2016) – one of the most authoritative and influential fat scholars and activists – disregards body positivity as a mere proxy for fat activism.

This approach to the study of body positivity is flawed – body positivity shares some commonality with fat activism, but cannot be reduced to it – and limited, as it undermines the implication that this movement has on a large and growing group of people. One of the aims of this project was to provide a different understanding of body positivity, one that did not focus on the logics of the movement but rather one that positioned the experiences of people who identify as fat and body positive at the centre of the knowledge produced on this movement. This epistemological turn allowed me to fill a gap that currently exists in the literature, namely the lack of a conceptual space for body positive research.

Fat matters have been historically approached by two different perspectives, namely sociology of health and illness and fat studies. The former is interested in understanding the construction of “obesity” as a disease and the social implications involved in this process. The latter shares some common aims with medical sociology, but it is more politicised, and it often contains an activist element – some fat scholars are also activists and vice versa. Body positive research struggles to fit in this dyadic approach to fatness. It finds itself to be not political enough to be considered in high regard in fat positive and fat activist spaces – see my discussion in Chapter one about recruiting participants in fat positive spaces – while at the same time, it is too political for most healthcare-focused research. In other words, in the eyes of fat scholars, body positivity is a proxy of fat positivity at best – as Cooper (2016) has argued – or a neoliberal drift, at worst (Sastre, 2014; Cwynar-Horta 2016). Although it occupies a social media space, body positivity has not been easily accommodated with more healthcare-focused research. What both medical sociology and fat studies fail to understand is the impact and implications that body positivity has on the lived experiences of individuals who identify as such and how joining this online community has improved their lives.

There is a question that I have not explicitly answered in this thesis: how has the life of my participants changed after they discovered body positivity? The answer to this question is implicitly disseminated across the thesis. In fact, I would argue that each of the analytical chapters exemplifies a different area of my participants’ life that has improved since they became body positive. The stories that I collected for this project are significantly heterogeneous. However, despite their differences, the single most important element that characterised each of these stories was how the life of my participants had improved since they discovered the body positive movement. The changes that had happened in their lives were mundane and not always politically charged. My participants told stories of how – thanks to body positivity – they would now allow themselves to consume food in public, or how they would wear colourful and fitted clothes instead of dark and baggy ones. They internalised the body positive message of “there is no wrong way to have a body” and “all bodies are good bodies” and as a result, they started to express caring attitudes and words not only towards others but also towards themselves. At times, they were also able to advocate for themselves when confronted with the authority of medical professionals, because they had learnt – through body positivity – that the connection between weight and

health is not as straightforward as it might seem. Some of these changes have a political and activist potential, but that was never the focus of these stories. What my participants tried to convey throughout our conversation was the minute and detailed improvements that had happened in their lives since becoming body positive. These stories were not about dismantling fat-phobia or growing a collective consciousness around fat issues. Simply, these stories were about the small, yet pervasive changes that had allowed for an improved sense of self and an all-round more positive relationship with one's fat embodiment.

In light of the importance of body positivity in the lives of my participants, it seems inappropriate to reduce it to a proxy for fat activism or disregard it as a social media sensation. Body positivity is a large and growing online community. Given the scale and impact of this movement, it deserves its own conceptual space. In other words, researchers should pay closer attention to the relevance of this phenomenon and should not simply want to highlight its shortcomings and set it against the mighty history of fat activism. This project was able to achieve what other projects on body positivity have failed to achieve, namely that if we focus on the lived experiences of fat body positive individuals, we are able to understand the nuanced and fine details of what body positivity *truly* entails. This project was informed by the life stories of 11 participants, but body positivity is an international phenomenon, whose popularity is still growing, and many implications have not yet fully been explored. What else could we learn from studying body positivity as its own conceptual framework?

## Final remarks

The study of fatness provides rich and meaningful insights on how society operates. Fat is a symbol that transcends its materiality and gets transfigured into the repository of a series of discourses, including morality, attractiveness, and health (Farrell, 2011; Chernin, 1981; Richardson, 2010; Kwan and Trautner, 2009, Pausé, 2014). In fact, fat bodies are considered to be immoral, unattractive, unhealthy and ultimately, they are made into a moral panic (Boero, 2012). The participants of this study are individuals who have decided to question some of these assumptions around fatness. By being fat and body positive, they are

challenging society to unveil some of the reasons behind its fatphobic rhetoric. This project, by examining the stories of fat body positive individuals, has brought forward some of the complexities connected to fat embodiment and fat living. I have argued that these individuals carefully chose the words that they use to describe themselves as an attempt to navigate their stigmatised identity (Chapter four); they put in place forms of resistance through the clothes that they wear to positively express their fat embodiment (Chapter five); they emphasise their caring nature to compensate their supposed lack of moral status (Chapter six); and finally they question the assumption that fatness necessarily leads to ill-health, but occasionally they are influenced by the fatphobic rhetoric around “obesity” (Chapter seven). These arguments add to the existing knowledge of the lived experiences of fat individuals and body positivity. However, as the body positive movement keeps growing and mutating, this area of research has far exhausted its potential. There are many more aspects of both fatness and body positivity that need to be investigated and ultimately, there are still many stories waiting to be heard.

## Appendix I: Participants' description

### **Kate**

Pronouns: they/them. Gender: non-binary. Age: 20. Sexual orientation: pansexual. Education: A-levels. Ethnicity: White British. Socio-economic background: working class. Clothing size: UK size 16. From: town in the south of England. Disability: yes.

### **Sophie**

Pronouns: she/her. Gender: female. Age: 21. Sexual orientation: bisexual. Education: A-levels. Ethnicity: White British. Socio-economic background: working class. Clothing size: UK size 18. From: town in the south of England. Disability: no.

### **Annie**

Pronouns: she/her. Gender: female. Age: 19. Sexual orientation: pansexual. Education: A-levels. Ethnicity: White British. Socio-economic background: working class. Clothing size: UK size 18. From: city in the north of England. Disability: no.

### **Anna**

Pronouns: she/her. Gender: female. Age: 34. Sexual orientation: heterosexual. Education: BA. Ethnicity: White British. Socio-economic background: lower middle class. Clothing size: UK size 20. From: small town in the north of England. Disability: no.

### **Georgia**

Pronouns: she/her, they/them. Gender: non-binary femme. Age: 29. Sexual orientation: demisexual, grey sexual lesbian. Education: BA. Ethnicity: White British. Socio-economic background: middle class. Clothing size: UK size 20-26. From: city in the north of England. Disability: yes.

### **Nancy**

Pronouns: she/her. Gender: female. Age: 20. Sexual orientation: lesbian. Education: A-levels. Ethnicity: White British. Socio-economic background: middle class. Clothing size: UK

size 3XL and 4XL in men's clothing; 22-26 in women's clothing. From: village in the south of England. Disability: yes.

### **Natasha**

Pronouns: she/her. Gender: female. Age: 49. Sexual orientation: bisexual. Education: PGCE. Ethnicity: White Irish. Socio-economic background: middle middle class. Clothing size: UK size 20-24. From: small town in the south of England. Disability: not anymore.

### **Nina**

Pronouns: she/her. Gender: female. Age: 35. Sexual orientation: straight. Education: Degree. Ethnicity: Mixed South American. Socio-economic background: working class. Clothing size: UK size 22. From: village in the north of England. Disability: no.

### **Leor**

Pronouns: he/him. Gender: male. Age: 32. Sexual orientation: bisexual. Education: A-levels, NVQ. Ethnicity: British Israeli. Socio-economic background: working class. Clothing size: 5XL. From: city in the south of England. Disability: no.

### **John**

Pronouns: he/him. Gender: male. Age: 30. Sexual orientation: heterosexual. Education: HND. Ethnicity: White British. Socio-economic background: lower middle class. Clothing size: 38 waist, 44 chest. From: city in the south of England. Disability: no.

### **Ellie**

Pronouns: she/her. Gender: female. Age: 49. Sexual orientation: straight. Education: BA. Ethnicity: White Anglo-Irish. Socio-economic background: middle class. Clothing size: UK size 18-28. From: city in the south of England. Disability: yes.

## Appendix II: Information sheet

### RESEARCH PARTICIPANT INFORMATION SHEET

**TITLE OF PROJECT:** A Study on the Body Positive Movement: Narratives of Fat Body Positive Individuals.

**INTRODUCTION:** My name is Rachele Salvatelli and I am a PhD researcher in the Department of Sociology at the University of York under the supervision of Dr Steph Lawler ([steph.lawler@york.ac.uk](mailto:steph.lawler@york.ac.uk)) and Professor Sarah Nettleton ([sarah.nettleton@york.ac.uk](mailto:sarah.nettleton@york.ac.uk)). The University of York's Ethics Committee has granted me the approval for a study on people's experiences and views on the body positive movement. If you have questions about my ethics approval, you can contact the Chair of the Ethics Committee, Professor Tony Royle ([tony.royle@york.ac.uk](mailto:tony.royle@york.ac.uk)) or the Head of Sociology Department, Professor Paul Johnson ([paul.johnson@york.ac.uk](mailto:paul.johnson@york.ac.uk)).

**WHAT IS THE PURPOSE OF THE STUDY?** I am interested in hearing about the life experiences of self-identifying fat, body positive individuals. The study aims to better explore what individuals understand by the term "body positive" and if their awareness of the body positive movement has altered their views and experiences.

**HOW CAN I HELP?** Do you identify as fat? Do you consider yourself to be body positive? If so, I would like you to tell me about events and experiences which are important to you in relation to your body type.

**WHAT WILL I BE ASKED TO DO?** I will ask you to meet up with me in a mutually agreed place for an interview. The interview could take an hour, but could take longer. However, you may stop the interview at any time. If you are in agreement I will record our conversation. This will then be transcribed.

**WHAT ARE THE POSSIBLE RISKS OF TAKING PART?** It is possible that some of the issues we explore might be sensitive.

**WHAT WILL HAPPEN TO THE INFORMATION?** All the information will be strictly confidential and anonymous. I will be the only one who will have access to your personal details. The interview transcript will be read by and used to inform my PhD thesis.

**DO I HAVE TO TAKE PART?** If you decide not to take part, that's OK. You can withdraw from the study at any point, without any need to give an explanation.

**WHAT HAPPENS NEXT?** If you would like to take part in the study, or would like more information, please do get in touch!

Rachele Salvatelli  
[rs1336@york.ac.uk](mailto:rs1336@york.ac.uk)



@ra89sa



/rachele.salvatelli

W/123 Wentworth  
College, University  
of York



@r\_salvatelli



UNIVERSITY  
*of York*

## Appendix III: Consent form

### CONSENT FORM FOR RESEARCH PARTICIPANTS

**TITLE OF PROJECT:** A Study on the Body Positive Movement: Narratives of Fat Body Positive Individuals.

**RESEARCHER'S NAME:** Rachele Salvatelli ([rs1336@york.ac.uk](mailto:rs1336@york.ac.uk))

**RESEARCHER'S SUPERVISORS:** Professor Sarah Nettleton ([sarah.nettleton@york.ac.uk](mailto:sarah.nettleton@york.ac.uk)); Dr Steph Lawler ([steph.lawler@york.ac.uk](mailto:steph.lawler@york.ac.uk))

**CHAIR OF ETHICS COMMITTEE:** Professor Tony Royle ([tony.royle@york.ac.uk](mailto:tony.royle@york.ac.uk))

**HEAD OF SOCIOLOGY DEPARTMENT:** Professor Paul Johnson ([paul.johnson@york.ac.uk](mailto:paul.johnson@york.ac.uk))

	YES	NO
Have you read the Information Sheet for Research Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to take part in the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand what the project is about and what taking part involves?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that the information you provide may be used in future research?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to ask questions about the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that your data will be kept anonymous and confidential?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know that, if you decide to take part and later change your mind, you can leave the project at any time without giving a reason before publication?	<input type="checkbox"/>	<input type="checkbox"/>
Is it okay if I digitally record our meeting?	<input type="checkbox"/>	<input type="checkbox"/>

Please write your name here (in BLOCK letters): \_\_\_\_\_

Please sign your name here: \_\_\_\_\_

Researcher's Name (in BLOCK letters): RACHELE SALVATELLI

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix IV: Topic guide

### TOPIC GUIDE

#### 1. Introduction

The researcher: My name is Rachele Salvatelli and I am a PhD researcher in the Department of Sociology at the University of York.

The project: I am interested in hearing about the life experiences of self-identifying fat body positive individuals. I would like you to tell me the story of your life, all the events and experiences which are important to you. Please take as much time as you need

Reassure about confidentiality and anonymity: Every information we are going to discuss today will be anonymous. I might show parts of the transcript of our conversation to my supervisors, but I will be the only person having access to your personal details. I will not insert any of your identifiable information in the thesis or publications that might follow. I would like to ask you to choose a pseudonym and to tell me what pronouns you would like me to use to refer to yourself.

Explain the interviewing process: This is a qualitative research study, so there are no wrong or right answers. I am just interested in hearing your stories and experiences. If there are some questions you would rather not answer, you are free to do so. Taking part in the study is totally voluntary and you can leave at any point. You can also withdraw from the study after the interview is completed, as long as you do so before publication. I am going to ask you a few questions, but I would like this process to remain as friendly and informal as possible, so if there are any questions - even personal ones - you would like to ask me, please feel free to do so.

Remind length of the interview: I would like this interview to last an hour or longer but we can stop at any time you like.

Introduce digital recorder and explain transcription, data storage and destruction: If this is okay with you, I will record our conversation. I will also transcribe our conversation on a later date and might use parts of the transcripts on my thesis. All the data will be destroyed 20 years after the completion of my PhD and will be safely stored in a password protected, encrypted hard drive in the meantime.

Check if the participant has any questions at all.

Check if still happy to participate in research.

Thank person for her agreement to participate.

## **2. Possible questions**

### **2.1 Body Positive Movement:**

2.1.1 I would like you to guide me through your “body positive journey”. When did you first find out about the movement? What was your initial reaction to it?

2.1.2 What does your being part of the body positive movement involve? Give me an example.

2.1.3 What is the body positive movement for you?

2.1.4 What sort of body positive content do you follow on social media?

2.1.5 Have you ever been to a body positive event? If so, how was it?

2.1.6 Evidently you are a supporter of the body positive movement. But can you think of an event in your past where the movement has let you down? An episode where you felt there was a controversy with the movement and you couldn't identify with it?

### **2.2 Changes from before and after discovering the movement:**

2.2.1 Can you think of any changes – in your look, your style, your appearance in general – that happened since you discovered the body positive movement?

2.2.2 Can you think of any changes - in your personality - that happened since you discovered the movement? In other words, have you ever found yourself thinking, oh I wouldn't have done this before I discovered the body positive movement, and now I am doing it.

2.2.3 Can you think of any changes – in the way you relate to your fat body, and other people's fat bodies – that happened since you discovered the movement?

2.2.4 Can you give me an example of how the body positive movement has affected your romantic life?

2.2.5 Is there any other aspect of your life that has been affected by your becoming body positive?

2.2.6 I would like to know the story of the first time you told people around you (family member, partner, friend, etc) that you were body positive.

2.2.7 Has the way you see your health changed since joining the body positive movement? If so, how? Can you tell me an anecdote in relation to that?

### **2.3 Fatness:**

2.3.1 Would you normally use the word “fat” to refer to yourself? If not, why? If yes, why?

2.3.2 What words would you use to describe your body? Would you have used the same words before joining the body positive movement?

2.3.3 Tell me about the first time you thought “I’m fat”

2.3.4 Let’s imagine you have to describe what is like to be fat to a person who isn’t fat. How would you do it?

2.3.5 What relationship did you have with your fat body before you discovered the movement?

2.3.6 What do you think of people who have a body similar to yours? Would you have thought the same thing before joining the body positive movement?

2.3.6 Did you have a fat positive role models growing up? Describe to me how was the perception of fatness you had growing up.

### **2.4 Demographic questions:**

2.4.1 Your gender is...

2.4.2 How old are you?

2.4.3 What is your sexual orientation?

2.4.4 What is the highest level of education you have completed?

2.4.5 What is your ethnicity?

2.4.6 What is your socio-economic background? If you feel comfortable using the word “class”, which class would you say you belong to?

2.4.7 What is your clothing size?

2.4.8 Where did you grow up?

2.4.9 Do you identify as disabled?

### **3. Conclusion**

Ask if there are any final thoughts or comments.

Give participant the debriefing form.

**Ask them if they know someone who might want to take part in the study.**

Thank participant for their time and contribution.

Explain intention to send research findings to people who took part and ask if would like to see findings. If so, ask preferred method of contact.

## Bibliography

- Abella, R. and Heslin, R., (1984). Health, locus of control, values, and the behavior of family and friends: An integrated approach to understanding preventive health behavior. *Basic and Applied Social Psychology*, 5(4), pp.283-293.
- Agger, B. (1998) *Critical Social Theories*. Oxford: Westview Press.
- Ando, K., Giorgianni, F.E., Danthinne, E.S. and Rodgers, R.F., (2021). Beauty ideals, social media, and body positivity: A qualitative investigation of influences on body image among young women in Japan. *Body Image*, 38, pp.358-369.
- Arksey, H. (1994) Expert and lay participation in the construction of medical knowledge. *Sociology of Health & Illness*, 16 (4), pp. 448-468.
- Aronson, D. (1997). No laughing matter: Young people who are overweight can face a lifetime of discrimination. *Teaching Tolerance*, 6(2), 21-23.
- Association of Anaesthetists of Great Britain and Ireland. (2015) Peri-operative management of the obese surgical patient. *Anaesthesia*, 70, pages 859–876.
- Austin, S.B. (1999), Fat, Loathing and Public Health: The Complicity of Science in a Culture of Disordered Eating, *Culture, medicine and psychiatry*, vol. 23, no. 2, pp. 245-68.
- Bacon, L. (2008). *Health at Every Size*. Dallas: BenBella Books.
- Bacon, H., (2015). Fat, syn, and disordered eating: The dangers and powers of excess. *Fat Studies*, 4(2), pp.92-111.
- Bacon, J.G., Scheltema, K.E. and Robinson, B.E., (2001). Fat phobia scale revisited: the short form. *International journal of obesity*, 25(2), pp.252-257.
- Baker, J. (2015) *Things No One Will Tell Fat Girls*. Berkeley: Seal Press.
- Bartky, S. L. (2003) Foucault, Femininity, and the Modernization of Patriarchal Power. In R.Weitz (ed.) *The Politics of Women's Bodies*. New York: Oxford University Press.
- Bartky, S. L. (1975). Toward a Phenomenology of Feminist Consciousness. *Social Theory and Practice*. 3 (4), pp. 425-439.
- Baudrillard, J. (1998). *The Consumer Society: Myths and Structures*. London: SAGE Publications.
- Becker, G. (1997). *Disrupted Lives. How People Create Meaning in a Chaotic World*. Berkeley: University of California Press.
- Beetham, M., (2003). *A magazine of her own?: domesticity and desire in the woman's magazine, 1800-1914*. London: Routledge.
- Boero, N. (2012) *Killer Fat: Media, Medicine, and Morals in the American "Obesity Epidemic"*. New Brunswick: Rutgers University Press.
- Boero, N., (2007). All the news that's fat to print: The American "obesity epidemic" and the media. *Qualitative sociology*, 30(1), pp.41-60.
- Boero, N., Pascoe, C. (2012). Pro-anorexia Communities and Online Interaction: Bringing the Pro-ana Body Online. *Body & Society*. 18 (2). Pp. 27-57.
- Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. Cambridge: Harvard University Press.

- Bourdieu, P. (1989). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- Bourdieu, P. (1994). Structures, Habitus and Practices. In P. Press (ed.), *The Polity Reader in Social Theory*, Cambridge: Polity Press.
- Bordo, S. (1997) The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault. In K. Conboy and N. Medina (eds.) *Writing on the Body: Female Embodiment and Feminist Theory*. New York: Columbia University Press, pp. 90-113.
- Bordo, S. (1995) *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.
- Bordo, S. (1990) *Reading the Slender Body*. In M. Jacobus, E. Keller, S. Shuttleworth (eds.) *Body/Politics. Women and the Discourses of Science*. London: Routledge.
- Bortolaia Silva, E. (1996) The Transformation of Mothering. In E. Bortolaia Silva (ed) *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*. London: Routledge.
- Brach, A.M., (2012). Identity and intersubjectivity. *Identities through fashion*, pp.94-108.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101.
- British Sociological Association (2017). *Statement of Ethical Practice*. Available at: [https://www.britisoc.co.uk/media/24310/bsa\\_statement\\_of\\_ethical\\_practice.pdf](https://www.britisoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf) (Accessed: 15 September 2021).
- Britt, L. and Heise, D. (2000) From Shame to Pride in Identity Politics. In S. Stryker, T. J. Owen, R. W. White (eds). *Self, Identity and Social Movements*. Minneapolis: University of Minnesota Press.
- Brook, B. (1999) *Feminist Perspectives on the Body*. London: Longman.
- Brown, H. and Herndon, A.M., (2019). No Bad Fatties Allowed?: Negotiating the Meaning and Power of the Mutable Body. In M. Friedman, C. Rice, J. Rinaldi. *Fat Bodies, Intersectionality, and Social Justice*. New York: Routledge.
- Brown I., and Flint S. W. (2013). Weight bias and the training of health professionals to better manage obesity: what do we know and what should we do? *Current Obesity Reports*, 2, pp. 333–340.
- Brown, P., Morello-Frosch, R., Zavestoski, S., McCormick, S., Mayer, B., Altman, R., Adams, C., Hoover, E. and Simpson, R. (2012) *Embodied Health Movements. Contested Illnesses. Citizens, Science, and Health Social Movements*. Berkeley: University of California Press.
- Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., Gasior Altman, R. (2004) Embodied health movements: new approaches to social movements in health. *Sociology of Health & Illness*. Vol. 26 (1), pp. 50-80.
- Brotsky, S., Giles, D. (2007). Inside the “Pro-ana” Community. A Covert Online Participant Observation. *Eating Disorders*. 15 (2). Pp. 93-109.
- Burgard, D., Dykewomom E., Rothblum, E., Thomas, P. (2009). Are We Ready to Throw Our Weight Around? Fat Studies and Political Activism. In E. Rothblum and S. Solovay (eds). *The Fat Studies Reader*. New York: New York University Press.

- Burmeister, J.M., Kiefner, A.E., Carels, R.A. and Musher-Eizenman, D.R., (2012). Weight bias in graduate school admissions. *Obesity*, 21(5), pp.918-920.
- Calandro, A. (2017) Digital Methods for Ethnography: Analytical Concepts for Ethnographers Exploring Social Media Environments. *Journal of Contemporary Ethnography*, 47(5), pp. 551-578.
- Campbell, J. and Oliver, M. (1996) *Disability Politics. Understanding our past, changing our future*. New York: Routledge.
- Campbell, C. (2012) The Modern Western Fashion Pattern, Its Functions and Relationship to Identity. In A. M. Gonzalez and L. Bovone (Eds). *Identities Through Fashion. A Multidisciplinary Approach*. London: Berg.
- Campo, S. and Mastin, T., (2007). Placing the burden on the individual: overweight and obesity in African American and mainstream women's magazines. *Health Communication*, 22(3), pp.229-240.
- Campos, P. F., (2011). Does fat kill? A critique of the epidemiological evidence. In E. Rich, L. F. Monaghan, L. Aphramor (eds). *Debating obesity* (pp. 36-59). London: Palgrave Macmillan.
- Campos, P.F., (2004). *The obesity myth: Why America's obsession with weight is hazardous to your health*. London: Penguin.
- Cancer Research UK (2019). *Does obesity cause cancer?* Available online at: <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer/does-obesity-cause-cancer> (Accessed: 15 September 2021).
- Carbone, S., Canada, J.M., Billingsley, H.E., Siddiqui, M.S., Elagizi, A. and Lavie, C.J., (2019). Obesity paradox in cardiovascular disease: where do we stand?. *Vascular health and risk management*, 15, p.89.
- Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C. and Sweeney, J., (2013). Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health affairs*, 32(2), pp.223-231.
- Carryer, J., (2001). Embodied largeness: a significant women's health issue. *Nursing inquiry*, 8(2), pp.90-97.
- Caruso, A., Robert, S. (2018) Exploring constructions of masculinity on a men's body-positivity blog. *Journal of Sociology*, 54(4), pp. 627–646.
- Charlton, J. (1998) *Nothing About Us Without Us. Disability Oppression and Empowerment*. Berkeley: University of California Press.
- Chase, S. E. (2011). Narrative inquiry. In N. K. Denzin, & Y. S. Lincoln, (Eds.), *The sage handbook of qualitative research*. Thousand Oaks: Sage Publications, pp. 421-434.
- Chernin, L. (1981). *The Obsession: The Tyranny of Slenderness*. New York: Harper and Row Publishers.
- Cherry, K. (2020). What is Body Positivity? Available at: <https://www.verywellmind.com/what-is-body-positivity-4773402> (Accessed: 15 September 2021).

- Clarke, A.E. and Shim, J., (2011). Medicalization and biomedicalization revisited: technoscience and transformations of health, illness and American medicine. In B. A. Pescosolido, J. K. Martin, J. D. McLeod, A. Rogers (eds). *Handbook of the sociology of health, illness, and healing* (pp. 173-199). New York: Springer.
- Cohen, R., Irwin, L., Newton-John, T., Slater, A. (2019) #bodypositivity: a content analysis of body positive accounts on Instagram. *Body Image*, 29, pp. 47-57.
- Connell, R. W. (1995). *Masculinities*. Berkley: University of California Press.
- Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.
- Cooley, C.H., 1902. Looking-glass self. *The production of reality: Essays and readings on social interaction*, 6, pp.126-128.
- Cooper, C. (1998) *Fat and Proud*. London: The Women's Press.
- Cooper, C. (2009) Maybe it should be called Fat American Studies? In: Rothblum, E. & Solovay, S. (eds.) *The Fat Studies Reader*. New York: New York University Press, 327-333.
- Cooper, C. (2016) *Fat Activism. A Radical Social Movement*. Bristol: HammerOn Press.
- Cooper, Z., Cooper, P.J. and Fairburn, C.G., (1989). The validity of the eating disorder examination and its subscales. *The British Journal of Psychiatry*, 154(6), pp.807-812.
- Corbett, J. (1994) A Proud Label: exploring the relationship between disability politics and gay pride. *Disability & Society*. Vol. 9 (3), pp. 343-357.
- Cortazzi, M. (2001). Narrative Analysis in Ethnography. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, L. Lofland (eds.). *Handbook of Ethnography*. London: SAGE Publications. Pp. 384-394.
- Crabbe, M.J., (2017). *Body Positive Power: How to stop dieting, make peace with your body and live*. London: Random House.
- Crawford, R., (2006). Health as a meaningful social practice. *Health*., 10(4), pp.401-420.
- Crawford, R., (2004). Risk ritual and the management of control and anxiety in medical culture. *Health*, 8(4), pp. 505-528.
- Crawford, R. (1980). Healthism and the Medicalization of Everyday Life. *International Journal of Health Services*, 10(3), 365–388.
- Crawshaw, T.L., (2020). Rock and rolls: Exploring body positivity at Girls Rock Camp. *Fat Studies*, 9(1), pp.17-36.
- Crossley, A. D. (2015). Facebook Feminism: Social Media, Blogs, and New Technologies of Contemporary U.S. Feminism. *Mobilization: An International Quarterly*. Vol. 20, No. 2, pp. 253-268.
- Crossley, N., 2013. Habit and habitus. *Body & Society*, 19(2-3), pp.136-161.
- Crossley, N. (2006) *Reflexive Embodiment in Contemporary Society*. Maidenhead: Open University Press.
- Crossley, N., (2004). Fat is a sociological issue: Obesity rates in late modern, 'body-conscious' societies. *Social Theory & Health*, 2(3), pp.222-253.

- Crossley, N. (2001) Embodiment and social structure: a response to Howson and Inglis. *The Sociological Review*. Vol. 49. No 3. Pp. 318-326.
- Crossley, N. (2001) *The Social Body. Habit, Identity and Desire*. London: SAGE.
- Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: SAGE.
- Csordas, T. J. (1996). Introduction: The Body As Representation and Being-in-the-world. In T. J. Csordas (ed.), *Embodiment and Experience: The Existential Ground of Culture and Self*. Cambridge: Cambridge University Press.
- Csordas, T. (1990). *Embodiment and Experience. The Existential Ground of Culture and Self*. Cambridge: Cambridge University Press.
- Cusumano, D.L. and Thompson, J.K., (1997). Body image and body shape ideals in magazines: Exposure, awareness, and internalization. *Sex roles*, 37(9), pp.701-721.
- Cwynar-Horta, J. (2016) "The Commodification of the Body Positive Movement on Instagram", *Stream: Interdisciplinary Journal of Communication*, 8(2), pp. 36-56.
- Czerniawski, A. (2015) *Fashioning Fat: Inside Plus-size modelling*. New York: New York University Press.
- Davies, C. (2015). "Beach body ready" tube advert protests planned for Hyde Park. *The Guardian*. Available at: <https://www.theguardian.com/media/2015/apr/27/mass-demonstration-planned-over-beach-body-ready-tube-advert> (Accessed: 15 September 2021).
- Davis, K. (1991) Remaking the She-Devil: A Critical Look at Feminist Approaches to Beauty. *Hypatia*, Vol. 6 No. 2, pp. 21-43.
- Davis, K. (1997) Embodiment Theory. Beyond Modernist and Post-modernist Readings of the Body. In K. Davis (ed) *Embodied Practices. Feminist Perspectives on the Body*. London: SAGE.
- De Schutter, A., Lavie, C.J. and Milani, R.V., (2014). The impact of obesity on risk factors and prevalence and prognosis of coronary heart disease—the obesity paradox. *Progress in cardiovascular diseases*, 56(4), pp.401-408.
- De Vault, M.L., (1994). *Feeding the family: The social organization of caring as gendered work*. Chicago: University of Chicago Press.
- Department of Health and Social Security (1976). *Prevention and health, everybody's business: a reassessment of public health and personal health*. Available at: [https://elibrary.westminster.gov.uk/client/en\\_GB/wcc/search/detailnonmodal/ent:\\$002f\\$002fSD\\_ILS\\$002f0\\$002fSD\\_ILS:93876/one?qu=Great+Britain.+Department+of+Health+and+Social+Security.&qf=LIBRARY%09Library%091%3AWSTOCK%09Stock+Team+Westminster&ps=300](https://elibrary.westminster.gov.uk/client/en_GB/wcc/search/detailnonmodal/ent:$002f$002fSD_ILS$002f0$002fSD_ILS:93876/one?qu=Great+Britain.+Department+of+Health+and+Social+Security.&qf=LIBRARY%09Library%091%3AWSTOCK%09Stock+Team+Westminster&ps=300) (Accessed: 15 September 2021).
- Dey, I. (1993). *Qualitative Data Analysis: A User Friendly Guide for Social Science*. London: Routledge.
- Dickins, M., Thomas, S.L., King, B., Lewis, S. and Holland, K., (2011). The role of the fatosphere in fat adults' responses to obesity stigma: A model of empowerment without a focus on weight loss. *Qualitative health research*, 21(12), pp.1679-1691.

- Dionne, E. (2017). The fragility of body positivity. How a radical movement lost its way. *Bitch Media*, 21 November. Available at: <https://www.bitchmedia.org/article/fragility-body-positivity>. Accessed: 15 September 2021.
- Duggan, A., (2006). Understanding interpersonal communication processes across health contexts: Advances in the last decade and challenges for the next decade. *Journal of health communication*, 11(1), pp.93-108.
- Eco, U. (1986) Lumbar Thought, in U. Eco, *Travels in Hyperreality*, pp. 191-195. London: Picador.
- Elman, M. (2018). *Am I Ugly?* London: Head of Zeus.
- Entwistle, J. (2000) Fashion and the Fleishy Body: Dress as Embodied Practice, *Fashion Theory*, 4:3, pp. 323-347.
- Evans, B. (2006) "Gluttony or Sloth": Critical Geographies of Bodies and Morality in (Anti)Obesity Policy. *Area*. 38 (3), pp. 259-267.
- Fairhurst, E. (1998). 'Growing old gracefully' as opposed to 'mutton dressed as lamb'. In S. Nettleton and J. Watson (eds.) *The Body in Everyday Life*. London: Routledge, pp. 257-274.
- Farrell, A. E. (2011) *Fat Shame. Stigma and the fat body in American culture*. New York: New York University Press.
- Featherstone, M. (1982) The Body in Consumer Culture. In M. Featherstone, M. Hepworth, B. Turner (eds.) (1991) *The Body. Social Process and Cultural Theory*. London: SAGE.
- Finkelstein, J., (1998). *Fashion: an introduction*. New York: New York University Press.
- Finkelstein, J. (1997) Chich Outrage and Body Politics. In K. Davis (ed.) *Embodied Practices. Feminist Perspectives on the Body*. London: SAGE.
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological attitude". *Journal of Phenomenological Psychology*, 39, 1-32.
- Finlay, L.(2002) "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12(3), 531-545.
- Flick, U. (1998). *An Introduction to Qualitative Research*. London: SAGE.
- Folsom, A.R., Kaye, S.A., Potter, J.D. and Prineas, R.J., (1989). Association of incident carcinoma of the endometrium with body weight and fat distribution in older women: early findings of the Iowa Women's Health Study. *Cancer research*, 49(23), pp.6828-6831.
- Foster, R. (1999) Recognition and Resistance. Axel Honneth's critical social theory. *Radical Philosophy* 94 (3), pp. 6-18.
- Foucault, M. (1988) Technologies of the Self. Lectures at University of Vermont Oct. 1982, in *Technologies of the Self*, 16-49. Univ. of Massachusetts Press.
- Foucault, M. (1987) The Ethic of Care for the Self as a Practice of Freedom: An Interview with Michael Foucault on 20th January 1984. In J. W. Bernauer and D. M. Rasmussen (eds.) *The Final Foucault*. Cambridge: MIT Press.
- Foucault, M., (1982). The subject and power. *Critical inquiry*, 8(4), pp.777-795.
- Foucault, M. (1979). *Discipline and Punish: the birth of a prison*. London: Penguin.

- Foucault, M. (1978). *The History of Sexuality. Volume I: An Introduction*. New York: Pantheon Books.
- Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Random House.
- Fox, N., Ward, K., O'Rourke, A. (2015). Pro-anorexia, weight-loss drugs and the internet: an "anti-recovery" explanatory model of anorexia. *Sociology of Health & Illness*, 27 (7). Pp. 944-97.
- Frank, A. (1998) Stories of Illness as Care of the Self: a Foucauldian Dialogue. *Health*, 2 (3), pp. 329-348.
- Frank, A. W. (1995). *The Wounded Storyteller. Bodies, Illness and Ethics*. Chicago: The University of Chicago Press.
- Frank, A. (1991) For a Sociology of the Body: an Analytical Review. In M. Featherstone, M. Hepworth, and B. S. Turner (eds.) *The Body: Social Process and Cultural Theory*. London: Sage Publications.
- Fraser, M., Greco, M. (2005) *The Body. A Reader*. London: Routledge Student Reader.
- Fraser, N., (2000). Rethinking recognition. *New left review*, 3, p.107-120.
- Frith, H. and Gleeson, K. (2008) Dressing the Body: The Role of Clothing in Sustaining Body Pride and Managing Body Distress. *Qualitative Research in Psychology*, 5 (4), pp. 249-264.
- Fullagar, S. (2009) Governing Healthy Family Lifestyles through Discourses of Risk and Responsibility. In J. Wright and V. Hardwood (eds). *Biopolitics and the "Obesity Epidemic": Governing Bodies*. London: Routledge.
- Gailey, J. (2014) *The Hyper(in)visible Fat Woman. Weight and Gender Discourse in Contemporary Society*. New York: Palgrave.
- Gard, M. and Wright, J., (2005). *The obesity epidemic: Science, morality and ideology*. London: Routledge.
- Gergen, K. J. and Gergen, M. (1988) Narrative and the self as relationship. In L. Berkowitz (ed.) *Advances in Experimental and Social Psychology*. New York: Academic Press. Vol. 21, pp. 17-56.
- Gibson, G., (2021). Health (ism) at every size: The duties of the "good fatty". *Fat Studies*, pp.1-14.
- Gibson, G. (2020) *Body Positive Babes: An Exploration of the Contemporary Body Positive Movement and the "Acceptable" Fat Woman's Body*. PhD Thesis, University of York.
- Giddens, A. (1991). *Modernity and Self-identity*. Stanford: Stanford University Press.
- Giel, K. E., Zipfel, S., Alizadeh, M., Schaffellen, N., Zahn, C., Wessel, D., Hesse, F. H., Thiel, S., Thiel, A. (2012). Stigmatisation of obese individuals by human resource professionals: an experimental study. *BMC Public Health*. 12: 525.
- Gimlin, D. (2002) *Body Work: Beauty and Self-image in American Culture*. Berkeley: University of California Press.
- Goffman, E. (1963) *Stigma. Notes on the Management of Spoiled Identity*. Englewood Cliffs, New Jersey: Prentice Hall.

- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday.
- Gonzales, A. M. and Bovone, L. (2012) *Identities Through Fashion*. London: Berg.
- Gordon, A. (2020) *What we don't talk about when we talk about fat*. Boston: Beacon Press.
- Gorski, P.C., 2019. Racial battle fatigue and activist burnout in racial justice activists of color at predominately white colleges and universities. *Race ethnicity and education*, 22(1), pp.1-20.
- Gough, B. and Madill, A. (2008). Qualitative Research and Its Place in Psychological Science. *Psychological Methods*. 13 (3). Pp. 254-271.
- Government Office for Science (2017) *Foresight Report. Tackling Obesities: Future Choices*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf) (Accessed 15 September 2021).
- Greenleaf, C. and Weiller, K., (2005). Perceptions of youth obesity among physical educators. *Social Psychology of Education*, 8(4), pp.407-423.
- Gregory, S., (1999). Gender roles and food in families. In L. McKie, S. Bowlby, S. Gregory, J. Campling, *Gender, power and the household*, pp. 60-75. London: Palgrave Macmillan.
- Griffin, C. E. (2011) The trouble with class: researching youth, class and culture beyond the "birmingham School" *Journal of Youth Studies*, 14 (3), pp. 245-259.
- Grønning, I., Scambler, G. and Tjora, A., (2013). From fatness to badness: The modern morality of obesity. *Health*, 17(3), pp.266-283.
- Gubrium, J. F. and Holstein, J. A. (1998). Narrative Practice and the Coherence of Personal Stories. *The Sociological Quarterly*. Vol. 39, Number 1, pp. 163-187.
- Gudzune, K.A., Beach, M.C., Roter, D.L. and Cooper, L.A. (2013) Physicians build less rapport with obese patients. *Obesity*, 21(10), pp.2146-2152.
- Gurrieri, L. and Cherrier, H. (2013) Queering Beauty: Fatshionistas in the Fatosphere. *Qualitative Market Research: An International Journal*. Vol 16, Issue 3, pp. 276-295.
- Gurrieri, L. (2013). Stocky Bodies: Fat Visual Activism. *Fat Studies*, 2(2), pp. 197-209.
- Guthman, J., (2013). Fatuous measures: the artifactual construction of the obesity epidemic. *Critical Public Health*, 23(3), pp.263-273.
- Han, E., Norton, E. C., and Powell, L. M. (2011) Direct and indirect effects of body weight on adult wages. *Economics & Human Biology*, 9 (4), pp. 381–392.
- Harjunen, H. (2019) Exercising exclusions: Space, visibility, and monitoring of the exercising fat female body, *Fat Studies*, 8:2, 173-186.
- Harvey, L. (1990) *Critical Social Research*. London: Unwin Hyman.
- Hays, S., 1996. *The cultural contradictions of motherhood*. New Haven: Yale University Press.
- Herzlich, C. (1973) *Health and Illness: A Social Psychological Analysis*. New York: Academic Press.
- Herndon, A. M. (2010) Mommy Made Me Do It. Mothering Fat Children in the Midst of the Obesity Epidemic. *Food, Culture and Society*, Vol. 13, No. 3, pp. 331-349.

- Hertz, R. (1996) Introduction: Ethics, Reflexivity and Voice. *Qualitative Sociology*. 19 (3), pp. 3-9.
- Heshka, S. and Allison, D.B., (2001). Is obesity a disease?. *International journal of obesity*, 25(10), pp.1401-1404.
- Himmelstein, M. and Tomiyama, A.J., (2015). It's not you, it's me: Self-perceptions, antifat attitudes, and stereotyping of obese individuals. *Social Psychological and Personality Science*, 6(7), pp.749-757.
- Hine, C. (2015) *Ethnography for the Internet: Embedded, Embodied and Everyday*. London: Bloomsbury.
- Holloway, W. (2005) *The Capacity to Care*. London: Routledge.
- Hollows, J. (2000). *Feminism, Femininity and Popular Culture*. Manchester: Manchester University Press.
- Hooks, b. (1989). *Talking Back. Thinking Feminist. Thinking Black*. Boston: South End Press.
- Hoskin, R. A. and Taylor, A. (2019) Femme resistance: the fem(me)inine art of failure. *Psychology and Sexuality*, 10:4, 281-300.
- Howson, A. (2004) *The Body in Society*. Cambridge: Polity Press.
- Howson, A. and Inglis, D. (2001) The body in sociology: tensions inside and outside sociological thought. *The Sociological Review*. Vol. 49 (3). Pp. 297-317.
- Horn, N. (2021). Body Neutrality. *Sociology Student Work Collection*. 75. Available at: [https://digitalcommons.tacoma.uw.edu/cgi/viewcontent.cgi?article=1079&context=gender\\_studies](https://digitalcommons.tacoma.uw.edu/cgi/viewcontent.cgi?article=1079&context=gender_studies) (Accessed: 15 September 2021).
- Huges, B., McKie, L., Hopkins, D., Watson, N. (2005) Love's Labours Lost? Feminism, the Disabled People's Movement and an Ethic of Care. *Sociology*, 39 (2), pp. 259-275.
- Hughner, R.S. and Kleine, S.S., (2004). Views of health in the lay sector: A compilation and review of how individuals think about health. *Health*, 8(4), pp.395-422.
- Hyde, L. (2013) Bodies, Embodiment and Stories. In M. Andrews, C. Squire and M. Tamboukou (Eds). *Doing Narrative Research*. London: SAGE.
- Jackson, S. L. (2009). *Research methods and statistics: A critical thinking approach*. Belmont: Wadsworth.
- James, W.P.T., (2008). WHO recognition of the global obesity epidemic. *International journal of obesity*, 32(7), pp. S120-S126.
- Jarvinen, M. (2004) Life Histories and the Perspective of the Present. *Narrative Inquiry*. 14 (1), pp. 45-68.
- Jensen, S.Q., (2011). Othering, identity formation and agency. *Qualitative studies*, 2(2), pp.63-78.
- Jensen, L.A. and Allen, M.N., (1996). Meta-synthesis of qualitative findings. *Qualitative health research*, 6(4), pp. 553-560.
- Johansson, A. (2020) Fat, Black and Unapologetic: Body Positive Activism Beyond White, Neoliberal Rights Discourses. In E. Alm E., L. Berg, M. Lundahl Hero, A. Johansson, P. Laskar, L. Martinsson, D. Mulinari, C. Washhede (eds). *Pluralistic Struggles in Gender, Sexuality and Coloniality*. New York: Palgrave and MacMillan.

- Johnston, J. and Taylor, J. (2008) Feminist Consumerism and Fat Activists: A Comparative Study of Grassroots Activism and the Dove Real Beauty Campaign. *Signs*, 33 (4), pp. 941-966.
- Jovchelovitch, S. & Bauer, M. (2000) Narrative Interviewing. In M. W. Bauer & G. Gaskell, *Qualitative researching with text, image and sound*, pp. 58-74.
- Jutel, A., (2001). Does size really matter? Weight and values in public health. *Perspectives in Biology and Medicine*, 44(2), pp.283-296.
- Kelly, M. G. E. (2017) Foucault Contra Honneth: Resistance or Recognition? *Critical Horizons*, 18 (3), pp. 214-230.
- Kim, S.H. and Anne Willis, L., (2007). Talking about obesity: News framing of who is responsible for causing and fixing the problem. *Journal of health communication*, 12(4), pp.359-376.
- Kincheloe, J. L., & McLaren, P. L. (1994) Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of qualitative research*. Thousand Oaks: Sage Publications, pp. 138-157.
- Knox, H. (2019) Fat shaming vs fat empowerment: the constriction of fat bodies in neoliberal discourse. *Cultivate*. Issue 2. [Online] Available at:[<https://cultivatefeminism.com/fat-shaming-vs-fat-empowerment-the-construction-of-fat-bodies-in-neoliberal-discourse/>] [Accessed: 7 June 2020].
- Kwan, S. and Trautner, M. (2009). Beauty Work: Individual and Institutional Rewards, the Reproduction of Gender, and Questions of Agency. *Sociology Compass*. 3 (1), pp. 49-71.
- Kwon, Y.H. and Parham, E.S., (1994). Effects of state of fatness perception on weight conscious women's clothing practices. *Clothing and textiles research journal*, 12(4), pp.16-21.
- Lawler, S. (2000) *Mothering the Self : Mothers, Daughters, Subjects*. London: Routledge.
- Lawler, S. (2002) Narrative in Social Research. In T. May (ed.) *Qualitative Research in Action*. London: SAGE, pp. 214-227.
- Lawler, S. (2008) Stories and the Social World. In M. Pickering (ed.) *Research in Cultural Studies*. Edinburgh: Edinburgh University Press.
- Latimer, J. (2018) Repelling neoliberal world-making? How the ageing–dementia relation is reassembling the social. *The Sociological Review*, 66(4), pp. 832–856.
- Latimer, J. (2008) Introduction: Body, Knowledge, Worlds. *The Sociological Review*, 56(2), pp. 1–22.
- Lawrence, M., (2002). Body, mother, mind: Anorexia, femininity and the intrusive object. *The International Journal of Psychoanalysis*, 83(4), pp.837-850.
- LeBesco, K., (2010). Fat Panic and the New Morality. In J. M. Metz and A. Kirkland (Eds). *Against health* (pp. 72-82). New York: New York University Press.
- LeBesco, K. (2004) *Revolting Bodies. The Struggle to Redefine Fat Identity*. Amherst and Boston: University of Massachusetts Press.
- Leder, D. (1990) *The Absent Body*. Chicago: The University of Chicago Press.

- Lee, K., Vasileiou, K. and Barnett, J., (2019). 'Lonely within the mother': An exploratory study of first-time mothers' experiences of loneliness. *Journal of health psychology*, 24(10), pp.1334-1344.
- Levinson, C.A. and Williams, B.M., (2020). Eating disorder fear networks: Identification of central eating disorder fears. *International Journal of Eating Disorders*, 53(12), pp.1960-1973.
- Lewis, R.J., Cash, T.F. and Bubb-Lewis, C., (1997). Prejudice toward fat people: the development and validation of the antifat attitudes test. *Obesity Research*, 5(4), pp.297-307.
- Liang, G. (1994) "Coming Out" as transition and transcendence of the public/private dichotomy. In M. Bucholtz, A. C. Liang, L. Sutton, C. Hines (Eds). *Cultural Performances: Proceedings of the Third Berkeley Women and Language Conference*. Berkeley: Berkeley University Press. Pp. 409-420.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998) *Applied Social Research Methods: Narrative research*. Thousand Oaks, CA: SAGE Publications.
- Lillis, J., Thomas, J.G., Levin, M.E. and Wing, R.R., (2020). Self-stigma and weight loss: The impact of fear of being stigmatized. *Journal of health psychology*, 25(7), pp.922-930.
- Link, B., Phelan, J. (2001) Conceptualizing Stigma. *Annual Sociological Review*. 27: 363-385.
- Lupton, D. (2013) *Fat*. Abingdon: Routledge.
- Lupton, D., (1995). *The imperative of health: Public health and the regulated body*. London: Sage.
- MacLeod, A. (1992) Hegemonic Relations and Gender Resistance: The New Veiling as Accommodating Protest in Cairo. *Signs*, Vol. 17, No. 3, pp. 533-557.
- Mansfield, A. and McGinn, B. (1993) 'Pumping Irony: the Muscular and the Feminine', in S. Scott and D. Morgan (eds), *Body Matters: Essays on the Sociology of the Body*(London: Falmer Press).
- Maor, M. (2013) Becoming the Subject of Your Own Story: Creating Fat-positive Representations. *Interdisciplinary Humanities*. Vol. 30 No. 3. Pp. 3-22.
- Marichal, J. (2013) *Political Facebook Groups: Micro-activism and the Digital Front Stage*. [Online]. Available at: <http://firstmonday.org/article/view/4653/3800>. [Accessed 19 October 2017].
- Martin, D., Hanson, S., Fontaine, D. (2007) What Counts as Activism? The Role of Individuals in Creating Change. *Women's Studies Quarterly*. 35 (3): 78 - 94.
- Marvasti, A. (2004). *Qualitative Research in Sociology*. London: SAGE.
- Mason, J. (2002). *Qualitative Researching*. London: SAGE.
- Mayeroff, M. (1971) *On Caring*. New York: Harper Perennial.
- Malterud, K. and Ulriksen, K., (2011). Obesity, stigma, and responsibility in health care: A synthesis of qualitative studies. *International Journal of Qualitative Studies on Health and Well-being*, 6(4), 8404.
- McAdams, D. (1993) *The Stories We Live By. Personal Myths and the Making of the Self*. New York: Guilford Press.

- McCartney, G., Popham, F., McMaster, R. and Cumbers, A., (2019). Defining health and health inequalities. *Public health*, 172, pp.22-30.
- McLeod, J. and Balamoutsou, S., (2001). A method for qualitative narrative analysis of psychotherapy transcripts. *Psychological Test and Assessment Modeling*, 43(3), p.128.
- McNay, L. (1991) The Foucauldian Body and the Exclusion of Experience. *Hypatia*, Vol. 6, no 3, pp 125-139.
- McRuer, R. (2006) *Crip Theory: Cultural Signs of Queerness and Disability*. New York: New York University Press.
- Meagher, M. (2003) Jenny Saville and a Feminist Aesthetics of Disgust. *Hypatia*, 18 (4), pp. 23-41.
- Meleo-Erwin, Z. (2012). Disrupting Normal: toward the 'ordinary and familiar' in fat politics. *Feminism & Psychology*, 22(3), 388–402.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge.
- Moen, T., (2006). Reflections on the narrative research approach. *International Journal of Qualitative Methods*, 5(4), pp.56-69.
- Mollow, A. (2015) Disability Studies Gets Fat. *Hypatia*. 30 (1), pp. 199-216.
- Monaghan, L. F. (2008). *Men and the War on Obesity: A Sociological Study*. New York: Routledge.
- Monaghan, L.F. and Malson, H., (2013). 'It's worse for women and girls': Negotiating embodied masculinities through weight-related talk. *Critical Public Health*, 23(3), pp.304-319.
- Money, C. (2017) Do the Clothes Make the (Fat) Woman: The Good and Bad of the Plus-sized Clothing Industry. *Siegel Institute Ethics Research Scholars*. Vol. 1, Article 1, pp.1-20.
- Moore, H. (1996) Mothering and social responsibilities in a cross-cultural perspective. In E. Bortolaia Silva (ed) *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*. London: Routledge.
- Morgan, D. and Scott, S. (1993). *Bodies Matters: Essays on the Sociology of the Body*. London: The Falmer Press.
- Morrow, V. and Richards, M. (1996). The Ethics of Social Research with Children: An Overview. *Children and Society*. 10 (2). Pp. 90-105.
- Muennig, P., (2008). The body politic: the relationship between stigma and obesity-associated disease. *BMC Public Health*, 8(1), pp.1-10.
- Mulvey, L. (1975). Visual Pleasure and Narrative Cinema. *Screen*. 16 (3), pp. 6-18.
- Murray, S. (2005) (Un/Be)Coming Out? Rethinking Fat Politics. *Social Semiotics*. Vol. 15 No. 2. Pp. 153-163.
- Murray, S. (2008) *The "Fat" Female Body*. London: Palgrave Macmillan.
- Murray, S. (2010) Doing Politics or Selling Out? Living the Fat Body. *Women's Studies*. Vol. 34, No. 3-4. Pp. 265-277.
- Mykhalovskiy, E. (1996). Reconsidering table talk: Critical thoughts on the relationship between sociology, autobiography and self-indulgence. *Qualitative Sociology*. 19 (1). Pp. 131-151.

- Nettleton, S. (2009) *The Sociology of the Body*. In W. C. Cockerham (ed) *The New Blackwell companion to medical sociology*. Oxford: Wiley and Blackwell, pp. 47-68.
- Nettleton, S., (2006). 'I just want permission to be ill': towards a sociology of medically unexplained symptoms. *Social science & medicine*, 62(5), pp.1167-1178.
- Nettleton, S. and R. Bunton (1995). Sociological critiques of health promotion. In R. Burrows, S. Nettleton, R. Bunton (Eds). *The Sociology of Health Promotion*. London: Routledge.
- Nettleton, S., and Watson, J. (eds) (1998) *The Body in Everyday Life*. London: Routledge.
- Neuman, W.L. (2011) *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Pearson.
- Neumark-Sztainer, D., Story, M., Perry, C. and Casey, M.A. (1999). Factors influencing food choices of adolescents: findings from focus-group discussions with adolescents. *Journal of the American dietetic association*, 99(8), pp.929-937.
- NHS (2019). *Guideline for Anaesthesia for the obese patient*. Available at: <https://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=63403&type=full&servicetype=Inline> (Accessed: 15 September 2021).
- O'Brien, M. (1981). *The Politics of Reproduction*. London: Routledge.
- O'Hara, L., Ahmed, H. and Elashie, S., (2021). Evaluating the impact of a brief Health at Every Size<sup>®</sup>-informed health promotion activity on body positivity and internalized weight-based oppression. *Body Image*, 37, pp.225-237.
- O'Shaughnessy, R., Dallos, R., Gough, A. (2012). A Narrative Study of the Lives of Women Who Experience Anorexia Nervosa. *Qualitative Research in Psychology*. Vol. 10, No.1, pp. 42- 62.
- Oliver, E. (2006) *Fat Politics. The real story behind America's obesity epidemic*. Oxford: Oxford University Press.
- Oliver, M. (1996). *Understanding disability: From theory to practice*. New York: St Martin's Press.
- Olson, C.L., Schumaker, H.D. and Yawn, B.P., (1994). Overweight women delay medical care. *Archives of family medicine*, 3(10), p.888.
- Orbach, S. (1978) *Fat Is a Feminist Issue. How to Lose Weight Permanently - Without Dieting*. London: Hamlyn Paperbacks.
- Organisation for Economic Co-operation and Development (2017). *OECD Obesity Update 2017*. Available at: <https://www.oecd.org/health/health-systems/Obesity-Update-2017.pdf>(Accessed: 15 September 2021).
- Otis, H. (2020). *Fat-positive worldmaking in the body positive movement: queering, decolonizing, intersecting*. PhD Thesis, Colorado State University.
- Pausé, C. and Taylor, S.R. (2021). *The Routledge International Handbook of Fat Studies*. New York: Taylor & Francis.
- Pausé, C. (2014). X-Static Process: Intersectionality Within the Field of Fat Studies. *Fat Studies*. 3(2). pp. 80-85.
- Pausé, C. (2012) Live to Tell: Coming Out as Fat. *Sometechnics*, 2(1): 42-56.

- Petersen, A.R., (1996). Risk and the regulated self: the discourse of health promotion as politics of uncertainty. *The Australian and New Zealand Journal of Sociology*, 32(1), pp.44-57.
- Petersen, A. and Lupton, D., (1996). *The new public health: Health and self in the age of risk*. London: Sage Publications.
- Pines, A. (1994). Burnout in political activism: An existential perspective. *Journal of Health and Human Resources Administration*, 164, 381–394.
- Pitts, V. (2003) *In the Flesh. The Cultural Politics of Body Modification*. New York: Palgrave and Macmillan.
- Plummer, K. (1995) *Telling Sexual Stories: Power, Change and Social Worlds*. London: Routledge.
- Polkinghorne, D. (1988) *Narrative Knowing and the Human Sciences*. New York: State University of New York Press.
- Polletta, F. and Jasper, J. (2001) Collective Identity and Social Movements. *Annual Review of Sociology*. Vol 27, pp. 283-305.
- Pols, J., (2013). The patient 2. Many: About diseases that remain and the different forms of knowledge to live with them. *Science & Technology Studies*, 26(2), pp.80-97.
- Price, J., Shildrick, M. (1999) *Feminist Theory and The Body: A Reader*. In J. Price, M. Shildrick (eds.) Edinburgh: University of Edinburgh Press.
- Probyn, E. (2005) *Blush. Faces of Shame*. Minneapolis: University of Minnesota Press.
- Puhl, R., Peterson, J. L., Luedicke, J. (2013). Fighting obesity or obese persons? Public perceptions of obesity-related health messages. *International Journal of Obesity*. 37, pp. 774-782.
- Puhl, R.M. and Heuer, C.A., (2009). The stigma of obesity: a review and update. *Obesity*, 17(5), p.941.
- Puhl, R. M., Andreyeva, T. Brownell, K. D. (2008) Perception of weight discrimination: prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity*. 32, pp. 992-1000.
- Quirke, L. (2016) "Fat-proof your child": Parenting advice and "child obesity". *Fat Studies*, 5 (2), pp. 137-155.
- Raisborough, J., (2016). *Fat bodies, health and the media*. London: Springer.
- Rich, E. and Evans, J. (2005) "Fat Ethics" - The Obesity Discourse and Body Politics. *Social Theory & Health*. Vol. 3. Pp. 341-358.
- Richardson, N. (2010) *Transgressive Bodies. Representations in Films and Popular Culture*. Farnham: Ashgate.
- Ricoeur, P. (1990) *Time and Narrative*. Chicago: University of Chicago Press.
- Ricoeur, P. (1991) Narrative Identity. *Philosophy Today*. 35:1. Pp. 73-80.
- Riddell, S. and Watson, N. (2003) *Disability, Culture and Identity*. London: Routledge.
- Riessman, C. (1993) *Narrative Analysis*. Newbury Park: SAGE Publications.
- Riessman, C. K. (2002). Positioning gender identity in narratives of infertility: South Indianwomen's lives in context. In M. C. Inhorn & F. van Balen (Eds.), *Infertility around*

- the globe: New thinking on childlessness, gender, and reproductive technologies.* Berkeley: University of California Press. Pp. 152–170.
- Riessman, C. (2005) Narrative Analysis. *Narrative, Memory & Everyday Life.* University of Huddersfield, Huddersfield, p. 17.
- Riessman, C. (2008). *Narrative Methods for the Human Sciences.* London: SAGE.
- Robison, J.I., Hoerr, S.L., Strandmark, J. and Mavis, B., (1993). Obesity, weight loss, and health. *Journal of the American Dietetic Association*, 93(4), pp.445-449.
- Robinson, B.B.E., Bacon, L.C. and O'reilly, J., (1993). Fat phobia: Measuring, understanding, and changing anti-fat attitudes. *International Journal of Eating Disorders*, 14(4), pp.467-480.
- Rose, N. (1989) *Governing the Soul. The Shaping of the Private Self.* London: Routledge.
- Rose, N. (1998) *Inventing Our Selves. Psychology, Power, and Personhood.* Cambridge: Cambridge University Press.
- Ross, J. A. and Green, C. (2011). Inside the experience of anorexia nervosa: a narrative thematic analysis. *Counselling & Psychotherapy Research*. 11 (2), pp. 112-119.
- Rothblum, E. and Solovay, S. (2009) *The Fat Studies Reader.* New York: New York University Press.
- Sabin, J.A., Marini, M. and Nosek, B.A. (2012) Implicit and explicit anti-fat bias among a large sample of medical doctors by BMI, race/ethnicity and gender. *PloS one*, 7(11), p.e48448.
- Saguy, A. (2013). *What is wrong with fat?* Oxford: Oxford University Press.
- Saguy, A.C. and Almeling, R., (2008), Fat in the fire? Science, the news media, and the “Obesity epidemic” 2. *Sociological Forum*, Vol. 23, No. 1, pp. 53-83.
- Saguy, A. and Ward, A. (2011) Coming Out as Fat: Rethinking Stigma. *Social Psychology Quarterly*. Pp. 1-23.
- Salvatelli, R. (2019). On Fat Female Embodiment: Narratives of ‘Coming Out as Fat’. *International Journal of Social Sciences and Interdisciplinary Studies*. Vol. 4(1), pp. 43-52.
- Salvatelli, R. (2015). *What are the young citizens' attitudes toward gender norms, in general, and masculinity, in particular?* MA dissertation, University of York.
- Samuels, E. (2003) My Body, My Closet. *GLQ: Journal of Lesbian and Gay Studies*. Vol. 9, N. 1-2, pp. 233-255.
- Sassatelli, R. (2004) The political morality of food: discourses, contestation and alternative consumption. In M. Harvey, A. McMeeking, and A. Warde (Eds). *Qualities of food.* Manchester: Manchester University Press.
- Sastre, A., (2016). *Towards a radical body positive: Reading the online body positive movement.* PhD Thesis. Philadelphia: University of Pennsylvania.
- Sastre, A. (2014) Towards a Radical Body Positive. *Feminist Media Studies*, 14:6, pp. 929-943.
- Scambler, G. and Hopkins, A. (1986) Being Epileptic: Coming to Terms with Stigma. *Sociology of Health and Illness*. Vol. 8. Issue 1. Pp. 26-43.

- Schrecker, T. and Bambra, C., (2015). *How politics makes us sick: neoliberal epidemics*. London: Springer.
- Scott, J. (2001) *Power*. Cambridge: Polity Press.
- Sedgwick, E. (1990) *Epistemology of the Closet*. Berkeley: University of California Press.
- Shackelford, A. (2018). *The Executive Summary of the 2017 Fat Census*. Atlanta, GA: Free Figure Revolution.
- Shilling, C. (1993) *The Body and Social Theory*. London: SAGE.
- Shilling, C. (2007) *Embodying Sociology: Retrospects, Progress and Prospects*. Oxford: Blackwell Publishing.
- Shilling, C. (2016) The Rise of Body Studies and the Embodiment of Society: A Review of the Field. *Horizons in Humanities and Social Sciences: An International Refereed Journal*, 2(1): 1–14.
- Shotter, J. (1995) Social Accountability and Self Specification. In K. J. Gergen and K. E. Davis (eds.) *The Social Construction of the Person*. New York: Springer-Verlag, pp. 167-190.
- Shotter, J., (1989). Social accountability and the social construction of 'you'. *Texts of identity*, 133, p.51.
- Silverman, D. (2017). *Doing Qualitative Research*. London: SAGE.
- Silverman, D. (1985). *Qualitative Methodology and Sociology: Describing the Social World*. London: Gower Publishing Company.
- Simmel, G. (1957) Fashion. *The American Journal of Sociology*. Vol. LXII, No. 6. Pp. 541-558.
- Simpson, C.C., Griffin, B.J. and Mazzeo, S.E., (2017). Psychological and behavioral effects of obesity prevention campaigns. *Journal of health psychology*, 24(9), pp.1268-1281.
- Skeggs, B. (2002) *Formations of Class and Gender*. London: SAGE.
- Slimming World (2021). *Lose weight eating the food you love*. Available at: <https://www.slimmingworld.co.uk/what-can-i-eat> (Accessed: 15 September 2021).
- Smart, C. (1996) Deconstructing Motherhood. In E. Bortolaia Silva (ed) *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*. London: Routledge.
- Smythe, W. E., & Murray, M. J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics & Behavior*, 10(4), 311-336.
- Somers, M. (1994) The narrative Constitution of Identity: A Relational and Network Approach. *Theory and Society*. Vol. 23. No. 5. Pp. 605-649.
- Somers, M., Gibson, G. (1994) Reclaiming the Epistemological Other: Narrative and the Social Constitution of Identity. In C. Calhoun (ed.) *Social Theory and the Politics of Identity*. Oxford: Blackwell, Pp. 35-99.
- Speer, S.A. (2005). *Gender Talk: Feminism, Discourse and Conversation Analysis*. London: Routledge.
- Stanley, L. and Wise, S. (1993). *Breaking Out Again. Feminist Ontology and Epistemology*. London: Routledge.
- Star, S.L. and Strauss, A., (1999). Layers of silence, arenas of voice: The ecology of visible and invisible work. *Computer supported cooperative work (CSCW)*, 8(1), pp.9-30.

- Stevens, C. (2018) Fat on Campus: Fat College Students and Hyper(in)visible Stigma, *Sociological Focus*, 51:2, 130-149.
- Stevens, A. and Griffiths, S., (2020). Body Positivity (# BoPo) in everyday life: An ecological momentary assessment study showing potential benefits to individuals' body image and emotional wellbeing. *Body Image*, 35, pp.181-191.
- Stoutenbourgh, J. W. (2008). Demographic measures. In P. J. Lavrakas (Ed.), *Encyclopedia of survey research methods* (Vol. 1, pp. 185–186). Thousand Oaks, CA: Sage Publications.
- Streeter, R. (2019) *Are All Bodies Good Bodies?: Redefining Femininity Through Discourses of Health, Beauty, and Gender in Body Positivity*, PhD Thesis, Virginia Polytechnic Institute and State University, Blacksburg.
- Sullivan, N. (2003). *A critical introduction to queer theory*, Edinburgh: Edinburgh University Press.
- Taylor, A. (2018) "Flabulously" femme: Queer fat femme women's identities and experiences. *Journal of Lesbian Studies*, 22:4, 459-481.
- Taylor, S. (2001) 'Locating and Conducting Discourse Analytic Research', in Wetherell, M., Taylor, S. and Yates, S. (eds.) *Discourse as Data. A Guide for Analysis*. London: Sage, pp. 5-48.
- The Body Positive (2021). *About Us*. Available at: <https://thebodypositive.org/about-us/> (Accessed: 15 September 2021).
- Thompson, E. (1963). *The Making of the English Working Class*. New York: Pantheon Books.
- Throsby, K. (2009) The War on Obesity as a Moral Project: Weight Loss Drugs, Obesity Surgery and Negotiating Failure. *Science as Culture*. Vol. 18. No. 2. Pp. 201-216.
- Tian, Y. and Robinson, J.D., (2008). Media use and health information seeking: An empirical test of complementarity theory. *Health Communication*, 23(2), pp.184-190.
- Tiggemann, M. and McGill, B., (2004). The role of social comparison in the effect of magazine advertisements on women's mood and body dissatisfaction. *Journal of Social and Clinical Psychology*, 23(1), pp.23-44.
- Tischner, I. and Malson, H., (2008). Exploring the politics of women's In/Visible 'Large' bodies. *Feminism & Psychology*, 18(2), pp.260-267.
- Toombs, S. (1992). The Body in Multiple Sclerosis: A Patient's Perspective. In D. Leder (ed.) *The Body in Medical Thought and Practice*. London: Kluwer Academic Publishers.
- Tronto, J.C. and Fisher, B., (1990). Toward a feminist theory of caring. In E. Abel, M. Nelson (Eds). *Circles of care* (pp. 36-54). Albany: Suny Press.
- Turner, B. (1991). Recent Developments in the Theory of the Body. In Featherstone, M., Hepworth, M., Turner, B., (eds) (1991). *The Body. Social Process and Cultural Theory*. London: SAGE.
- Twigg, J. (2013) *Fashion and Age: Dress, the Body and Later Life*. London: Bloomsbury.
- Tyler, I. and Slater, T. (2018) Rethinking the Sociology of Stigma. *The Sociological Review Monographs*, Vol. 66 (4), pp. 721-743.
- Tyler, I. (2020). *Stigma. The Machinery of Inequality*. London: ZED.

- Tyler, I. (2018) Resituating Erving Goffman: From Stigma Power to Black Power. *The Sociological Review*, 66(4), pp. 744–765.
- Twigg, J., 2013. *Fashion and age: Dress, the body and later life*. London: A&C Black.
- Vaccaro, A. and Mena, J.A., (2011). It's not burnout, it's more: Queer college activists of color and mental health. *Journal of Gay & Lesbian Mental Health*, 15(4), pp.339-367.
- Vander Ven, T. and Vander Ven, M., (2003). Exploring patterns of mother-blaming in anorexia scholarship: A study in the sociology of knowledge. *Human Studies*, 26(1), pp.97-119.
- Vom Lehn, D. (2006) The body as interactive display: examining bodies in a public exhibition. *Sociology of Health & Illness*. Vol. 28 No 2. Pp. 223-251.
- Walker, M., Wannamethee, G., Whincup, P.H. and Shaper, A.G., (1995). Weight change and risk of heart attack in middle-aged British men. *International journal of epidemiology*, 24(4), pp.694-703.
- Wann, M. (2017) Fat oppression as a source of inspiration: A case history of the FAT!SO? Book. *Fat Studies*, 6:1, pp. 67-76.
- Wann, M., (2009). Fat studies: An invitation to revolution. In E. Rothblum and S. Solovay (2009) *The Fat Studies Reader*. New York: New York University Press.
- Wann, M. (1998). *Fat!So? Because You Don't Have to Apologize for Your Size!* Berkeley: Ten Speed Press.
- Waskul, D.D. and Vannini, P., (2006). Introduction: The body in symbolic interaction. In P. Vannini and D. Waskul, *Body/Embodiment. Symbolic Interaction and the Sociology of the Body*. London: Routledge, pp. 15-32.
- Watkins, P.L., Clifford, D. and Souza, B., (2018). The Health At Every Size® Paradigm. In E. A. Daniels, M. M. Gillen, C. H. Markey (eds) *Body positive: Understanding and Improving Body Image in Science and Practice*. Cambridge: Cambridge University Press.
- Weingus, L (2018) Body neutrality is a body image movement that doesn't focus on your appearance. HuffPost, 15 August. Available at: [https://www.huffpost.com/entry/what-is-body-neutrality\\_n\\_5b61d8f9e4b0de86f49d31b4](https://www.huffpost.com/entry/what-is-body-neutrality_n_5b61d8f9e4b0de86f49d31b4) (Accessed: 15 September 2021).
- Weitz, R. (2003) Women and Their Hair. Seeking Power Through Resistance and Accommodation. In R. Weitz. *The Politics of Women's Bodies*. New York: Oxford University Press.
- Whelehan, I. (1995) *Modern Feminist Thought. From the Second Wave to "Post-feminism"*. Edinburgh: Edinburgh University Press.
- Whitley, B. E. (1996). *Principles of research in behavioural research*. New York: McGraw-Hill.
- Williams, D., 2018. 'Being defined': large-bodied women's experiences as healthcare consumers. *Health Sociology Review*, 27(1), pp.60-74.
- Williams, O. and Annandale, E. (2020) Obesity, stigma and reflexive embodiment. Feeling the "weight of expectation". *Health*, vol. 24 (4), pp. 421-441.
- Williams, O. and Fullagar, S. (2018) Lifestyle drift and the phenomenon of 'citizen shift' in contemporary UK health policy. *Sociology of Health & Illness*, Vol. 41 No. 1, pp. 20–35.

- Williams, S., Bendelow, G. (1998) *The Lived Body. Sociological Themes, Embodied Issues*. London: Routledge.
- Williams, S. (2000). Chronic illness as biographical disruption or biographical disruption as chronic illness? Reflections on a core concept. *Sociology of Health and Illness*. Vol. 22(1), pp. 10-67.
- Williams, S. (1996). The vicissitudes of embodiment across the chronic illness trajectory. *Body & Society*, Vol. 2. (2), pp. 23-47.
- Williams, G. (1984). The genesis of chronic illness: narrative re-construction. *Sociology of Health and Illness*. Vol. 6 No. 2, pp. 175-200.
- Wilson, E., (2003). *Adorned in dreams: Fashion and modernity*. New Brunswick: Rutgers University Press.
- Woodward, S., (2007). *Why women wear what they wear*. London: Berg.
- World Health Organisation (2021). *Constitution*. Available at: <https://www.who.int/about/governance/constitution> (Accessed: 15 September 2021).
- World Health Organisation (2021). *Obesity*. Available at: [https://www.who.int/health-topics/obesity#tab=tab\\_1](https://www.who.int/health-topics/obesity#tab=tab_1) (Accessed: 15 September 2021).
- World Health Organisation (2020) *International classification of diseases for mortality and morbidity statistics*. Available at: <https://icd.who.int/browse11/l-m/en> (Accessed: 15 September 2021).
- World Health Organisation (1997) *Consultation on Obesity*. Available at: <https://apps.who.int/iris/handle/10665/63854> (Accessed: 15 September 2021).
- Yin, R. (2011). *Qualitative Research from Start to Finish*. New York: Guilford Press.
- Yoo, J.H. and Kim, J., (2012). Obesity in the new media: a content analysis of obesity videos on YouTube. *Health communication*, 27(1), pp.86-97.
- Young, I. M. (1990) *Justice and the Politics of Difference*. Princeton: Princeton University Press.
- Young, I.M., 1980. Throwing like a girl: A phenomenology of feminine body comportment motility and spatiality. *Human studies*, 3(1), pp.137-156.
- Yuker, H. E., Allison, D. B., & Faith, M. S. (1995). Methods for measuring attitudes and beliefs about obese people. In D. B. Allison (Ed.), *Handbook of assessment methods for eating behaviors and weight-related problems: Measures, theory, and research*, pp. 81–118. London: Sage Publications.
- Zavattaro, S. M. (2020) Taking the Social Justice Fight to the Cloud: Social Media and Body Positivity. *Public Integrity*, pp. 1-15.
- Zdrodowski, D. (1996) Eating out: The experience of eating in public for the “overweight” woman. *Women's Studies International Forum*, Vol. 19, No. 6, pp. 655-664.
- Zhao, Y. and Zhang, J., (2017). Consumer health information seeking in social media: a literature review. *Health Information & Libraries Journal*, 34(4), pp.268-283.
- Zimman, L. (2009) “The other kind of coming out”: transgender people and the coming out narrative genre. *Gender and Language*. Vol. 3 (1). Pp. 53-80.