Weight-Related Stigma in Online Spaces: Challenges, Responses and Opportunities for Change

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BA (Hons)

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Abstract

The issue of adiposity is one of the most salient health issues within our society today. As individuals and as a society we are constantly reminded about our weight and encouraged to transform ourselves through the utilisation of methods such as diet, exercise and willpower that are put forth by the health and diet industries. As a result of this constant negative discourse, individuals deemed fat, overweight or obese within our society are constantly faced with judgement that their bodies are unacceptable and are subjected to routine stigma and discrimination based on their weight.

One avenue that has been left largely unexplored is the role that computer-mediated communication (CMC) and the internet can have on the experience and response that corpulent individuals may have to weight-related stigma. This thesis takes the unique approach to the stigma of adiposity in that it aims to examine how individuals utilise the internet in order to mediate, navigate, and ameliorate the stigma and discrimination that they experience within their day-to-day lives. Because the medium of the internet is incredibly vast, however, the field of inquiry relevant to this thesis has been narrowed to that of weblogs (or 'blogs').

Utilising a complementary component design, this thesis aims to examine how individuals experience, mediate and change their experiences of weight-related stigma utilising blogs. In order to meet this aim, three qualitative studies have been designed, each utilising distinct methods depending on the study aims and data. The first study, a case study of weight-related stigma, utilises thematic analysis in order to examine the reaction to an episode of weight-related stigma that takes place on a blog. The second, a study of online support, utilises an approach informed by grounded theory to examine a community of bloggers known as the Fatosphere. The third utilises discourse analysis to examine an internet-based campaign called I Stand that attempts to challenge the common perceptions of the corpulent individual.

This research has identified five key findings. The first finding highlights individuals' use of justification and suppression methods to rationalise their compliance or resistance with the dominant perspectives of adiposity. The second finding highlights individuals' use of the

structural components of CMC to facilitate their engagement within these areas of discourse – namely asynchronicity, anonymity, and disinhibition. The third finding shows that individuals challenge the beliefs, expectations and views of not only themselves but of others within these online environments. The fourth finding illustrates that through challenging these behaviours, individuals also challenge the utilisation of stigma as a method of behaviour change. Finally, the fifth finding demonstrates that individuals emphasise health and wellbeing over weight loss when countering the beliefs of others.

This thesis extends the current body of knowledge regarding weight-related stigma through the novel approach of utilising blogs and the internet. The findings of this study may allow for further new and novel approaches to be taken by any number of stigmatised identities in attempting to mediate, navigate and change the stigma and discrimination that they experience in their day-to-day lives.

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General Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other institution and affirms to the best of my knowledge that this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Name: Marissa Dickins

Date:

Signature: _____

Publications and Conference Presentations

The following publications and conference presentations were produced during my PhD candidature either as a function of my PhD or through my work as a research assistant within the Primary Care Research Unit.

Table i. Publications

Under Preparation	***Dickins, M.**, Thomas, S., Feldman, S. & Browning, C. I Stand: Utilising the Internet as a Method for Change and Activism.
	***Dickins, M.**, Thomas, S., King, B., & Feldman, S. & Browning, C. The role of the Fatosphere in rethinking social inclusion for obese adults: A global perspective.
	***Dickins, M.**, Thomas, S., & Feldman, S. & Browning, C. "I'm not some size-ist jerk": Discussion and Reaction to an Act of Weight-Based Stigma Online.
In Press	Feldman, S., Hopgood, A., & **Dickins, M.** Translating Research Findings into Community Based Theatre: More Than A Dead Man's Wife. Accepted for a special issue in the Journal of Aging Studies (IF=1.427).
	Feldman, S., **Dickins, M**, & Browning C. The Health and Service Needs of Older Veterans: A Qualitative Analysis. Health Expectations (IF= 2.315).
2012	Browning, C., Feldman, S., Cowlishaw, S., Kendig, H., Thomas, S., Grayson, D., De Soysa, T., **Dickins, M.** (2012). *The Health and Service Needs of Older Veterans*. Melbourne: Department of Veterans' Affairs.
2011	***Dickins, M.**, Thomas, S., King, B., Lewis, S., & 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), 1679-1691. doi: 10.1177/1049732311417728 (IF 2.264)
	Lewis, D. J., Clements, A., Mahindra, P., **Dickins, M L.**, Day, C., Chivers S., Lubel, J. S. (2011) *Treatment of genotype 1 hepatitis C in a non-trial setting: surprisingly high sustained viral response.* Journal of Gastroenterology and Hepatology, 26 (Suppl. 4), 106. doi: 10.1111/j.1440-1746.2011.06828.x (IF 2.41)
2010	**Dickins, M.**, Thomas, S., & Holland, K. (2010). *Australian media's use of Facebook postings to report events of national interest*. Record of the CPRF, 72-89.

Table ii. Conference Presentations

2012 ***Dickins, M.**, Thomas, S., & King, B. (2012). The role of the Fatosphere in obese adults' sense of inclusion and changing responses to obesity stigma. Paper accepted for the Second ISA Forum of Sociology, Buenos Aries, Argentina, 1-4 August, 2012 (accepted, unable to attend)

Feldman, S., Radermacher, H., Anderson, C., Ohtsuka, K., **Dickins, M.** (2012). Cultural Diversity And Gambling: Exploring The Impact Of Culture And Migration On Gambling. Abstract accepted to the National Association for Gambling Studies Australia (NAGS) Conference, Launceston, Australia, 21-23 November.

Feldman, S., Radermacher, H., Anderson, C., Ohtsuka, K., **Dickins, M.** (2012). Cultural Diversity And Gambling: Exploring The Impact Of Culture And Migration On Gambling. Abstract accepted to the Asia Pacific Conference on Gambling and Commercial Gaming Research 2012, Macau, 5-8 November.

2011 Lewis, D. J., Mahindra, P., Clements, A., **Dickins, M. L.**, Day, C., Chivers, S., & Lubel, J. S. (2011). Treatment of Genotype 1 Hepatitis C in a Non-Trial Setting: Surprisingly High Sustained Viral Response. Paper accepted as Poster Presentation at Australian Gastroenterology Week, Brisbane, Australia, 12-15 September.

2010 **Dickins, M.**, Thomas, S., & Holland, K. (2010). *Australian media's use of Facebook postings to report events of national interest.* Paper presented at the 2010 Communications Policy & Research Forum, Sydney, Australia, 15-16 November

Dickins M., Thomas S., Holland, K & Thomas, S. (2010). *Risky Business: Risk Behaviour on Video Sharing Site Break.com.* Paper accepted as Poster Presentation at the Social Networking in Cyberspace conference in Wolverhampton, UK, 23 April 2010 (accepted, unable to attend due to natural disaster)

2009 **Dickins, M.**, Thomas, S., & Holland, K. (2009). Networked Journalism and Networked Individualism: How the Australian media uses Facebook postings to report events of national interest. Paper presented at The Asia-Pacific Science, Technology and Society Conference 2009, Brisbane, Australia, 23-25 November.

* Denotes publications/presentations that are related to my PhD thesis

Table iii. Media Coverage Based On or Containing PhD Thesis Results

2013	McColl, G. (2013, February 22). Anorexia underworld, The Age. Retrieved from http://www.theage.com.au/national/anorexia-underworld-20130222-2ex3k.html
2012	Gurrieri, L., & Brown, I. (2012, February 7). Showing it like it is: a library to fight fatist images in the media, The Conversation. Retrieved from http://theconversation.edu.au/showing-it-like-it-is-a-library-to-fight-fatist-images-in-the-media-4252
2011	Cameron, D. (2011, August 8). Life in the Fatosphere [Radio Segment]. Sydney: 702 ABC Sydney.
	Creagh, S. (2011, August 17). Study finds fat acceptance blogs can improve health outcomes, The Conversation. Retrieved from http://theconversation.edu.au/study-finds-fat-acceptance-blogs-can-improve-health-outcomes-2890

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Glossary of Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AED	Academy of Eating Disorders
AIDS	Acquired Immune Deficiency Syndrome
ASDAH	Association for Size Diversity and Health
AUS	Australia
BEDA	Binge Eating Disorder Association
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CHOA	Children's Healthcare of Atlanta
CMC	Computer-Mediated Communication
EST	Eastern Standard Time
FDA	U.S. Food and Drug Administration
HAES	Health at Every Size
NAAFA	National Association to Advance Fat Acceptance
NEDA	National Eating Disorder Association
NICHHD	National Institute of Child Health and Human Development
OAC	Obesity Action Coalition
OECD	Organisation for Economic Co-Operation and Development
PCOS	Polycystic Ovarian Syndrome
RCT	Randomised Controlled Trial
SCOUT	Sibutramine Cardiovascular OUTcomes Study
SES	Socioeconomic Status
SPSS	Statistical Package for the Social Sciences
Sitcom	Situation Comedy
TGA	Therapeutic Goods Administration
UK	United Kingdom
USA	United States of America
Blog	Weblog
WHO	World Health Organisation

Chapter One

Introduction

Chapter One Overview

Introduction

In this thesis I will examine how fat, overweight or obese individuals react, experience and attempt to change the weight-related stigma that they encounter. This is achieved through the utilisation of the internet and specifically weblogs ('blogs') as a lens through which I focus this thesis. As I will illustrate, a growing amount of research has been conducted on weight-related stigma in recent years, however, the utilisation of blogs provides a new and innovative approach in order to examine this important issue. With the purpose of examining this issue in a holistic manner, three distinct research studies were executed;

1. The examination of a reaction to an episode of weight-related stigma that took place on a blog affiliated with the American arm of Marie Claire (a woman's magazine);
2. Interviews with individuals who belong to an online blogging community entitled 'The Fatosphere,' who blog about their experience of fatness, and how they attempt to manage these experiences utilising the internet and blogging as a tool, and;
3. An analysis of a counter campaign called I Stand and the public heath campaign on which it was based named Strong4Life. These campaigns took place within the United States of America (USA), and aimed to tackle the issue of childhood obesity and weight-related stigmatisation respectively.

What follows is a brief overview of the thesis topic under discussion, description of my theoretical framework, and an explanation the structure of this thesis.

The issue of adiposity, obesity, weight and fatness is one of the most salient health issues within our society today. As individuals and as a society we are constantly reminded of our weight through advertising, entertainment, news media, health professionals and each other. Additionally, we are encouraged to transform ourselves physically through the utilisation of methods such as diet, exercise and willpower that are put forth by the health and diet industries (Puhl & Heuer, 2009). Furthermore, through this discourse created around obesity we find that we are not only at 'war' but at risk of an 'epidemic' that requires our constant vigilance in order to avoid the consequences which are predicted to be catastrophic (Gard & Wright, 2005; O'Hara & Gregg, 2006; Sandberg, 2007). While there are a number of social and structural forces that affect an individual's weight, the issue of personal responsibility has been emphasised within the public discourse to the point where other factors are often

overlooked (Rice, 2007). In addition, there is a growing body of evidence that indicates that traditional diet and weight loss methods are inefficient in achieving and maintaining weight loss (Brownell et al., 2010). Essentially, the rhetoric surrounding the 'war on obesity' may be causing the very problem that it is trying to fix (Tischner & Malson, 2012).

As a result of this constant negative discourse, individuals deemed fat, overweight or obese within our society are constantly faced with the judgement that their bodies are unacceptable and many are subjected to routine stigma and discrimination based on their weight (Murray, 2008b; Myers & Rosen, 1999; Wright, 2008). Furthermore, these individuals are frequently reminded that in allowing themselves to become 'fat' they have endangered their health, with associations between adiposity and many physical health conditions routinely conveyed to the public by the media and health professionals (Saguy & Almeling, 2008). What is often overlooked is the psychological toll that the experience of adiposity has on those individuals whose bodies are deemed unacceptable, and the effect that it can not only have on health behaviours, but on physical health itself (Schwartz & Puhl, 2005; Vartanian & Shaprow, 2008). One of the most important factors impacting the psychological health of the corpulent individual is the experience of stigma (Puhl & Heuer, 2010; Schwartz & Puhl, 2005). Stigma – as defined by Goffman – is an attribute of a person which diminishes them from a whole individual, to one that is considered to be tainted and discounted (Goffman, 1963). The experience of stigma is an important factor in not only the psychological but physical health of corpulent individuals and may have important implications in ameliorating the negative health outcomes that are now associated with adiposity.

There is currently a growing body of research that has begun to document the occurrence, prevalence and impact of weight-related stigma within our culture. Weight-related stigma has almost doubled since the mid-1990s, and is present throughout almost all areas of society – including education, employment, health care, relationships, and the media (Puhl & Heuer, 2009). Stigma may take on a number of different forms, including direct, insidious and environmental forms, and impacts on individuals' physical and psychological health in a negative manner (Lewis et al., 2011b; Link & Phelan, 2006). This evidence has been gathered through diverse methods and approaches, and has been undertaken in a number of different countries, including the USA (Crandall & Biernat, 1990; Crandall, 1994; DeJong, 1980, 1993; Goldfield & Chrisler, 1995; Latner, Stunkard, & Wilson, 2005; Myers & Rosen, 1999; Puhl,

Schwartz, & Brownell, 2005; Schuman, 2010), United Kingdom (UK; see Hill & Silver, 1995; Turnbull, Heaslip, & McLeod, 2000), Canada (see Clarke & Stermac, 2010; Menec & Perry, 1998; Morrison & O'Connor, 1999; Peternelj-Taylor, 1989; Vartanian, Herman, & Polivy, 2005) and Australia (see Anesbury & Tiggemann, 2000; Lewis et al., 2011a; Lewis et al., 2011b; Thomas, Karunaratne, et al., 2010; Tiggemann & Wilson-Barrett, 1998).

Corpulent individuals utilise a range of different response styles when dealing with weight-related stigma, from withdrawal (either cognitively or physically), to humour, confrontation, and justification (Major & Eccleston, 2005; Swim, Cohen, & Hyers, 1998). However, the most common coping response utilised by corpulent individuals is that of purposive weight loss (Foreyt & Goodrick, 1993; McMichael, 2006; Puhl, 2005). Despite the fact that the majority of diets fail, a large amount of corpulent individuals attempt to remove themselves from the stigmatised identity of 'fat' through the engagement with dieting and weight loss practices – which in many cases have their own impacts on an individual's health and wellbeing (Cogan & Ernsberger, 1999; Gaesser, 2006; Heuer, McClure, & Puhl, 2011; Mann et al., 2007; Rosenbaum & Leibel, 2010).

However, one avenue that has been left largely unexplored is the role that computer-mediated communication (CMC) technology and the internet can have on the experience and response that corpulent individuals may experience regarding weight-related stigma. This thesis takes the unique approach to the stigma of adiposity in that it examines how the internet can be used as a method of coping with the negative experiences – such as stigma and discrimination – that individuals undergo in their everyday lives. With the rise in the popularity of the internet, technology has become a viable medium for a large number of individuals looking for alternative approaches or viewpoints from which to understand their bodies without substantial cost – either financially or emotionally.

With this in mind, a number of research questions were developed to guide this study. The overall research question is;

How do corpulent individuals utilise the internet in order to mediate, navigate and change their experience of weight-related stigma?

This question was then further broken down into three sub-questions;

1. *How do individuals react to stigmatising weight-related discourses online?*

2. *How do corpulent individuals utilise the internet as a tool to help them reframe and mediate the stigma that they experience?*
3. *How can the internet be utilised as a medium to challenge common attitudes towards adiposity?*

In summary, adiposity is an incredibly prominent issue within today's society that constantly reminds individuals of their weight, and reinforces the concept of personal responsibility in the quest for individuals to achieve and maintain an 'acceptable' weight. As a result of this preoccupation, corpulent individuals are constantly faced with stigma and discrimination in many forms and environments, and their primary response to this is most often to engage with purposive weight loss strategies. One alternative way in which individuals may be able to cope with the stigma and discrimination is by utilising technological mediums such as blogs to mediate, navigate and change their experiences of adiposity and weight-related stigma. This intersection between adiposity, stigma and CMC is the central focus of this thesis, and this thesis will suggest that online environments such as weblogs are providing a medium in which the stigmatisation of corpulent individuals is being challenged.

Theoretical Framework

The theoretical framework that informs this thesis utilises the theoretical understandings of stigma and discrimination. These theoretical frameworks are important when aiming to understand the experience of those individuals who are considered fat, overweight and obese, given that weight-related stigma has grown rapidly within western societies (Puhl & Heuer, 2009). The examination of stigma and discrimination has received much research attention since Goffman's seminal work *Stigma: Notes on the Management of a Spoiled Identity* in which he defined stigma as *"an attribute that is deeply discrediting"* that diminishes an individual *"from a whole and usual person to a tainted, discounted one"* (1963, p. 3). On the basis of these blemishes, it is believed that the person in question is *"not quite human"*, and an ideology is constructed that explains the stigma and attributes a range of deficiencies to the stigma that has been presented (Goffman, 1963, p. 6). While stigmas have been described as perspectives that shift and change throughout different situations and societies, Goffman acknowledged that individuals may find themselves to be relegated permanently to the stigmatised role in the majority of situations, enabling them to be referred to as a stigmatised person who is constantly seen to be different from what is considered normal.

Within this conceptualisation of stigma, Goffman differentiated between those identities which were assumed (*virtual social identities*) and those which could be proven (*actual social identities*; Goffman, 1963). Within the context of fatness, however, adiposity is generally seen to be an *actual social identity*, as it is believed that corpulent individuals are responsible for their own weight and are in control of reducing it. In reality, however, adiposity can also be seen as a *virtual social identity* because these beliefs are – for the most part – assumed and may be inaccurate in the face of mounting scientific evidence relating to the foundation and aetiology for adiposity (Campos, 2004; Puhl & Heuer, 2010).

In addition, Goffman further classified stigmatisation in two ways – *visibility* and *variety*. Stigmas were classified according to their *visibility* within day-to-day interaction. Those individuals for which their stigma is evident through regular daily interaction were considered *discredited,* while those who were able to conceal their mark of stigmatisation were considered *discreditable*. Furthermore, Goffman identified three different varieties of stigma; *abominations of the body*, *blemishes of individual character*, and *tribal stigma*. *Abominations of the body* were considered to be various physical deformities that could be seen by the individual with whom one was interacting such as scarring or physical abnormalities; *blemishes of individual character* were considered to be those attributes that could not be seen by the naked eye such as weak will, addiction, and mental disorders; and *tribal stigmas* were those that could be transmitted through lineages and contaminate all members of a family such as race or religion (Goffman, 1963). Adiposity is clearly a visible, discredited identity, and most comfortably sits within the first two categorisations of stigma – as an abomination of the body and blemish of individual character, as it is immediately visible within day-to-day interaction and viewed as a product of weak will and negligence. However, with the growing evidence from a number of reputable sources (such as the Centre for Disease Control or CDC) surrounding the genetic basis for adiposity, fatness can now also be seen as a tribal stigma that could possibly 'contaminate' all members of a family (CDC, 2010a; Friedman, 2004; Proietto, 1999).

There have been, however, a number of other theorists who have built upon the foundation that Goffman created. The definition put forth by Link and Phelan, for example, is that *"stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination occur together in a power situation which allows them"* (Link & Phelan, 2001, p. 377). This definition of

stigma builds on the definition provided by Goffman in that it acknowledges the role of power and status within the process of stigmatisation and discrimination. In addition, Link and Phelan believed that there are three distinct forms of discrimination; *direct*, *structural* and *insidious*. *Direct* discrimination is seen to occur when an individual is subjected to overt rejection as the result of the stigma involved; *structural* discrimination is seen to occur when structural or environmental limitations affect the day-to-day life of the individual, and *insidious* discrimination is an awareness of the stigmatising label that has been afforded to them and the view that one is are being judged in a negative manner as a result through covert means (Link & Phelan, 2006).

Using this framework, a recent study by Lewis and colleagues (Lewis et al., 2011b) examined 142 obese individuals' experience of stigma within their day-to-day lives. They found that corpulent individuals are exposed to *direct discrimination* through experiences of verbal abuse and teasing within locations such as school, public transport and the supermarket. *Environmental discrimination* was experienced through the lack of suitable seating and clothing available to them in a number of different settings such as workplaces, transport and gymnasiums. Additionally, individuals experienced *indirect discrimination* through perceptions of embarrassment and judgement from those with and around them, feelings of humiliation when engaging in eating and exercise behaviours, as well as criticism and ridicule from friends and family members.

Jones and colleagues (1984), however have delineated six dimensions of stigma that are important in its development and execution (see Table 1). Through defining those characteristics that affect whether an individual trait is destined to become a stigma, they expanded on the categorisations made by Goffman.

Table 1. The Dimensions of Stigma

Dimension	**Description**
Concealability	The extent to which the stigma is visible or concealable, and the extent to which one has control over its visibility
Course	The extent to which the stigma can/will change over time, and its most common outcome
Disruptiveness	The extent to which it affects interaction and communication within day-to-day life
Aesthetic Qualities	The extent to which the stigma makes its bearer repellent, ugly or upsetting
Origin	The extent to which an individual is responsible for the origin of the stigma
Peril	The extent to which the stigma poses a threat, and the perceived seriousness and imminence of this danger

Adapted from Jones, et al., 1984

Through the utilisation of Jones and colleague's (1984) six dimensions of stigma, we can examine the stigmatisation related to adiposity. Viewing the treatment of corpulent individuals through Jones' dimensions of stigma, we can see that corpulent individuals are stigmatised because they are unable to hide their stigmatising mark (*concealability*), and it is perceived that they will continue to gain weight over time, which will culminate in morbidity and mortality for the individual involved (*course*). Because adiposity is perceived to be repellent, ugly and upsetting (*aesthetic qualities*), it affects interaction within day-to-day life – sometimes in a pervasive fashion (*disruptiveness*). Adiposity is seen to be within personal control (i.e. eating too much and leading a sedentary lifestyle; *origin*), which will affect others, primarily through increased health care costs (*peril*; Neumark-Sztainer, 1999; Wright, 2008).

Furthermore, according to Stangor and Crandall (2000), theories of stigma fall into three broad categories – *functional* theories, *perceptual* theories, and *consensus* theories. *Functional* theories suggest that individuals create stereotypes and prejudice about individuals and groups in order to provide themselves with a personal benefit (e.g. the simplification of social perception, enhancement of self-esteem, or protection from harm). In this sense adiposity is seen as a threat to society through illness and health care costs, and should therefore be avoided. *Perceptual* theories postulate that the primary classification of individuals is the direct result of observation within the social environment. This is achieved on an individual basis through a number of different avenues, with individuals determining consistencies in behaviour across individuals and which are exaggerated through cognitive biases. In this sense, rotund individuals who are seen to be engaging in what is perceived to be gluttonous and lazy behaviour are then generalised to the behaviour of all corpulent individuals, regardless of whether this generalisation is correct. Finally, the *consensus* approach indicates that the shared beliefs about social stigma are not only determined by an individual's interactions with a member of a stigmatised group, but about how the individual understands the group to be perceived by society in general (Stangor & Crandall, 2000). In this sense, because adiposity is overwhelmingly seen as a negative attribute by society, individuals will adopt these beliefs and act accordingly – often in a negative or discriminatory manner.

Therefore, we can see that those considered to be corpulent are seen to be not quite human, and that the identity of 'fat' is perceived to be a proven, actual social identity. It is an identity which is highly visible and immediately discredited within day-to-day interaction.

Furthermore, it falls under an abomination of the body, blemish of individual character and tribal stigma at this current point in time. Corpulent individuals suffer direct, structural and insidious discrimination and it is believed that individuals can remove themselves from this stigmatised identity with willpower and determination.

Justification-Suppression Model

The experience of stigma and discrimination, however, is dependent on its *expression.* One way in which the expression of stigma and discrimination can be understood is the Justification-Suppression model of stigmatisation that was developed by Crandall and Eshleman (2003). This model (which is visually depicted in Figure 1) aims to explain how individuals both enact and experience stigma. This model suggests that each and every individual has thoughts and attitudes that equate with genuine prejudice, which are suppressed by various social forces (such as social norms, standards and values). Within this model prejudice is defined as a *"negative evaluation of a social group or…individual that is significantly based on the individual's group membership"*, and it is believed that all prejudices share a common foundation (Crandall & Eshleman, 2003, p. 414). A *genuine* prejudice is defined as *"an authentically negative reaction that is…not directly accessible but that is primary and powerful"* (Crandall & Eshleman, 2003, p. 416). This is differentiated to expressed prejudice, which through the process of expression is altered by the same social norms, standards and values which lead an individual to suppress a prejudice (Crandall & Eshleman, 2003).

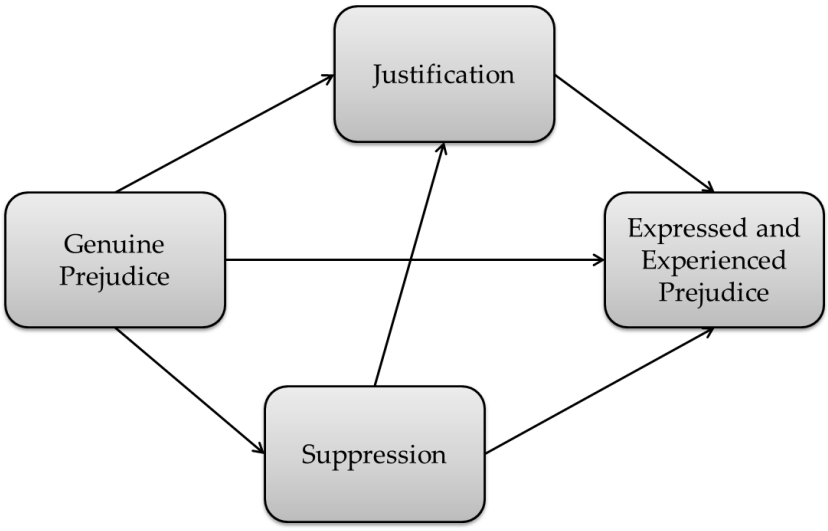

Figure 1. The justification–suppression model of experienced and reported prejudice. Adapted from Crandall & Eshleman, 2003, p.417.

In order to express these prejudicial attitudes and opinions, individuals engage in a process of justification so that they may reveal their true attitudes and opinions without feelings of shame or guilt (Crandall & Eshleman, 2003). Therefore, justification can be seen as *"any psychological or social process that can serve as an opportunity to express genuine prejudice without suffering external or internal sanction"* (Crandall & Eshleman, 2003, p. 425). Justifications have been shown to be positively correlated with reports of prejudice, and when manipulated during experiments appear to cause prejudicial expression (Crandall & Eshleman, 2003). Justifications perform two functions in the release of prejudice – initially, justifications allow the expression of prejudice to take place, but they also form a secondary function by allowing an individual or group to permit themselves to express prejudicial attitudes and opinions without experiencing negative emotions or labelling oneself as prejudiced (Crandall & Eshleman, 2003).

Factors that can effect suppression and justification of a prejudicial attitude or opinion are numerous and varied. Factors such as social norms, audience, empathy, value systems (e.g. religion, politics, egalitarianism and personal standards) effect the expression of prejudice, while factors such as anonymity, emotional or physical fatigue, weak social norms or alcohol or drugs may diminish the suppression an individual maintains in the expression of prejudice (Crandall & Eshleman, 2003). Furthermore, belief in a just world and an investment in the status quo allows individuals to justify some prejudices in order to maintain the social hierarchy on the basis that individuals 'deserve what they get' and the belief that individuals can change their situation at any time they choose (Crandall & Eshleman, 2003). Within this process, individuals are attributed with characteristics or choices that justify a prejudicial attitude or opinion on the basis that it they have inflicted it on themselves, and that it will help them (Crandall & Eshleman, 2003). Individuals may additionally express a prejudice through the use of *covering* whereby an individual covers the underlying prejudice with a plausible and socially acceptable motivation or reason (Crandall & Eshleman, 2003).

In summary, within this thesis I utilise the theoretical framework of Stigma Theory, which is informed primarily by the work of Goffman (1963), but also informed by those who built on his foundation (e.g. Crandall & Eshleman, 2003; Jones et al., 1984; Link & Phelan, 2001, 2006; Stangor & Crandall, 2000). Given the pervasiveness of the experience of stigma and discrimination for those who are considered to be fat, overweight or obese, the examination of

stigma and discrimination as part of their lived experience is paramount. Furthermore, the Justification-Suppression Model allows us to explain how and why genuine prejudice may be suppressed or expressed in order to meet social norms.

Thesis Structure

As stated previously, this thesis aims to examine the use of CMC and the internet in responding to weight related stigma and discrimination. This chapter, **Chapter One**, has provided a brief introduction into the issue of adiposity, the aims of the research and the theoretical framework that this thesis will utilise.

Chapter Two describes the previous literature pertaining to adiposity, stigma and CMC (specifically the internet and blogs). Furthermore, Chapter Two examines the different approaches that are taken in relation to obesity, how weight-related stigma is situated within these approaches, and provides information and previous research that demonstrates the possibilities that internet utilisation provides in response to weight-related stigma. **Chapter Three** describes and explicates the methodology and methods utilised within this thesis.

In order to attempt to answer the research questions, three separate studies have been designed and conducted. **Chapter Four** encompasses the method, results and discussion from Study One, which examines how individuals react to an act of weight-based stigma that took place within an online setting. **Chapter Five** comprises the method, results and discussion from Study Two, which examines how individuals use an internet community to change the way in which they react to and experience weight related stigma. **Chapter Six** includes the method, results and discussion pertaining to Study Three, which examines an online grassroots campaign as well as the campaign which it aims to counter.

Chapter Seven presents the overall discussion of the findings of this thesis. Within this chapter, the findings from the various studies will be brought together, and reflections made on the limitations and future directions of this research. In addition, Chapter Seven will also present the overall conclusions for this thesis.

Conclusion

Within this first chapter I have provided an introduction to my thesis topic and the theoretical framework utilised for this thesis. Additionally, I have provided an overview of the structure

of this thesis. In the following chapter I will delve into the relevant literature and research pertaining to obesity and adiposity, stigma, the internet and weblogs (blogs).

Chapter Two

Literature Review

Chapter Two Overview

Introduction

In this chapter I will examine the literature pertaining to adiposity, stigmatisation and utilisation of the internet. I will present a number of different perspectives that can be taken in relation to obesity, and examine the psychological and physiological consequences of obesity – not the least of which is antifat attitudes or weight-related stigma. Furthermore, I will present the consequences of, and common responses to, the experience of weight-related stigma. I will additionally demonstrate how the internet has been shown to be an important avenue for the provision of support and assistance for individuals to manage their health and wellbeing.

Obesity

Defining Adiposity

In discussing issues of weight, adiposity and obesity, the first matter which must be dealt with is the meaning behind and connotations for the terms we use to describe the larger body. A number of terms are often used interchangeably with 'obese' – namely the terms 'overweight' and 'fat'. While these terms for many are seen as synonymous, all have carried different meanings throughout different times and geographical locations. Currently 'obesity' is generally seen as a medical term where *"excess body fat has accumulated to such an extent that health may be adversely affected"* (Crowle & Turner, 2010, p. XIII). The term 'overweight' is seen to be a gathering of excess body fat that has not yet reached the proportions seen within the medically designated 'obesity'. The term 'fat' – while often seen as a pejorative and derogatory term – is seen in some circles to be a neutral descriptive term of adiposity that describes the larger body (Myers & Rothblum, 2010).

In discussing issues such as adiposity, selection of terms is a very important step as it has been demonstrated that how an individual (or group of individuals) is labelled can impact how they are perceived (Smith, Schmoll, Konik, & Oberlander, 2007; Vartanian, 2010). Numerous studies, however, have examined how terms relating to the corpulent body have been received. Findings have indicated that descriptors such 'obese,' 'overweight,' 'fat,' 'large size,' and 'heaviness' were seen to be negative, and descriptors such as 'full-figured,' 'weight' or objective descriptors (e.g. 194 pounds/88kg) were seen to be more positive (Gray et al., 2011; Smith et al., 2007; Volger et al., 2012; Wadden & Didie, 2003). However, not all labelling

inevitably leads to negative evaluations. Hudak (2001) suggests that there are two levels of labelling – *benign labelling* which labels in a descriptive manner, and *toxic labelling*, which denies individuality, and fosters the presence of oppression and stigmatisation. When referencing body size, however, recent research has indicated that there may be no terms that can be considered neutral (i.e. free of blame or stigma) across the population as a whole (Puhl, Peterson, & Luedicke, 2012). Therefore, the use of descriptive terms must be adjusted based on the population and context currently at hand.

Throughout this thesis terms such as 'fat,' 'corpulent' and 'adiposity' will be used to indicate the presence of a larger body, or individuals who are seen to be of a larger size, and the terms 'overweight' and 'obese' generally used when medically appropriate or when examining the views of individuals or society as a whole.

The BMI

The most common measure of overweight and obesity is the BMI (Gard & Wright, 2005). The BMI is defined as the *"weight in kilograms divided by the square of the height in metres (kg/m²)."* Essentially, $BMI = \frac{weight\ (kg)}{height\ (m)^2}$ (WHO, 2012a, para. 1). The World Health Organisation (WHO) has set the current definitions for the different BMI ranges. See Table 2, below, for the BMI values for each category as defined by the WHO. In addition to the traditional classifications of underweight, overweight and obese, additional classes of obesity have been added (classes 1, 2 and 3) to allow for severity of obesity to be measured.

Table 2. BMI Category Definitions

BMI Category	Range (kg/m2)
Underweight	< 18.5
Severe Thinness	< 16.0
Moderate Thinness	16.0 – 16.99
Mild Thinness	17.0 – 18.49
Average	18.5 – 24.99
Overweight	25.0 – 29.99
Obese	≥ 30.0
Class 1	30.0 – 34.99
Class 2	35.0 – 39.99
Class 3	≥ 40.0

Note: Adapted from WHO, 2012

The BMI was originally developed by an astronomer named Adolphe Quetelet in the 1800s, and was not initially intended to be connected with body fat; indeed he was merely attempting to apply the mathematical laws of probability to measure the human body (Gard

& Wright, 2005; Oliver, 2006a). The BMI, however, did not take on its current status as a method to predict the health and possible mortality of an individual until statistician Louis Dublin at the Metropolitan Life Insurance Company applied the equation to the information they retained about mortality of the individuals for which they insured in the 1940s (Jutel, 2008; Oliver, 2006a). Dublin concluded that thinner people generally lived longer, and he subsequently created ranges for each height that indicated the weight at which an individual would live the longest. Although this information was intended primarily for insurance reasons, it was soon utilised by the health industry and governments alike to determine who was overweight or obese, and therefore at higher risk of disease and early mortality (Jutel, 2008; Oliver, 2006a). Surprisingly, however, the medical community did not immediately take to standardised methods of weighing individuals, as highlighted in this statement by Christie;

> *No weight table is sufficient by itself to base an estimate of the ideal state…standard tables that show the average for men and women of our race at any given age and height are fallacious, because no allowance is made for the distinctions of personal physique, nor consideration given to obvious rolls of fat* (Christie, 1927, p.23, as cited in Jutel, 2008)

When the BMI was first applied, the desirable or ideal range for Western adults was listed as being a BMI of between 20 and 30 kg/m^2 (Gard & Wright, 2005). A number of revisions to the categorisation of the BMI have been undertaken in many different countries, however, in the 1980s the WHO set the international definitions for the BMI in adults (Halse, 2008). The cut-off points of the BMI for overweight and obesity – while somewhat arbitrary – have been placed at 25kg/m^2 and 30kg/m^2 respectively as the result of epidemiological studies that show a modest increase in mortality in individuals whose BMI is above 25kg/m^2 and a much more marked increase in individuals with a BMI above 30kg/m^2 (Calle & Kaaks, 2004; NHLBI & NIDDK, 1998).

As indicated above, there are a number of limitations associated with the BMI. At the most fundamental level the BMI describes a relationship between an individual's height and weight. However, the BMI does not take into account individual differences in physical frame or proportions of fat, muscle and bone mass and can therefore create 'false positives' in individuals who are of no increased risk for morbidity and mortality, or vary in other fundamental characteristics, such as age, gender or race (for example, men often have higher proportion of muscles than women, leading to higher BMIs; Gard & Wright, 2005; Halse, 2008;

Jutel & Buetow, 2007; Robison, Putnam, & McKibbin, 2007a). In addition to these limitations, a large meta-analysis of the literature conducted in 2006 found that BMI was a poor predictor of cardiovascular morbidity or mortality (Romero-Corral et al., 2006).

The Rise and Rise of the 'Obesity Epidemic'

The Prevalence of Overweight and Obesity

In recent years, the prevalence of overweight and obesity based on the BMI have risen rapidly in developed countries. Since 1980 the worldwide prevalence of obesity has more than doubled, and with this increase in prevalence a large social and academic focus has been placed on obesity (Mariel et al., 2011; Mokdad et al., 2003; Walls et al., 2009; WHO, 2010). According to the Organisation for Economic Co-Operation and Development (OECD), almost half of the counties that belong to the OECD have reported prevalence rates of over 50% for overweight and obesity (OECD, 2010). However, because of the different methods and sampling used within the different countries, these results are often unable to be generalised across countries or compared in any meaningful fashion (Gard & Wright, 2005). According to Campos and colleagues (2006), however, while those at the heaviest weights are now significantly heavier than before, the majority of the change responsible for the increase in prevalence of obesity can be explained by a modest shift in weight;

> *In the US…the so-called 'obesity epidemic' is almost wholly a product of tens of millions of people with BMIs formerly in the 23-25 range gaining a modest amount of weight and thus now being classified as 'overweight', and, similarly, tens of millions of people with BMIs formerly in the high 20s now having BMIs just > 30* (Campos et al., 2006, p. 55)

Continuing to Rise? Or Plateauing Out?

While there has been much discussion surrounding the rising rates of overweight and obesity, there have been suggestions within the literature that these rates are beginning to plateau. Within a number of developed countries it has been reported that the levels of overweight and/or obesity have stabilised in a number of populations in recent years, including both men and women, adults and children (Crowle & Turner, 2010; Flegal, Carroll, Ogden, & Curtin, 2010; Nichols et al., 2011; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010; Yanovski & Yanovski, 2011).

Within the USA, for example, a number of recent studies have been conducted examining the prevalence rates of overweight and obesity and their rising trends. Data reported from the National Health and Nutrition Survey (Flegal et al., 2010; Ogden et al., 2010), examined height and weight measurements of 5555 men and women over the age of 20 years; 3281 children and adolescents aged 2-19 years; and 719 infants and toddlers aged from birth to 2 years. It was concluded that for women the increasing trend of obesity that had had been observed before 2000 may not be continuing, however, this trend may possibly be continuing for men (Flegal et al., 2010). For children and adolescents no statistically significant trends were found from 1999 to 2008 among girls, however between 1999-2000 and 2007-2008 significant trends were found for boys (Ogden et al., 2010). In another example from Australia, Nichols and colleagues (2011) found that overweight and obesity decreased significantly in Victorian children between 1999 and 2007, while Crowle and Turner (2010) found that most of the growth of obesity in Australian children occurred up until the mid-1990s, with rates levelling off from approximately 1995 onwards.

The 'Obesity Epidemic'

The public discourse surrounding the apparent rising rates of obesity has led to what many have called the 'Obesity Epidemic'. The rhetoric that surrounds this 'epidemic' of obesity is currently ubiquitous within the public discourse surrounding obesity, and it has permeated the discussion to the point where it will often invalidate or ignore alternative views (Gard & Wright, 2005; Rice, 2007; Saguy & Almeling, 2008; Wright, 2008). Indeed, Meleo-Erwin (2010) has stated in her assessment of the discourse within the United States, that it is *"nearly saturated"* with reports claiming that we are in the middle of an 'obesity epidemic' (p.2) However, what has made the rhetoric surrounding the 'epidemic' of obesity possible is the development of what constitutes a normal body through the BMI (Halse, 2008); as Jutel (2008) states, *"with the ability to quantify corpulence comes the potential to track its distribution, prevalence and correlates"*(p.69). The use of the word 'epidemic' implies not only an impending catastrophe that is based on a sustained exponential rise of obesity, but that it will continue to occur unless medical intervention is carried out (Campos et al., 2006; Gard & Wright, 2005). Furthermore, it suggests that adiposity is *infectious* and could be *passed on* from person to person resulting in morbidity and mortality for those who are not diligent (Robison, 2003b). As Oliver (2006b) asserts, the origin of the concept of obesity as an epidemic stems from the

work of paediatrician William Dietz, who, in his work for the CDC, mapped the prevalence of obesity across the American states over time (See Figure 2 for selected maps). In doing this work he not only visualised the increasing trend of obesity, but uncovered the observation that it was *spreading*;

> *Rather than simply showing a trend, the maps conveyed something far more urgent—a spreading infection. As the redness moved from one state to others nearby, it seemed to demonstrate that obesity was infecting the population with virus-like speed* (p.614)

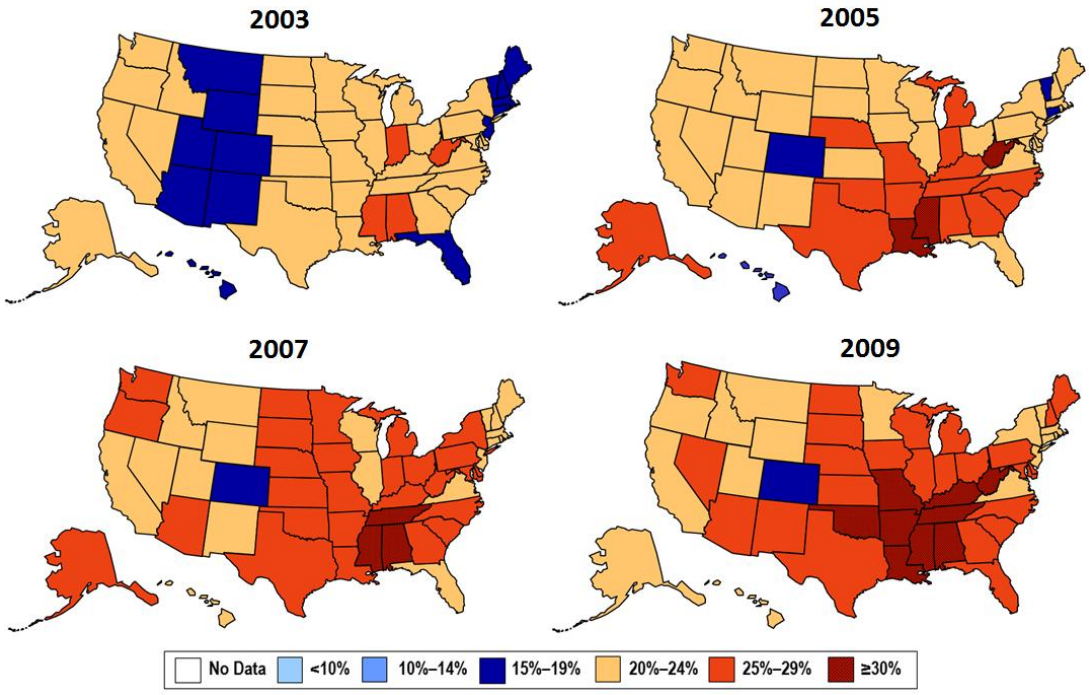

Figure 2. Obesity Trends* Among U.S. Adults, Behavioral Risk Factor Surveillance System (BRFSS) in 2003, 2005, 2007, & 2009. Adapted from CDC, 2011.
*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person

Obesity, however, is not a communicable infectious disease, and consequently does not meet the medical definition of an epidemic (Campos, 2004; Murray, 2008a; Rice, 2007; Robison, 2003b; Saguy & Riley, 2005). Therefore, the possibility must be considered that the use of the term 'epidemic' within the context of obesity is a method of capturing the public's attention by utilising scare tactics and creating a social panic around body weight – perpetuating the success of the weight loss industry (Murray, 2008a; Robison, 2003b; Saguy & Riley, 2005). According to Gard and Wright (2005), the 'obesity epidemic' is *"a social idea (or an ideology), constructed at the intersection of scientific knowledge and a complex of culturally based beliefs, values, and ideals"* (Gard & Wright, 2005, p. 168). Furthermore, Paradis (2011) contends that the

'obesity epidemic' was brought about by the medical industry's need to be legitimised – through quantification and objectivity – which transformed obesity into a medical phenomenon, then social crisis. The rhetoric surrounding the 'obesity epidemic' has been constructed through the discourse within the scientific community that is based not only on scientific knowledge, but researchers' intrinsic and inherent ideas and ideals about the body which have affected the research being conducted and the 'truths' accepted at the heart of the obesity discourse (Jutel, 2008). These concepts as applied to society as a whole have been oversimplified and overstated to create the 'epidemic of obesity' that we see today (Bacon, Stern, Van Loan, & Keim, 2005; Campos, 2004; Cohen, Perales, & Steadman, 2005).

Governmental and International Organisations' Responses to the 'Obesity Epidemic'

Within western societies such as the USA, UK and Australia governmental responses have framed the 'obesity epidemic' primarily as *"the number one public health challenge"* (OECD, 2010, p. 5) and a *"national health threat"* (CDC, 2010c, p. 1) that jeopardise *"the health gains made…in the last century"* (The National Obesity Taskforce, 2003, p. i) and require a 'call to action' by public servants, health professionals and citizens alike (Department of Health, 2011; U.S. Department of Health and Human Services, 2001). The U.S. Department of Health and Human Service Surgeon General's Call to Action, while acknowledging that overweight and obesity *"may not be infectious diseases"* continued on to assert that *"they have reached epidemic proportions in the United States"* (U.S. Department of Health and Human Services, 2001, p. XIII). In addition, the WHO has coined the term 'globesity' to describe the *"an escalating global epidemic of overweight and obesity"* that is rampant within today's societies (WHO, 2012b, para. 1).

The use of the word 'epidemic' is continually used within governmental documents, and those individuals considered overweight and obese are often combined together in the reporting of statistics (see Department of Health, 2011; The National Obesity Taskforce, 2003) While governmental documents acknowledge the influence of a range of factors on each individual's weight and continued (lack of) weight maintenance, the issue is more often than not described as being within the personal responsibility of each individual. For example, governmental responses to the 'obesity epidemic' in general have framed obesity as a problem that stems from a lack of personal responsibility requiring individual behaviour change, rather than requiring comprehensive and overarching interventions in order to change

current economic and social practices (Bond, Williams, Crammond, & Loff, 2010; Downey, 2005; Pomeranz, Teret, Sugarman, Rutkow, & Brownell, 2009). Furthermore, prevention is seen to be preferred to finding a 'cure' for those already considered to be fat, overweight or obese (Downey, 2005). Therefore many popular public health interventions focus on children in an attempt to prevent them from becoming overweight or obese, or reverse the trend before it is 'too late' (OECD, 2010).

In a recent examination of the slogans of obesity-related public health campaigns within the USA, UK and Australia, Puhl and colleagues (Advanced Access), found that those messages that were considered to be stigmatising (e.g. *"Childhood obesity is child abuse"*) received the most negative ratings, were least motivating, and resulted with significantly lower intentions to comply with the message presented. Additionally, messages that were considered to be the most positive and motivating did not mention the issue of obesity at all, instead focussing on actionable behaviours within the communication of multiple health messages (e.g. *"Learn the facts, eat healthy, get active, take action."*) and the importance of fruit and vegetable consumption (e.g.*"Eat a variety of colorful fruits and vegetables every day"*; Puhl et al., Advanced Access). However, the authors argued that there is a perception within the public health field that the stigmatisation of obese individuals will serve to motivate them to engage in healthier behaviours or that this approach is *"necessary to raise public awareness about the seriousness of obesity,"* despite evidence to the contrary (Puhl et al., Advanced Access, p. 6).

The Rise in Public Consciousness – Increases in Scientific Literature and Media Attention to Obesity

There has been a marked increase in both the scientific literature and media attention that has been paid to obesity over recent years (O'Hara, 2006; Saguy & Almeling, 2008). Within the public discourse the presence of the 'obesity epidemic' and causal relationship between adiposity, morbidity and mortality is conveyed with utter certainty, despite the uncertainty and ambiguity that is present within the literature surrounding obesity (Gard & Wright, 2005; Meleo-Erwin, 2010; O'Hara & Gregg, 2006; Wright, 2008).

Within the scientific discourse, the increased interest has stemmed from the increased affordability and dissemination of instruments designed to weigh the human body as tools became readily available to practitioners around the turn of the previous century (Jutel, 2006). Previous to this, qualitative – rather than quantitative – measures of adiposity (i.e. visual assessments) were held by the medical fraternity and utilised to measure an individual's

'fatness' (Jutel, 2006, 2008, 2011). However, this qualitative assessment is now dismissed almost completely, and the quantitative assessment of an individual's girth is prioritised over the information provided by a patient – essentially, it is believed that the scales do not lie, but people do (Jutel, 2008). Furthermore, this increased interest has also stemmed from suggestions that obesity places additional burdens on society through decreased productivity within the workplace, higher demands on the health care system, heightened disease incidence and increased health care costs (Colagiuri et al., 2010; Gates, Succop, Brehm, Gillespie, & Sommers, 2008).

A number of recent studies, however, have endeavoured to measure the rise of obesity within the health and scientific discourse. Indeed, some researchers have reported as high as a 2000% increase in the incidence of media reporting relating to obesity in recent years (O'Hara, 2006). Paradis (2011), however, examined the medical-scientific community's stance relating to obesity and rise in obesity-related scientific publications through the examination of the electronic academic database PubMed. She concluded that there has been a *"massive and recent increase in the medical interest in obesity"* (p. v), and that this growth has not occurred in a linear fashion – instead growing in bursts coinciding with governmental and international interests in obesity. Additionally, the articles relating to obesity have increased at a faster rate than the database itself, suggesting that research relating to obesity is growing at a faster rate than scientific publication in general (Paradis, 2011).

In contrast, Saguy and Almeling (2008) examined the incidence of both scientific publication and media reporting on obesity, and found that substantial increases have taken place in both of these areas, and that there is *"substantial overlap"* between scientific publication and media reporting on obesity. They asserted that it is the way in which the public receive information about scientific research through the media that is important, as this reporting informs lay understandings about health and risk, notions about responsibility and culpability, and shares what is viewed as 'normal' (Saguy & Almeling, 2008).

While explanations surrounding obesity research – by necessity – must be short and uncomplicated in order to effectively translate findings to the general population (Rail, 2008), some research has found that the way in which obesity is currently covered within the media contributes to the creation and continuation of weight-related stigma (Hilbert & Ried, 2009). An impression of looming disaster and sense of urgency within news reports has *"thrown fat*

on the fire" through the utilisation of selective reporting on alarmist studies that suggest a sense of urgency through the utilisation of a number of evocative and negative metaphors that associate the rise of obesity with natural disasters (e.g. obesity avalanches), infectious diseases (e.g. the obesity epidemic) as well as crime and warfare (e.g. the war on obesity; Ernsberger & Koletsky, 1999; Saguy & Almeling, 2008, p. 77; Sandberg, 2007). In addition, while there has been a recent shift, there is a tendency within the news media to place a higher focus on an individual's personal responsibility to remain at an 'acceptable weight' rather than examining social, structural or genetic factors relating to weight and adiposity (Kim & Willis, 2007; Lawrence, 2004; Major, 2009; Saguy & Almeling, 2008).

Visual depictions of the fat body through avenues such as print, television and cinema, generally present the (fat) body in one of two ways. The first approach ignores the corpulent body by selectively portraying individuals who meet the socially and culturally desirable 'thin ideal' (Ata & Thompson, 2010; Fikkan & Rothblum, 2012; Weston & Bliss, 2005). The second actively focusses upon an individual's (or character's) weight as the most salient characteristic about them, while simultaneously using the corpulent body as a target for pity, comedic relief, and an avenue for the discussion and/or depiction of the various methods of transformation that the (fat) individual is expected to engage in (Ata & Thompson, 2010; Weston & Bliss, 2005).

It has been suggested that obesity has now become entrenched within our popular culture and now perpetuates the perception that corpulent individuals are 'dumb' and 'lazy' – further establishing this view of the corpulent individual within the collective public consciousness (Blaine & McElroy, 2002; Thomas, Hyde, & Komesaroff, 2007; Weston & Bliss, 2005). Additionally, it has been found that corpulent individuals view shows focussing on fatness and weight loss such as *The Biggest Loser* as insincere, unrealistic, and that they fail to understand or explore the complex issues that influence weight and weight loss (Thomas et al., 2007).

The manner in which (fat) individuals are portrayed in the media is highly important as it has been demonstrated that visual images are a highly effective method of influencing individual opinion, and that media portrayals have a powerful influence on individuals (and particularly women's) body image (Abraham & Appiah, 2006; Gibson & Zillmann, 2000; Zillmann, Gibson, & Sargent, 1999). Additionally, the dissemination, perpetuation, presence and strength of

stigmatising attitudes towards corpulent individuals are affected by the media (Geier, Schwartz, & Brownell, 2003; Paquette & Raine, 2004). Visual images are a highly effective way of influencing an individual's opinion on an issue and may assist in perpetuating and disseminating negative and stigmatising attitudes and behaviours (Abraham & Appiah, 2006; Gibson & Zillmann, 2000; Zillmann et al., 1999).

In a study conducted by Heuer, McClure and Puhl (2011), over 500 pictures that accompanied news stories about obesity were examined, revealing that corpulent individuals were generally portrayed in a very negative manner. Corpulent individuals were less likely to be portrayed dressed professionally, as experts or shown exercising and more likely to be portrayed consuming food or drink than individuals considered to be of a 'normal weight' (Heuer et al., 2011). In addition, they were significantly more likely to be depicted without a head, from the side or rear, with only their abdomens or lower bodies shown, or to not be fully clothed than individuals who were considered to be of a 'normal weight' (Heuer et al., 2011). The authors concluded that the portrayal of negative images in this manner may perpetuate the widespread weight-related stereotypes and discrimination that are present within our society, and that the unnecessary focus on specific body parts is not only designed to evoke feelings of disgust, but also to degrade and dehumanise corpulent individuals (Heuer et al., 2011). It is important that this one-dimensional portrayal of corpulent individuals changes as it has been established that regular exposure to these kinds of images are linked to the presence of eating disorders and negative mood states not only in corpulent individuals but those considered to be of a 'normal weight' as well (Greenberg & Worrell, 2005).

This phenomenon of selectively portraying corpulent individuals from the neck down has been labelled the 'headless fatty phenomenon' by activist and academic Charlotte Cooper (see Figure 3, below, for examples). Cooper (2007) asserts that the 'headless fatty' has become a *"staple of news journalism"*, and presents corpulent individuals *"as objects, as symbols, as a collective problem, as something to be talked about"*(para. 2). In addition, she states that through this phenomenon;

> *the body becomes symbolic: we are there but we have no voice, not even a mouth in a head, no brain, no thoughts or opinions. Instead we are reduced and dehumanised as symbols of cultural fear: the body, the belly, the arse,* [the] *food* (para. 3)

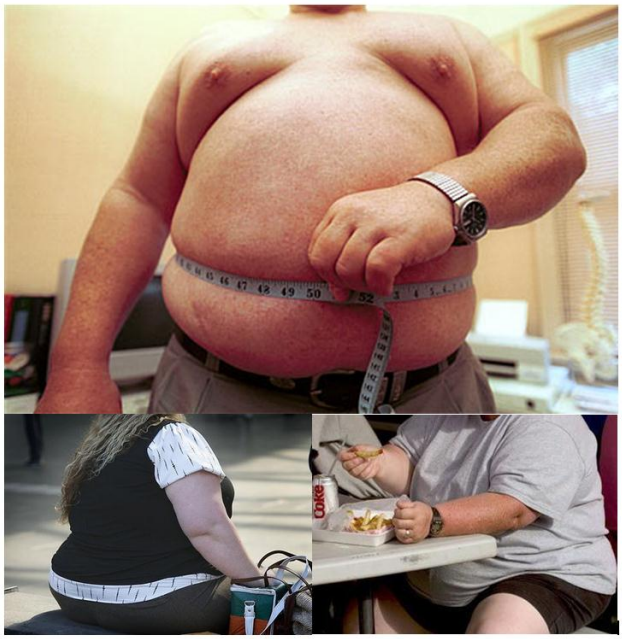

Figure 3. Examples of the Headless Fatty Phenomenon. Sources: Latin American Herald Tribune, n.d.; Sinnott, 2011; SodaHead Living, 2011

A recent study by Pearl, Puhl and Brownell (2012) examined the impact of positive media portrayals of corpulent individuals. Utilising a 2 x 2 design, participants were presented with either positive or negative depictions of obese individuals interacting with food (positive – corpulent individual(s) selecting produce at a grocery store; negative – corpulent individual(s) consuming unhealthy food such as ice cream, soft drink or chips on a couch). Two experiments were conducted in order to further examine the effect race and gender had on the results, so that within the first experiment conditions were differentiated by race (black/white) and the second by gender (male/female). It was found that irrespective of race or gender of the stimulus image, the stigmatising (negative) images elicited not only heightened negative attitudes towards corpulent individuals, but also a desire to create a larger social distance between themselves and the (fat) individuals. Additionally, those individuals who viewed the positive images showed less negative attitudes toward corpulent individuals, less desire for social distance, and a preference for the positive images to the negative ones. These results led the authors to conclude that the inclusion of more positive portrayals of corpulent individuals within the media may assist in the amelioration of weight-related stigmatisation within our society.

It is understood within contemporary society that the prevalence of overweight and obesity is continuing to rise, with obesity becoming an 'epidemic' and spreading throughout the population. However, there are indications that the rates of overweight and obesity as measured by the BMI are beginning to plateau – at least for segments of the population. Governmental bodies within western countries in particular have framed the 'obesity epidemic' as a significant health problem, but continue to construct it as an individualistic issue that requires personal responsibility as its primary solution. There has been a marked increase in both scientific and media publication regarding obesity, but that while the media report increasing levels of adiposity within contemporary society, they are very rarely portrayed within the media. In addition, when this portrayal does take place emphasis is placed on the negative characteristics or the corpulent individual rather than acknowledging them as a whole person – furthering the negative attitudes, opinions and views that are held about corpulent individuals within today's society.

Consequences of Adiposity

There are many consequences associated with being considered a fat, overweight or obese individual within today's society, and in the following discussion I will examine the physical and psychological consequences of obesity.

Physical

Within the health care community, excess weight is associated with a number of serious illnesses and conditions, including hypertension (Brown, Fujioka, Wilson, & Woodworth, 2009; Friedman, 2004; Reilly et al., 2003), diabetes (Brown et al., 2009; Cahnman, 1968; Friedman, 2004; Mozaffarian, Hao, Rimm, Willett, & Hu, 2011), cardiovascular disease (Brown et al., 2009; Cahnman, 1968; Friedman, 2004; Kuk et al., 2011; Mozaffarian et al., 2011; O'Neil et al., 2011; Reilly et al., 2003), cancer (Brown et al., 2009; Friedman, 2004; Mozaffarian et al., 2011; Reeves et al., 2007; Robison et al., 2007a), asthma (Reilly et al., 2003), sleep apnoea (Brown et al., 2009), osteoarthritis (Brown et al., 2009; Robison et al., 2007a), and polycystic ovarian syndrome (PCOS; Brown et al., 2009). Concurrent with, and as a consequence of, this association with illness and disease, a connection has also been made between increased adiposity, shorter life expectancies and all-cause mortality (Abdullah et al.; Friedman, 2004; Kassirer & Angell, 1998; Kuk et al., 2011; MHS, 2010; OECD, 2010; Robison et al., 2007a). However, it has been found that this association with morbidity and mortality only presents

itself at the statistical extremes of the BMI, with overweight and class 1 obese individuals presenting with no elevated mortality risk, and class 2 and 3 individuals presenting with a greater risk of all-cause mortality (Cahnman, 1968; Campos et al., 2006). It has been found by a number of researchers that mortality in relation to weight generally presents in the form of a u-shaped curve, with the lowest relative risk at a BMI of approximately 25, and risk increasing when one moves away from this BMI in either direction (Campos et al., 2006; Flegal, Graubard, Williamson, & Gail, 2005; Troiano, Frongillo Jr, Sobal, & Levitsky, 1996).

However, it is important to consider alternative methods of measuring adiposity other than the BMI. Recently central abdominal fat (or waist circumference) has been highlighted as a more reliable predictor of negative morbidity and higher mortality (Coutinho et al., 2011; Gard & Wright, 2005; Hunte, 2011; Proietto & Baur, 2004). This method of measuring adiposity, however, is harder than the BMI to conduct and implement systematically on a large scale (NHLBI & NIDDK, 1998). In addition, adiposity has also been found to be a protective factor when it comes to diseases such osteoporosis, tuberculosis, and some cancers, and for some older individuals (Campos et al., 2006; Robison et al., 2007a; Robison, 1999; Smith, 2002).

It is important to remember that – at best – the majority of the evidence indicates that there is an association or correlation between obesity and certain diseases or conditions (Bacon & Aphramor, 2011; Miller, 2005; Paradis, 2011). There are many reasons why direct causation has not been able to be established in this case, including methodological limitations and the failure of researchers to control or account for confounding factors such as socioeconomic status (SES), physical activity, nutrition, sleep quality, access to medical care, and weight loss (Burgard, 2009).

Psychological

In addition to the associations between physical health issues and adiposity, a number of psychological conditions have also been associated with corpulent individuals. Conditions such as depression (Atlantis & Baker, 2008; Carpenter, Hasin, Allison, & Faith, 2000; Stunkard, Faith, & Allison, 2003), mania (Mather, Cox, Enns, & Sareen, 2009; Petry, Barry, Pietrzak, & Wagner, 2008; Simon et al., 2006), anxiety (Mather et al., 2009; Petry et al., 2008; Strine et al., 2008), panic disorders (Mather et al., 2009; Petry et al., 2008; Simon et al., 2006), personality disorders (Simon et al., 2006), and suicidal ideation and attempts (Carpenter et al., 2000) have

been linked to obesity. In addition, other psychological factors including low self-esteem (Puhl & Latner, 2007; Tiggemann & Wilson-Barrett, 1998; Vartanian & Novak, 2011), poor body image (Puhl & Latner, 2007; Tiggemann & Wilson-Barrett, 1998; Vartanian & Novak, 2011), and social isolation (Lewis et al., 2011b) have been linked with the experience of adiposity. It is important to note, however, that these negative psychological associations are by no means universal, and the experience of being fat does not mean that an individual will inevitably experience a negative psychological prognosis (Vartanian & Novak, 2011).

Of particular concern within the psychological literature is the association between obesity and depression. In a review article examining the relationship between depression and obesity, Stunkard and colleagues (2003) found that a clear relationship existed for women between obesity and depression, which increased among individuals from high socioeconomic backgrounds. For men, however, an inverse relationship was found between obesity and depression, with no relationship to SES. In addition, negative childhood experiences promoted the development and manifestation of both depression and obesity. It is important to note, however, that the authors made the clear argument that with the current available knowledge, it is impossible to delineate the direction of the relationship between obesity and depression – essentially, we are unable to ascertain whether obesity causes depression, depression causes obesity, or whether it is a mix of the two (Stunkard et al., 2003). This fact is true for many of the psychological conditions that have been associated with fatness and adiposity.

There are some suggestions that the aetiology of – particularly psychological – conditions that have been associated with adiposity can be associated with the level of stigma, discrimination and victimisation that corpulent individuals experience (Ashmore, Friedman, Reichmann, & Musante, 2008; Friedman, Ashmore, & Applegate, 2008; Hunte, 2011; Latner, Wilson, Jackson, & Stunkard, 2009; Sarwer, Fabricatore, Eisenberg, Sywulak, & Wadden, 2008; Shroff & Thompson, 2004). While the link between psychological health and stigmatisation is the most evident, links can also be found between physical health as stigmatisation as it affects factors such as weight, exercise motivation, dietary restriction, cardiovascular disease and blood pressure (Ernsberger & Koletsky, 1999; Hunte, 2011; Matthews, Salomon, Kenyon, & Zhou, 2005; Puhl & Heuer, 2009; Stunkard et al., 2003; Vartanian & Novak, 2011; Vartanian & Shaprow, 2008). Essentially, those individuals who experience stigmatisation not only

experience negative psychological health, but may also find that they have issues bringing themselves to exercise (particularly in public) and may restrict or binge as a result of the stress involved with the experience of stigma and discrimination. This stress, in turn, affects an individual's blood pressure and can be a factor in cardiovascular disease if prolonged exposure occurs.

Perspectives on Obesity

Within contemporary society and the literature pertaining to adiposity, obesity is generally viewed in four ways – as a disease, as the result of environmental influence, as a moral failing, and as natural diversity. These categorisations are not necessarily mutually exclusive (i.e. an individual may view obesity as both a disease and a moral failing), but are four different ways in which the issue of adiposity can be approached. See Figure 4, below for a summary of these perspectives.

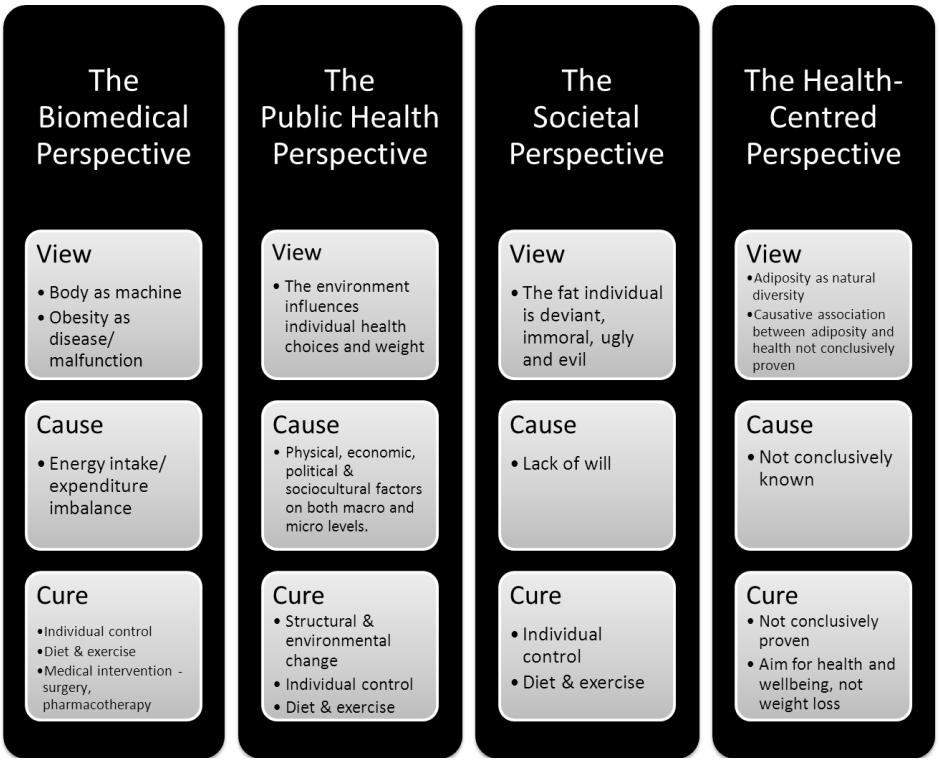

Figure 4. The Four Perspectives of Obesity within the Literature

The Biomedical Perspective of Obesity – As Disease and Statistical Deviance

The biomedical perspective of obesity and the human body incorporates the view that the body is a machine and disease a malfunction of this machine (Robison, 1999). In this way the biomedical focus on obesity is that it is perceived as a *disease*, with each body conforming to predictable laws and weight gain explained by energy imbalance (i.e. energy intake > energy

expenditure = weight gain; Gard & Wright, 2005; Oliver, 2006b; Rice, 2007; Swinburn, Sacks, & Ravussin, 2009). Within this perspective the cure for obesity is within each individual's control, by regulating energy intake (i.e. food), and increasing energy expenditure (i.e. exercise), resulting in weight loss and improved health (Brownell et al., 2010; O'Hara & Gregg, 2006, 2010; Proietto, 1999). Common interventions to correct this energy imbalance include lifestyle changes (diet and exercise), pharmacological interventions (such as orlistat, sibutramine and rimonabant), and surgical interventions (such as gastric banding or bypass surgery). Efficacy for each of these interventions has had varying effects, and is discussed in the following paragraphs.

The evidence relating to diet and exercise for the treatment of overweight or obesity suggests that intensive interventions that incorporate diet and exercise can lead to modest (<5kg) but sustained weight loss (McTigue, Hess, & Ziouras, 2006; Wadden et al., 2011). It is believed that this loss is sufficient to show improvement in a number of clinical indicators such as glucose control and blood pressure (McTigue et al., 2006; Wadden et al., 2011). In a review conducted in 2012, Asher and colleagues found that very low-energy diets are an effective short-term strategy to produce meaningful weight loss, but that it is difficult to maintain this loss for long periods of time (Asher, Burrows, & Collins, 2012).

In a Cochrane review published in 2009, Shaw and colleagues examined the use of exercise for the treatment of overweight and obesity. It was found that exercise has a modest (< 5kg) positive effect on body weight and improve cardiovascular disease risk factors in those individuals who are considered to be overweight or obese (Shaw, Gennat, O'Rourke, & Del Mar, 2009). When combined with a change in diet, the amount of weight loss was increased substantially (Shaw et al., 2009). Of note, however, was the finding that exercise improved health outcomes regardless of weight loss (i.e. even if participants did not lose weight their health indicators improved; Shaw et al., 2009). While over forty trials were included in the review, the duration of the trials was quite small with studies ranging from three to 12 months including follow-up (Shaw et al., 2009). During the meta-analysis, low fat and low calorie diets combined with exercise were used as comparison interventions and were found to be significantly more effective at facilitating weight loss than exercise alone (Shaw et al., 2009).

There are three primary drugs that have been utilised to assist weight loss in individuals considered to be overweight and obese; orlistat, sibutramine, and rimonadbant. Orlistat

(marketed under the names Alli or Xenical) has been approved by the USA Food and Drug Administration (FDA) for the management of overweight and obesity in conjunction with reduced calorie or reduced fat diets (FDA, 2010b). In Australia, Orlistat is approved by the Therapeutic Goods Administration (TGA) for use for patients who have a BMI > 30, or for those with a BMI > 27 with a comorbid condition, and is not for use by the general population (TGA, 2007).

Sibutramine (marketed under the name Reductil) was initially approved by both the FDA and TGA for use with overweight and obese patients to aid weight loss (TGA, 2010; FDA, 2010a). However, in October 2010 both the FDA and TGA requested that the manufacturer voluntarily withdraw sibutramine following the results of the Sibutramine Cardiovascular OUTcomes (SCOUT) study, which found that those patients taking sibutramine were at increased risk of major cardiac events such as stroke or heart attack. The manufacturer complied and sibutramine is no longer available within the USA or Australia (TGA, 2010; FDA, 2010a).

Rimonadbant (marketed under the names Zimulti or Acomplia) was initially approved for use in Australia and Europe with obese patients in order to aid weight loss (Department of Health and Ageing, 2011; FDA, 2011). Rimonadbant was not approved in the United States, and was withdrawn in 2008 by both Europe in Australia due to the increase risk of neurological and psychiatric side effects which included seizures, depression, anxiety, insomnia, aggressiveness and suicidal thoughts (Department of Health and Ageing, 2011; FDA, 2011).

In a recent Cochrane review examining the long-term use for pharmacotherapy in overweight and obesity it was found that when compared to a placebo, all three drugs (orlistat, sibutramine and rimonadbant) resulted in modest weight loss (< 5kg) for one year or longer that may be of clinical benefit, but that the quality of the studies were in need of improvement for a better understanding of the drugs' effectiveness (Padwal, Rucker, Li, Curioni, & Lau, 2009). Short follow-up periods and high attrition rates (some around 90%) were common problems within the studies included in the review (Padwal et al., 2009). In 2012, Grey and colleagues conducted a systematic review and meta-analysis of studies examining pharmacological interventions for overweight and obesity (Gray et al., 2012). It was found that active drug treatments are effective at reducing weight and BMI when compared to a placebo. It was also noted, however, that those interventions that have been withdrawn from use

(sibutramine and rimonabant) appear to be the most effective when examining weight loss (Gray et al., 2012).

There are also a number of surgical interventions used to treat overweight and obesity, which fall generally under the umbrella of gastric banding, balloons or bypass. In a recent Cochrane review examining surgical treatments (such as gastric banding and bypass) for obesity it was found that surgery resulted in greater weight loss than conventional treatment (diet and exercise) in individuals considered to have moderate to severe obesity (Colquitt, Picot, Loveman, & Clegg, 2009). Reduction in comorbid conditions such as diabetes, hypertension and health-related quality of life were present, and in some studies weight loss and improved health was maintained at two years (and in some for up to 10; Colquitt et al., 2009). However, surgery is associated with complications such as pulmonary embolism and postoperative mortality, and the evidence regarding the safety of the procedures included within the review was limited. The quality of the trials included within the review was considered to be poor, and caution suggested when interpreting the results (Colquitt et al., 2009). In addition, the evidence for individuals with Class I (BMI > 30) or Class II (BMI > 35) obesity was limited (Colquitt et al., 2009). In another Cochrane review examining the use of intragastric balloons (IGB) for obesity, it was found that IGB did not significantly improve weight loss when compared with conventional treatment (diet and exercise; Fernandes et al., 2009). The review was hampered, however, by the poor quality of the eligible studies, and short follow-up periods (the longest being 24 months). Furthermore, information regarding quality of life, mortality and morbidity was not available, and evidence of increased risk complications including gastric ulcers and erosions was found (Fernandes et al., 2009).

There have been many studies examining the effectiveness of surgical interventions such as gastric banding and bypass for obesity, some of which reported promising results. Overall, however, the resulting evidence appears to suggest that the long-term outcomes are relatively poor (Himpens et al., 2011). While individuals who undergo certain bariatric surgeries do tend to lose a significant amount of weight and in some instances experience improvements in the psychosocial status and health-related quality of life, nearly all remain clinically obese (Friedman, 2004; Wadden et al., 2007). For a significant portion of the individuals who undergo bariatric surgery for the treatment of obesity, however, there are questions

surrounding poor quality of life and complications that patients experience as a result of surgical intervention (Himpens et al., 2011).

As already indicated, the evidence shows that large weight loss achievements are rare – the findings from most meta-analyses and reviews are that modest (<5kg) losses sustained over a year or more are the highest consistent reported losses. Given the short follow-up periods on many of these studies, there are suggestions that most individuals (approximately 80-95%) will regain the weight they lost through purposive diet practices over time (Gaesser, 2006; Rosenbaum & Leibel, 2010).

The perspective of body as machine that the biomedical perspective takes, therefore, discounts the fact that no permanent cure has been found for obesity (Cogan & Ernsberger, 1999; Gaesser, 2003, 2006), and that individuals who engage in dieting practices will often plateau even when the theoretical balance of energy indicates they should be losing weight (Gard & Wright, 2005). Essentially, the evidence for a 'cure' for obesity through diet, exercise, pharmacology and surgery is weak at this point in time, bringing into question the utility of applying a solely biomedical approach towards adiposity (Gard & Wright, 2005; Rich & Evans, 2005).

Additional to the view of obesity as disease, the biomedical perspective considers obesity to be *statistical deviance* through the use of the BMI. Overweight and obesity are measured and considered a deviation from what is considered normal, placing the (fat) body on either side of a norm/pathology binary (Cooper, 1997; Evans, 2006; Jutel, 2008; Murray, 2008b; Wann, 2003). Those individuals considered 'acceptable' by falling on the 'norm' side of this binary are seen to be adhering to the requirements of ethical and healthy standards of living, and deserving of receiving privileges and respect, however, those who are considered 'unacceptable' by falling on the 'pathology' side of this binary are seen to be engaging in 'unhealthy' behaviours and deserving of discrimination and denigration (Murray, 2008b; Wann, 2003). This view of the body as simply being seen as 'acceptable' or 'unacceptable', however, discounts the fact that weight varies according to normal distribution (Robison, 1999), and fails to take into account the myriad of complex reasons why weight will vary in an individual (Campos et al., 2006; Cohen et al., 2005; Halse, 2008; Pomeranz, 2008; Rukavina, Li, & Rowell, 2008).

The Public Health Perspective of Obesity – As the Result of Environmental Influence

The public health perspective of obesity is that a number of different factors at both individual, social and environmental levels combine to affect the collective weight of individuals at a population level. Public health, according to Winslow (1920, p. 30), is the *"science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organised community efforts."* While the public health perspective acknowledges the approaches taken by the biomedical perspective, the public health perspective asserts that the patterns of BMI observed within communities, neighbourhoods, cities and states (see Figure 2 for an example) cannot be explained completely by the characteristics of the individuals which reside therein – other factors relating to these communities must be increasing an individual's risk of becoming overweight or obese (Walker & Kawachi, 2011).

Within the public health approach to obesity the challenge is, therefore, to create environments which support the individual in making healthy choices, assisted by education and health promotion messages (Swinburn, Egger, & Raza, 1999). Furthermore, research has suggested that our 'obesity epidemic' is the result of a culmination of different factors, including a widespread deleterious food environment, a reduced requirement for physical activity and structural shortcomings within the built environment (Chambliss & Blair, 2005; Crowle & Turner, 2010; Jackson, 2003; Kwan & Trautner, 2011; Pomeranz, 2008; Puhl & Heuer, 2010; Sallis, Adams, & Ding, 2011; Walker & Kawachi, 2011). This environment has been labelled the 'obesogenic environment' (CDC, 2010b), and there have been suggestions that it may be the driving force behind the 'obesity epidemic' (Swinburn & Egger, 2002). Defining the obesogenic environment is a complex matter, (Kirk, Penney, & McHugh, 2010), however Swinburn and colleagues have defined it as *"the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations"* (1999, p. 564).

In addition to creating a definition for the obesogenic environment, Swinburn and colleagues (1999) have also proposed a model grounded in ecology that not only helps us to understand obesity, but incorporates environmental and biological influences on weight. This model incorporates environment on two axes – size and type. It is proposed that individuals interact with the environment in a number of different macro and micro settings, while types of environment such as the availability, cost, rules and beliefs relating to food and physical

activity may affect an individual's engagement in healthy eating and exercise behaviours. See Table 3 for macro and micro examples of physical, economic, political, and sociocultural factors that affect the obesogenic environment.

Table 3. Example of Factors that Affect the Obesogenic Environment

Environment	**Micro** (homes, workplaces, schools)	**Macro** (industries (sports, media), transport systems, technology/ design)
Physical (what is available)	The food available in restaurants, schools and work sites; opportunities to participate in leisure, occupation, or incidental activity.	The food available in supermarkets and community venues; the availability and quality of cycle and foot paths, public transport, and recreation spaces (parks, sports grounds)
Economic (how much it costs)	The cost of healthy versus unhealthy food, skills and knowledge around food and food preparation. Costs of engaging in structured or organised physical exercise.	The costs of food production, manufacturing, distribution and retailing.
Political (rules, regulations and policies)	Family or organisational rules on the consumption of food and engagement in physical activity (e.g. restriction on television time)	Laws, regulations and policies which give priority to activity (cycling or walking) or public transport
Sociocultural (attitudes, beliefs and values)	The 'culture,' 'ethos' or 'climate' of a school, home, workplace or neighbourhood	The view of institutions such as the media on food and physical activity.

A number of public health or environmental interventions have been undertaken in relation to obesity. Many of these interventions focus on prevention and behaviour change in childhood in the hope that changing behaviours at a young age will affect their behaviour in adulthood. Examples of such public health interventions include the Colac Study (Australia), the Kiel Obesity Prevention Study (Germany), the North Karelia Programme (Finland), and the Fleurbaix-Laventie Ville Santé (FLVS) Study (France). I will now focus on the FLVS Study as an example of a public health intervention that has been successful in reducing the prevalence of overweight and obesity in children.

The FLVS Study is an intervention that aimed to provide information regarding nutrition and physical activity to two small towns in northern France – Fleurbaix and Laventie (Romon et al., 2008). The intervention in Fleurbaix and Laventie can be divided into three distinct periods – (1) a school nutrition education program that focussed on the eating habits of the entire family (1992-1997); (2) a longitudinal epidemiological study examining the food habits, eating behaviour, physical activity, weight, and fat masses of the Fleurbaix and Laventie populations (1997-2002); and (3) a health check-up and follow up with dietitians and/or general

practitioners on health risks (smoking, physical activity and alcohol consumption, 2002-2007; Romon et al., 2008). Two control towns of similar socio-demographic characteristics were included with no intervention (Romon et al., 2008). The school-based interventions initiated in the first stage were maintained throughout the 15 years of the project, and an increasing commitment of the community was present from stage two therefore including adults as well as children within the study (Romon et al., 2008). From 1999, the commitment from the community was such that two dietitians were employed to implement the interventions and town councils supported increased physical activity through the provision of new sporting facilities, walking-to-school days, and family activities. Other stakeholders within the community such as general practitioners, pharmacists, shopkeepers, sporting and cultural associations also became involved in activities that promoted a healthy lifestyle (Romon et al., 2008).

Throughout the investigation a number of subjects have been examined in relation to the FLVS Study including the anthropometric relationship between parents and children (Heude et al., 2005), eating habits and nutritional characteristics (Lafay, Vray, Boute, Basdevant, & The FLVS Study Group, 1998), dietary underreporting (Lafay et al., 1997), and height and weight trends (Heude et al., 2003; Romon et al., 2008). However, it is the examination of the prevalence of overweight and obesity that has brought the most attention to the study. Over the period of the study, the prevalence of overweight and obesity in the control towns continued to rise in accordance with the rest of the population of France. The prevalence of overweight and obesity in Fleurbaix and Laventie, however, continued to rise during Stage One and Two, but after Stage Three began to drop dramatically so that by 2004 there was a significant difference between the control and study towns in terms of overweight and obesity prevalence (Romon et al., 2008). This finding indicates that the reversal of rising overweight and obesity can be reversed at a community level (Romon et al., 2008). See Figure 5 for a graph depicting the results of the FLVS Study.

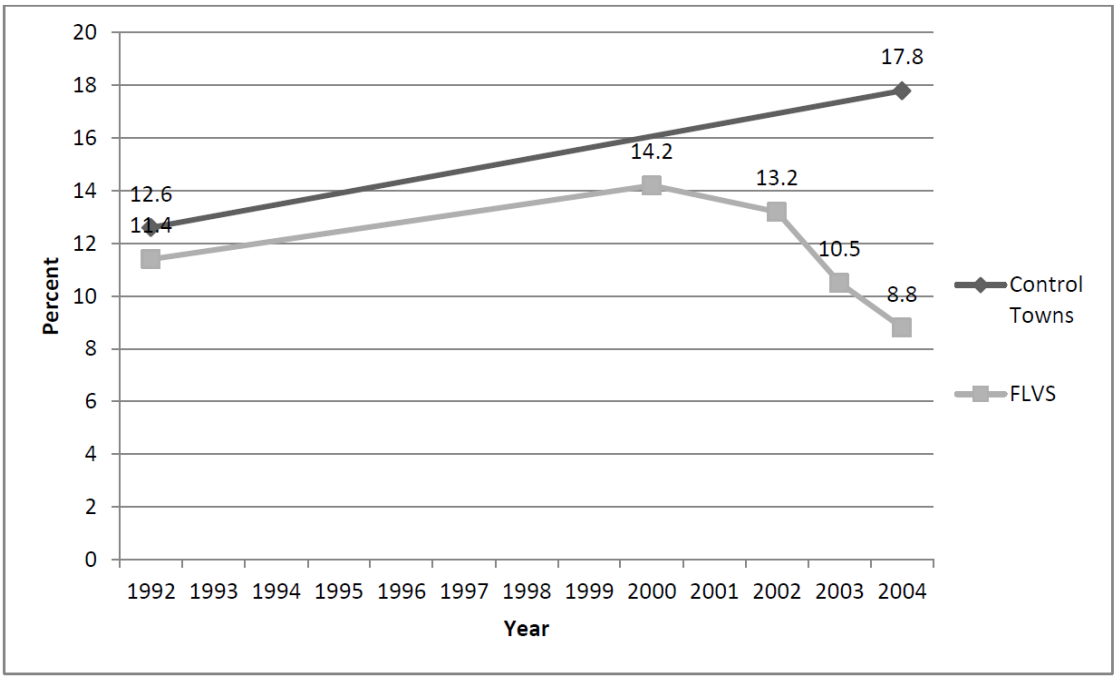

Figure 5. Percent of Overweight (& Obesity) Prevalence in FLVS Towns as compared with Control Towns. Source: Heude, et al., 2003; Romon, et al., 2008

The authors did note, however, that those children who took part in the third stage of the study in 2002 were born between 1991 and 1997 – generally after the beginning of the study in 1992. Therefore, it is possible that the intervention carried out within the FLVS Study was more effective at preventing, as opposed to reversing, overweight and obesity in children – reinforcing the adage that 'prevention is better than cure' (Romon et al., 2008)

While the public health perspective advocates for structural and organisational transformations in order to tackle the 'obesity epidemic,' it nevertheless requires the individual to engage in a certain level of personal responsibility through diet and exercise. It is the view of the public health professional that in order to tackle the 'obesity epidemic' they need to *"make the healthy choices the easy choices"* – placing the responsibility for an individual's weight (and therefore their health) squarely again in the hands of the individual (Swinburn & Egger, 2002, p. 292). In previous research conducted by Lewis and colleagues (2010), it was found that a mismatch was present between the available obesity-related public health messages and the experiences of obese individuals themselves. Individuals believed obesity-related public health messages did not apply to them, were overly simplistic, narrowly focussed, and ignored the broader influences on individual weight and weight maintenance (Lewis, Thomas, Hyde, et al., 2010).

However, the public health approach overlooks the influence of genetics on weight and weight maintenance and the likelihood that an interaction between environment and genetics has a large effect on weight across populations (CDC, 2010b; Friedman, 2004; Rosenbaum & Leibel, 2010). However, the assertion that modern society has created this obesogenic environment rests on a number of assumptions including the fact that modern lives are more sedentary than those of individuals before the industrial revolution – an assumption that is exceptionally difficult to support empirically (Gard & Wright, 2005).

The Societal Perspective of Obesity – As Moral Failing and Social Deviance

The societal perspective of obesity views the corpulent body through the lens of social interaction and desirability. Because body size is the most observable example of the apparent association between appearance and health status, the current primary determinant of beauty and attractiveness is thinness (especially among women; Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson, 2004). The acquisition of the 'normal' or 'thin' body denotes that person as 'good', 'virtuous' and 'healthy', while those who inhabit the 'abnormal' or 'fat' body are consigned to *moral deviance* and associated with being 'evil', 'immoral' and 'diseased' (Dion, Berscheid, & Walster, 1972; Herbozo et al., 2004; Jutel, 2005, 2006, 2008). This conflation between beauty and health is labelled the 'what is beautiful is good' stereotype, which states that those individuals who are deemed attractive are seen as more socially desirable than unattractive ones, and they are expected to inhabit more prestigious occupations, be more competent, have happier marriages, marry earlier, and have more successful social and professional lives overall (Dion et al., 1972).

Because of the manner in which understandings about obesity are communicated through the public health and biomedical perspectives, obesity is seen as a characteristic that is under the personal control and responsibility of the individual. As a consequence of this we are taught to 'read' the fat body and engage in a *"collective knowingness"* about obesity (Murray, 2005b, p. 154). Graham (2005) has described this phenomenon as 'lipoliteracy' where we believe that the sight of a (fat) person can tell us not only about the health of an individual, but about their moral character as well. Murray (2005b, 2007, 2008b) goes on to further expand this concept by stating that the 'truth' that is understood through the sight of the (fat) person can also reveal knowledge about their will, their histories, and their desires;

> *We respond to others on a visceral level: we know their bodies implicitly, and what they mean to us. We see a ''fat'' woman, and we know her as lazy, greedy, of inferior intelligence. We may still address her more or less normally, we may smile at her, we may eat lunch with her, or go shopping with her, but somewhere within us these kinds of understandings, these knowledges, of what her ''fatness'' means to us are stirred and brought to the surface in unconscious ways* (Murray, 2007, p. 363)

While the old adage teaches us that we 'cannot judge a book by its cover', we have been taught by society to be lipoliterate through the use of visual metaphors concerning beauty and illness that equate goodness, virtue and health with an individuals' appearance and attractiveness (Cooper, 1997; Herbozo et al., 2004; Jutel, 2003a, 2003b, 2005, 2006, 2008; Jutel & Buetow, 2007; Rail, 2008). These messages currently appear within the discourse in explicit and implicit forms, and the use of appearance to describe and reveal the true nature of an individual can be traced through popular culture, religion and education for many years (Jutel, 2003a, 2006). Literature in particular is an excellent source pertaining to social mores relating to appearance, and description of the association between inner and outer beauty can be traced through known literature from as early as the New Testament of the Bible, through to literature from the renaissance and on to the present day (Jutel, 2003a, 2008). This view is especially salient, however, when examining the literature and fables directed primarily at children. Those characters that are central to the story (i.e. the 'good' characters) are primarily described by their physical characteristics, and are portrayed as beautiful – or destined to become so – and those characters considered to be evil are portrayed as ugly, further reinforcing the association between appearance and virtue (Herbozo et al., 2004; Jutel, 2003a; Jutel & Buetow, 2007).

In addition to the perceived immorality associated with inhabiting the stigmatised identity of 'fat', corpulent individuals are viewed on sight as *failed citizens* and *social deviants* who are 'gluttonous', 'unhygienic', 'greedy', 'unattractive', 'ugly', 'disgusting', 'pathetic', 'worthless', and 'repulsive' (Cooper, 2008; Murray, 2004, 2005a, 2005b; Rice, 2007). Furthermore, they are considered too 'weak' or 'lazy' to engage in the continual forms of transformation available to them through the utilisation of the 'cures' put forth by the biomedical and public health perspectives (primarily food regulation and exercise) that would situate them as normative

and moral citizens (Elliott, 2007; Gard & Wright, 2005; Halse, 2008; McAfee & Berg, 2005; Murray, 2005b, 2008c; Tischner & Malson, 2012; Wright, 2008).

These expectations bring to the fore the concept of *responsible citizenship* (Elliott, 2007). Because adiposity is seen to be within the personal control of each individual, the responsible citizen within this context is seen as *"citizen in good health, the metaphorically 'fit' citizen who does not inflict (self-created) problems on health care"* (p.140). Conversely, the irresponsible citizen is viewed as having an uncontrolled body, which is illustrated through the construction of the failed body that requires control and transformation (Brownell et al., 2010; Elliott, 2007). In this view, the corpulent individual is viewed as being 'unworthy' of basic human rights, such as pleasure and happiness (Cooper, 1997; Halse, 2008; Murray, 2008a). This view constructed of obese individuals as social and moral deviants, however, overlooks the many reasons why individuals do not engage in such 'healthy' practices, and subscribes into the simplistic 'eat less/move more' formula put forth by the biomedical perspective of obesity.

The Health-Centred Perspective of Obesity – As Natural Diversity

The final way in which obesity can be viewed is as a natural part of the weight spectrum that has a number of environmental, biological, and social determinants. This view of obesity places the corpulent body at one end of a naturally-occurring spectrum of weight, and purports that the current heavy focus on adiposity affects how it is viewed and reacted both by individuals and society (Cooper, 1997; Saguy & Riley, 2005). A number of researchers that originate from a range of different disciplinary perspectives (such as cultural studies, the social sciences and the biomedical sciences) have begun to question the evidence which takes a biomedical perspective in particular, arguing that this perspective has so far been unsuccessful in assisting individuals to lose weight and keep it off over meaningful periods of time (Bacon, 2008; Cohen et al., 2005; Friedman et al., 2005; Gaesser, 2006; Mann et al., 2007; O'Hara & Gregg, 2010; Puhl, Moss-Racusin, & Schwartz, 2007). Consequently, a countermovement has begun to emerge that suggests a new approach may be needed that shifts the focus from weight to health in order to achieve improved overall health – both physical and psychological– for every individual, no matter their weight (Bacon, 2008; O'Hara & Gregg, 2010; Robison, 2003b; Wright, 2008).

The Fat Acceptance (also known as the Body Acceptance) movement is at the centre of this alternative perspective to obesity. This movement places high emphasis on body diversity,

and advocates for self-acceptance regardless of body size (Gard, 2008; Saguy & Riley, 2005). It is maintained by those who follow this perspective to adiposity that the morbidity and mortality risks that have been attributed to obesity have been overstated. Furthermore, the way in which we have approached obesity previously has not produced increased health nor slimmer bodies (Aphramor, 2010; Ernsberger & Koletsky, 1999). Therefore, it is proposed that an alternative approach must be utilised – one in which individuals are not judged by their size alone (Bacon, 2008). This perspective to adiposity is now gaining momentum within the public discourse, and is beginning to have a perceptible impact on some aspects of both the fashion and health industries (Neumark-Sztainer, 1999). However, the movement is not without its critics. In addition to many anecdotal reports that have criticised the approach taken by fat acceptance, a number of individuals have also indicated that they believe that fat acceptance activists contribute to the breakdown of social norms and of being in denial (Gard, 2008). Nevertheless, it has been stated that the strategies utilised by the fat acceptance movement may contribute to the improved health of corpulent individuals and that it is a valid and important method of dealing with weight-related stigma (Myers & Rothblum, 2010; Saguy & Ward, 2011).

Organisations such as the National Association to Advance Fat Acceptance (NAAFA) and the Association for Size Diversity and Health (ASDAH) have been formed in order to advocate acceptance of everyone – regardless of size. While NAAFA aims to realise a vision of *"a society in which people of every size are accepted with dignity and equality in all aspects of life"* (NAAFA, 2011, Our Vision, para. 1), ASDAH's principles circle what is known as the Health at Every Size (HAES) paradigm, aiming to promote *"education, research, and the provision of services which enhance health and well-being, and which are free from weight-based assumptions and weight discrimination."* (ASDAH, 2012, Mission Statement, para. 2)

While ASDAH in particular has built its principles on the HAES approach, some form of HAES can be seen in most of the countermovements to the biomedical, public health and societal perspectives of obesity today. This approach encourages body acceptance in the face of pressure to maintain or achieve the socially desired 'thin ideal', urges individuals to trust their bodily processes such as hunger and satiety, and promotes engagement in enjoyable movement rather than structured exercise (Bacon, 2008; Bacon & Aphramor, 2011; Burgard, 2009; Robison, 2003a). As Bacon (2008) – states; *"By encouraging positive health behaviours for*

people of all sizes, we can address the real health concerns, giving both fat and thin people the support they deserve" (p. 258). See Table 4. for the central tenets of the HAES approach to fatness.

Table 4. Tenets of the Health at Every Size (HAES) paradigm

Health at Every Size Supports	Health at Every Size Does Not Support
Health Enhancement Attention to emotional, physical, psychological, social and spiritual well-being, without focus on weight loss or achieving a specific 'ideal weight'	**Ideal Weight** The indiscriminate use of the standardised 'ideal' weight category as a measure of a person's health status.
Size and Self-Acceptance Respect and appreciation for the rich diversity of body shapes and sizes (including one's own), rather than the pursuit of an idealised weight or shape.	**Body Assumptions and Bias** That a person's body size, weight or BMI is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status
The Pleasure of Eating Well Encouraging eating based on internal cues of hunger satiety, pleasure, appetite and individual nutritional needs, rather than on external food plans or diets for weight loss.	**Weight Loss** Dieting, drugs, programs, products or surgery for the primary purpose of weight loss.
The Joy of Movement Encouraging appropriate, enjoyable, life-enhancing physical activity, rather than following a specific routine of regimented exercise for the primary purpose of weight loss	**Body size oppression** Any form of oppression including exploitation, marginalisation, discrimination, powerlessness, cultural imperialism, harassment or violence against people based on their body image, body size or weight, and any approach to health, eating or exercise, the provision of products, services or amenities that perpetuates body size oppression

Adapted from O'Hara & Gregg, 2006, p. 262

A number of studies (including Randomised Controlled Trials; RCTs) have now been conducted examining the HAES approach to adiposity. See Table 5 for an overview of the findings from these studies. What can be seen from these results is that the presence or severity of body dissatisfaction/preoccupation, eating disorders, depression, and anxiety, were lowered, while increases in self-esteem, self-acceptance, intuitive eating and physical activity were more common following a HAES approach – all achieved with very little to no change in weight. Clinical measures such as blood pressure and cholesterol generally displayed a statistically significant reduction. However, while these results show a trend toward improvement, clinical significance was not evident. While research follow-up at this stage is generally between 6 and 24 months, the findings give promising results in the face of the high recidivism rates prevalent within conventional weight-loss attempts.

Table 5. Recorded Results of HAES Studies

	Body Dissatisfaction	Body Preoccupation	Eating Disorders	Depression	Anxiety	Self-Esteem	Self-Acceptance	Intuitive Eating	Blood Pressure	Cholesterol	Physical Activity	Weight
Higher						1º, 2º, 3, 6, 7, 8, 9, 14†, 15º	13	1º, 2º, 3, 4, 6, 7, 9, 11, 12, 13, 14†			1º, 2º, 3, 5*, 14†	5, 15
No Change	7						3		9	9		1º, 2º, 4, 6†, 7, 9
Lower	1º, 2º, 6, 14†, 15º	9	Overall: 7, 10* Binge Eating: 5*, 6 Disordered Eating: 1º, 2º Bulimia: 4 Anorexia: 15º	1º, 2º, 4, 7, 10*, 15º	10*				1º, 2º, 4, 8	1º, 2º, 8		8, 10, 14†

1. Bacon, Keim, Van Loan, Derricote, Gale, Kazaks, & Stern, 2002
2. Bacon, Stern, Van Loan, & Keim, 2005
3. Carrier & Steinhardt, 1994
4. Ciliska, 1998
5. Goodrick, Poston, Kimball, Reeves, & Foreyt, 1998
6. Higgins & Gray, 1998
7. Polivy & Herman, 1992
8. Rapoport, Clark, & Wardle, 2000
9. Steinhardt & Bezner, 1999
10. Tanco, Linden, & Earle, 1998
11. Provencher, Begin, Tremblay, Mongeau, Boivin, & Lemieux, 2007
12. Provencher, Bégin, Tremblay, Mongeau, Corneau, Dodin, Boivin, & Lemieux, 2009
13. Omichinski, L., & Harrison, K. R. 1995
14. Sbrocco, Nedegaard, Stone, & Lewis, 1999
15. Roughan, P., Seddon, E., & Vernon-Roberts, J. 1990

* Maintained At 6 Month Follow Up
† Maintained At 1 Year Follow Up
º Maintained At 2 Year Follow Up

Despite the evidence that supports an alternate approach to weight, fat and obesity, the current biomedical, public health and societal discourses surrounding obesity have become so pervasive that it is often the case that alternative views are often invalidated and ignored (Gard & Wright, 2005; Rice, 2007). The insights surrounding fatness produced through non-biomedical avenues such as sociology have failed to infiltrate the biomedical discourse because of the view within the biomedical perspective that quantitative evidence provides superior evidence and prioritises objectivity over subjective qualitative research that may assist us in understanding the 'whole picture' when it comes to fatness and obesity (Gard, 2008; Germov & Williams, 1996; Wright, 2008).

Summary

The four perspectives of obesity presented here are complex and multifaceted concepts, woven into our understanding of and reactions to not only obesity in general but individuals considered to be fat, overweight and obese in today's society. When the first three perspectives of obesity (the biomedical, public health and societal perspectives) are combined, they create the overall dominant discourse that we see within today's society. The messages within these perspectives are – by necessity – simplified in order for information to be conveyed in a meaningful fashion to the general public. However, this method of explaining scientific findings and understandings – within the context of obesity – has resulted in an oversimplification in the way obesity is understood and reacted to, which, in turn, has affected how individuals treat those individuals considered to be fat, overweight and obese.

As Figure 4 indicates, while the views and causes of obesity and attitudes (particularly within the biomedical, public health and societal perspectives of obesity) are very different, these differences essentially are reduced to one 'cure' - personal responsibility, as operationalised by diet and exercise practices (in extreme cases assisted by pharmacological or surgical interventions). Essentially, these three perspectives of obesity rest on the simplistic calories in/calories out equation of weight loss and gain.

While to some extent the public health perspective acknowledges that personal responsibility is not solely responsible for an individual's weight, the premise at the centre of this perspective – environmental change – works to ensure that it is easier and more enjoyable for individuals to exercise their personal responsibility and engage in diet and exercise practices if the environment supports them. Of the three initial approaches (biomedical, public health

and societal) to obesity, the public health approach has the most potential to deal with the issue of weight-related stigma. However, thus far the public health approach in general has not attempted to deal with this side of the lived experience of adiposity.

The labelling of adiposity is a multifaceted and complex issue, with no one label that is acceptable to all individuals. Therefore, labels must be adjusted in accordance with the environment and circumstances presented. The prevalence of overweight and obesity has appeared to have risen rapidly since 1980, but according to recent research it appears to be levelling out – at least in some populations. In addition, the 'obesity epidemic' is a social construct that suggests that obesity is contagious and in danger of spreading, made possible through the quantification and objective measurement of adiposity. As a result of the rising prevalence of obesity and the 'obesity epidemic,' governments view overweight and obesity as an important issue which requires immediate action, but interventions thus far have focussed on changing individual behaviour rather than examining and altering larger societal forces.

A rapid increase in both scientific and media attention to obesity has taken place in recent years, concurrent with the public's interest in adiposity, and scientific findings are oversimplified in their translation to the general public. Visual depictions of those considered to be fat, overweight or obese are omitted from popular culture or reduce the corpulent individual to a set of socially acceptable stereotypes. Four perspectives can be seen in the examination of obesity; biomedical, public health, societal and health-centred. The first three can be seen to combine to form the dominant discourse around obesity within today's society. The fourth is an alternative perspective focussing on health as opposed to weight loss.

Despite the range of perspectives taken towards obesity, a number of physical and psychological outcomes have been documented in relation to obesity. However, causal pathways and triggers are – at this point in time – often undetermined in many cases. The perspectives focussing on public health and the health-centred approach have the most promise when examining the intersecting issues of adiposity and stigma, but, as indicated above, at present the public health approach has not utilised this potential to its fullest. Therefore, within this thesis I will be drawing primarily on the health-centred perspective in order to examine and understanding how the internet can be utilised to mediate, navigate and change the stigma that corpulent individuals experience.

I will now examine the evidence relating to weight-related stigma, exploring the factors, responses, further consequences, and research pertaining to the amelioration of weight-related stigma.

Weight-Related Stigma – the 'Last Acceptable Prejudice'

Weight-related stigma – also referred to as fat stigma, weight bias, antifat attitudes, and antifat prejudice – is considered to be a *"negative attitude toward (dislike of), belief about (stereotype), or behaviour against (discrimination) people perceived as being 'fat'"* (Daníelsdóttir, O'Brien, & Ciao, 2010, p. 47). While research examining weight-related stigma is relatively new, the findings so far indicate that corpulent individuals are highly stigmatised and that weight-related stigma is part of day-to-day life, is challenging to change, and results in impaired quality of life for corpulent individuals (Myers & Rothblum, 2010; Puhl & Brownell, 2003a; Puhl & Heuer, 2009; Puhl, Moss-Racusin, Schwartz, & Brownell, 2007; Schwartz & Puhl, 2005). In a review conducted by Puhl and Heuer (2009), it was found that weight bias is prevalent in almost all areas of life, including; employment, health care, education, the media, and interpersonal relationships (including romantic and familial relationships). Furthermore, the dominant views of adiposity – i.e. the biomedical, public health and societal perspectives – not only permit actions that denigrate a significant group of individuals, but also create situations where this denigration can be carried out (Gard & Wright, 2005).

As few social sanctions exist against the stigmatisation and discrimination of corpulent individuals, those individuals who are seen to be of an acceptable weight (i.e. conform to societal norms relating to body weight) do not query their understandings of and beliefs about obesity, and those individuals seen to be of an unacceptable weight (i.e. those considered fat, overweight or obese) often internalise these beliefs and view them as justification for the treatment they receive (Crandall & Biernat, 1990; Wang, Brownell, & Wadden, 2004). Essentially, corpulent individuals internalise the socially ingrained attitudes of society by dismissing their experience of and knowledge about their bodies and mirroring the expectations of society which views adiposity as pathological and requires corpulent individuals to *"engage in a continual process of transformation"* (Murray, 2005b, p. 155; 2008a). Additionally, it is communicated that those individuals who do not comply with the moral and social expectations of society deserve the stigmatisation, social rejection and exclusion

that they receive as a corpulent individual (Crandall, 1994; Halse, 2008; Puhl & Brownell, 2006; Thomas, Hyde, Karunaratne, Herbert, & Komesaroff, 2008).

From an early age, it is a frequent and often harsh lesson for those who are considered 'fat' that they possess an important attribute that discredits them, and taints their every interaction and endeavour (Quinn & Crocker, 1998; Sobal, 2005). This knowledge and treatment from others has devastating effects on not only the psychological but physiological health of corpulent individuals (Foreyt & Goodrick, 1993; Puhl, Moss-Racusin, Schwartz, et al., 2007). Many of the negative outcomes associated with adiposity can be traced back to the stigma and discrimination experienced by corpulent individuals and the pressure they experience to remove themselves from the stigmatised identity of 'fat'. This forces individuals to diet, leading to weight cycling – a known risk factor for negative mental health, cardiovascular disease and future weight gain (Brownell & Rodin, 1994; Ernsberger & Koletsky, 1999; Germov & Williams, 1996; Robison et al., 2007a; Robison, 1999). Furthermore, many of the psychological conditions associated with adiposity such as depression and anxiety have been shown to be mediated by weight-related teasing or stigmatisation (Rosenberger, Henderson, Bell, & Grilo, 2007; Shroff & Thompson, 2004; Stunkard et al., 2003; Womble et al., 2001).

There is also evidence to suggest that while the stigma and discrimination experienced by corpulent individuals is similar to other stigmas – such as racism or ableism – it is experienced quite differently from these stigmas, and is rarely afforded the same recognition (Puhl & Heuer, 2010; Quinn & Crocker, 1999). In many ways this may be because adiposity is immediately visible within everyday interaction, and corpulent individuals are blamed for the situation they find themselves in (Brownell et al., 2010; Crandall & Biernat, 1990). This allows individuals to act in a derogatory or stigmatising manner without the fear of social sanctions or repercussions, affecting a major portion of the population globally in a multitude of different ways (Crandall & Biernat, 1990; Geier et al., 2003; McHugh & Kasardo, 2012; Miller & Myers, 1998; Murray, 2005b). As Wann (2003) states;

> *Weight prejudice affects employment, education, housing, access to public accommodations, access to health care, quality of medical care, insurance, transportation, media representations, social interactions, family life, dating and sexual activity, encounters with strangers in public, the clothes available to us and the clothing we are*

> *willing to wear, and the activities that are open to us and the activities that we forego* (p. 12)

It has been suggested by a number of different researchers that weight-related stigma has become the 'last acceptable prejudice' – essentially that it is one of the last remaining characteristics for which it is socially acceptable to denigrate and stigmatise an individual (Robison, 1999). The prejudicial treatment of corpulent individuals is justified on the basis of this social, statistical and moral deviance, as well as the perception of personal responsibility attributed to adiposity (Brownell et al., 2010). Often the internalisation of these negative views of obesity are responsible for corpulent individuals' inability or unwillingness to confront individuals when stigma and discrimination do occur (Crandall, 1994; Latner, O'Brien, Durso, Brinkman, & MacDonald, 2008; Murray, 2005a; Ojerholm & Rothblum, 1999; Robison, Putnam, & McKibbin, 2007b; Robison, 1999; Schwartz, Vartanian, Nosek, & Brownell, 2006; Wang et al., 2004).

It is interesting to note that as the 'obesity epidemic' has been taking place, there has also been, if you will, an 'epidemic of weight-related stigma' as the focus from the public, media and medical profession intensifies (Andreyeva, Puhl, & Brownell, 2008; Lewis, Thomas, Blood, et al., 2010; Lewis, Thomas, Hyde, et al., 2010; Solovay, 2005; Thomas, Karunaratne, et al., 2010). This is because with the perceived increases in obesity prevalence, we have also seen a concurrent rise of weight-related stigma, which now threatens to impact significant portions of the population globally (Daníelsdóttir et al., 2010; Geier et al., 2003). In the decade between 1995-1996 and 2005-2006, the prevalence of weight discrimination has increased in a significant manner – up 66 percent from 7.3 percent in 1995-1996 to 12.2 percent in 2005-2006, and is now comparable to the rates of racism seen within western societies (Andreyeva et al., 2008). In addition, when an individual's BMI is taken into account, the prevalence of weight discrimination increases – of those individuals with a BMI of over 35kg/m^2, 40 percent have experienced weight discrimination (Puhl, Andreyeva, & Brownell, 2008). While there are some suggestions that the stigma related to fatness may aid individuals in engaging with weight loss and health behaviours, a number of studies have found that weight-related stigmatisation may often have a negative impact on exercise and eating behaviours – creating a barrier for individuals who would wish to engage in behaviours that would improve their health (if not

reduce their weight; Carels et al., 2009; Schvey, Puhl, & Brownell, 2011; Vartanian & Shaprow, 2008).

The personal experiences of stigma overall – and weight stigma in particular – have been generally overlooked within the literature in favour of quantitative examinations of the nature of antifat attitudes. However, some qualitative research has been conducted which has found that corpulent individuals felt that these attitudes were inescapable, leading to the feeling that they did not belong and were dismissed, often experiencing an acute sense of *"difference, deviance and isolation"* as a result of their adiposity (Lewis et al., 2011b, p. 1352). In addition, these individuals felt powerless to address the stigma that they experienced because of the shame and self-blame that they felt in relation to their weight (Lewis et al., 2011b).

Factors Affecting Antifat Attitudes

A growing amount of research has examined – typically using quantitative methods – what is generally termed 'antifat attitudes'. Within this research, a number of factors that affect the antifat attitudes of individuals have been identified, including demographic variables such age and gender, belief structures and ideologies, and even an individual's weight. I will now examine each of these factors affecting the possession of antifat attitudes.

Demographic Factors

Age

Within the research examining antifat attitudes, it has been revealed that children as young as three years old exhibit antifat attitudes (Carr & Friedman, 2005; Counts, Jones, Frame, Jarvie, & Strauss, 1986; Cramer & Steinwert, 1998; Goldfield & Chrisler, 1995; Kraig & Keel, 2001; Turnbull et al., 2000). Two seminal studies that examined children's attitudes towards others were published in the 1960s. The first study by Richardson and colleagues (1961) who examined 10 to 11 year old children's attitudes toward a number of individuals who had functional or social disabilities by asking them to rank a series of identical drawings depicting children of their own sex. The set of drawings included (a) a child with no physical handicap, (b) a child with a facial disfigurement, (c) a child with their left hand missing, (d) a child with crutches and a leg brace, (e) an obese child, and (f) a child sitting in a wheelchair (Richardson et al., 1961). The data was gathered in a number of different locations, and the sample varied

in SES and presence of disability. The overall ranking for all subjects was consistently ordered as follows;

1. Child with no physical handicap
2. Child with crutches and a leg brace
3. Child in a wheelchair with a blanket
4. Child with the left hand missing
5. Child with a facial disfigurement
6. Obese Child.

This rank order held consistent across all sets of subjects even when examining the results of various subgroups such as sex, presence of disability, race, location (urban/rural) or SES. Each of the groups consistently ranked the obese child as the child that they liked least out of the options given to them, indicating the level of prejudice that was present in children aged 10 and 11 in 1960s America. In 2003 Latner and Stunkard replicated this study and found similar findings, however they also found that the level of weight-related stigmatisation demonstrated by the children had significantly worsened since 1961, with children's antifat attitudes increasing by over 40 percent (Latner & Stunkard, 2003).

The second seminal study was published by Staffieri (1967) in which he asked 90 boys aged between 4 and 10 years to assign 39 adjectives to silhouettes of adults and children that were either ectomorphs ('skinny'), mesomorph ('muscular') or endomorph ('fat'). He found all of the adjectives that were assigned to the mesomorph image were favourable (e.g. kind, happy, strong, honest, brave), those adjectives assigned to the endomorph were generally socially unfavourable or aggressive (e.g. lazy, lies, agues), and those assigned to the ectomorph socially submissive and personally unfavourable (e.g. weak, quiet, sad). In addition, he found that his participants consistently preferred to look like the mesomorph image (Staffieri, 1967).

As individuals age, however, the findings are less consistent. Some studies have found that it is older individuals who hold higher antifat attitudes than their younger counterparts (Bell & Morgan, 2000; Hilbert, Rief, & Braehler, 2008; Latner et al., 2005; O'Brien, Hunter, & Banks, 2006; Wiese, Wilson, Jones, & Neises, 1992; Young & Powell, 1985). Other studies, conversely, have found the opposite (Hennings, Hilbert, Thomas, Siegfried, & Rief, 2007; Rand & Wright, 2000; Robinson, Bacon, & O'Reilly, 1993; Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Sigelman, 1991). Additionally, further studies have found no relationship between age and antifat attitudes (Brandsma, 2005; Goodman, Dornbusch, Richardson, & Hastorf, 1963;

Harris, 1990; Latner & Stunkard, 2003; Lerner, 1969; Teachman & Brownell, 2001; Tiggemann & Wilson-Barrett, 1998). These results indicate that while antifat attitudes are frequently found in both adults and children, there are other factors at play which may affect antifat attitudes in a more salient manner.

Gender

The findings relating to antifat attitudes and gender are mixed, and higher antifat attitudes can be found within research for both males (e.g. Bell & Morgan, 2000; Hennings et al., 2007; Latner et al., 2005; Perez-Lopez, Lewis, & Cash, 2001; Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003) and females (e.g. Allison, Basile, & Yuker, 1991; Crandall et al., 2001; Crandall & Martinez, 1996; Maddox, Back, & Liederman, 1968; Quinn & Crocker, 1998; Robinson et al., 1993). Additionally, some studies have found no difference in antifat attitudes based on gender (Agell & Rothblum, 1991; Brandsma, 2005; Counts et al., 1986; Goldfield & Chrisler, 1995; Harris, 1990; Hill & Silver, 1995; Smith et al., 2007; Teachman & Brownell, 2001; Tiggemann & Wilson-Barrett, 1998). However, there is a general view that attractiveness and appearance is seen to be distinctly gendered – while females aim for slim beauty, males aim for muscularity (Greenberg & Worrell, 2005; Jutel, 2003b). In addition, it appears that – for females – the cultural standards of beauty have become so pervasive that now even average weights have become unacceptable, with findings showing that individuals who are 'chubby' and 'normal' are rated as less desirable than those who are 'thin' – leading even the 'normal weight' girls to diet their way into 'thinness' (Kraig & Keel, 2001; Quinn & Crocker, 1998).

Race and Culture

Within the research examining antifat attitudes and race, the research has generally found that those of Eastern European descent (i.e. White) have higher levels of antifat attitudes as well as their psychological repercussions (e.g. depression, body dissatisfaction) compared with those who are of Latina or African American origin (Chambliss, Finley, & Blair, 2004; Crandall & Martinez, 1996; Fikkan & Rothblum, 2012; Fitzsimmons & Bardone-Cone, 2011; Hebl & Heatherton, 1998; Latner et al., 2005; Pepper & Ruiz, 2007; Perez-Lopez et al., 2001; Quinn & Crocker, 1998; Strauss & Pollack, 2003). This finding may be because of a number of reasons, including higher prevalence of larger body sizes within individuals of Latina or African American origin, rejection of mainstream 'white' values, and differing standards of attractiveness (Fikkan & Rothblum, 2012).

In addition, there is some suggestion that antifat attitudes change according to culture (Crandall et al., 2001; Crandall & Martinez, 1996; Maddox et al., 1968; Pepper & Ruiz, 2007). In countries that cultivate an individualistic nature in their citizens (e.g. countries such as the USA and Australia), there are higher levels of antifat attitudes than those countries that cultivate a collectivistic nature in in their citizens (e.g. countries such as India, Turkey and Venezuela; Crandall et al., 2001). However, these attitudes can be changed, as illustrated by Pepper and Ruiz (2007), who examined the antifat attitudes of 264 Latina and European-American college students from California. Within the Latina subset, however, they measured their level of acculturation as either high (adopting many American ideals and values), bicultural (familiar with and/or adoptive of some American ideals and values) and low (keeping ideals and values that were highly integrated with their original Latina culture). They found that European Americans and high–acculturated Latinas reported similar levels of antifat attitudes which were significantly greater than those Latinas from the bicultural or low acculturated groups (Pepper & Ruiz, 2007). This highlights the fact that antifat attitudes are culturally constructed, and that despite recent efforts to reframe the issue of overweight and obesity, opinions predicated on the biomedical, public health and societal perspectives of adiposity are now moving away from an issue that was 'culture bound' (Myers & Rothblum, 2010) to one which is 'culturally shared' (Brewis, Wutich, Faletta-Cowden, & Reodrigues-Soto, 2011). Brewis and colleagues (2011) have found evidence that there has been a substantive globalisation of the 'thin ideal,' and negative attitudes towards the obese in the last 30 years have now began spreading to those societies that have been traditionally weight-positive or -neutral.

Socioeconomic Status and Education

Within the other individual characteristics such as socioeconomic status (SES), and education, there are a number of different findings relating to antifat attitudes. While there have been consistent findings relating to SES in an inverse fashion, (Allison et al., 1991; Oliver, 2005; Turnbull et al., 2000), less can be said in relation to education. While there are some studies that find that a higher level of education is indicative of antifat attitudes – especially for women (Fikkan & Rothblum; Oliver, 2005; Robinson et al., 1993), others suggest that it is those who have received less education who are more likely to hold antifat attitudes (Hilbert et al., 2008).

Beliefs Concerning Controllability and Responsibility

A range of different beliefs, attitudes and viewpoints have also been examined in the context of antifat attitudes. The notions of responsibility and controllability are very important when considering individuals' antifat attitudes. Those individuals who believe that corpulent individuals are responsible for their weight are more likely to hold antifat attitudes (Crandall, 1994; Crandall et al., 2001; Crandall & Martinez, 1996; DeJong, 1980; King, Shapiro, Hebl, Singletary, & Turner, 2006; Latner et al., 2008; Maddox et al., 1968; Perez-Lopez et al., 2001; Quinn & Crocker, 1999), which is tied to what is known as the Protestant Work Ethic – essentially the belief that *"people get what they deserve, or deserve what they get"* (Crandall, 1994, p. 886).

In a landmark study, DeJong (1980) examined how high school girls' opinions of obese peers could be altered by providing information about the cause of that person's fatness. Participants were given two information packets relating to a normal sized individual and information relating to an individual who was either overweight, overweight with a thyroid condition, or another normal weight target. It was found that the individual who simply stated that she was overweight was considered to be less likeable than the individual who stated she had a thyroid condition (i.e. who could attribute the cause of her fatness to a source beyond her control; DeJong, 1980). This finding has been replicated in a number of other studies (Bell & Morgan, 2000; Crandall, 1994; Crandall & Moriarty, 1995; LeBel, 2008; Puhl et al., 2005).

Concurrent with the issue of responsibility is the issue of controllability. Indeed, inherent within the idea that an individual is responsible for their weight is the belief that one's weight is controllable. In spite of the growing evidence that a large portion of the variability of one's weight is not under individual control, the majority of individuals within western society believe that one can reduce one's weight by simply eating less and moving more (Daníelsdóttir et al., 2010). Therefore, individuals who believe that one's weight is controllable are more likely to express antifat attitudes; justifying this expression on the basis that those individuals considered to be fat, overweight or obese can change their situation if they try (Anesbury & Tiggemann, 2000; Geier et al., 2003; Hilbert et al., 2008; King et al., 2006; LeBel, 2008; Menec & Perry, 1998; Myers & Rosen, 1999; Myers & Rothblum, 2010; Oliver, 2005). In addition, because of this widespread belief that corpulent individuals are responsible for and

able to control their weight, it is common for individuals to believe that they are assisting those considered to be fat, overweight or obese by criticising and discriminating against them based on their weight (Kassirer & Angell, 1998; McMichael, 2006).

Weight

One interesting finding relating to antifat attitudes is the relationship between weight (generally measured through the BMI) and stigmatising opinions about corpulent individuals. As can be seen in Table 6, the vast majority of the research conducted has found that there is no relationship between BMI and antifat attitudes; however, there has been some research that has found evidence that those of lower or higher weights hold higher levels of antifat attitudes.

Table 6. Research Examining Weight and Antifat Attitudes

Finding	Studies
Lower weight, higher antifat attitudes	Allison, et al., 1991; Robinson, et al., 1993
No relationship	Counts, et al., 1986; Crandall & Biernat, 1990; Crandall, 1994; Crandall, et al., 2001; Hague & White, 2005; Harris & Smith, 1983; Harris, Walters, & Waschull, 1991; Hill & Silver, 1995; Kraig & Keel, 2001; Latner, et al., 2008; Latner, et al., 2005; Lewis, et al., 1997; Myers & Rosen, 1999; Perez-Lopez, et al., 2001; Puhl & Latner, 2007; Rudman, Feinber, & Fairchild, 2002; Rukavina, et al., 2008; Schuman, 2010; Schwartz, et al., 2006; Vartanian, et al., 2005; Wang, et al., 2004
Higher weight, higher antifat attitudes	Cramer & Steinwert, 1998; Morrison & O'Connor, 1999; Teachman & Brownell, 2001; Teachman, et al., 2003; Wiese, et al., 1992

A number of suggestions have been made for this phenomenon, including perceptions that corpulent individuals deserve the discrimination (Cahnman, 1968; Quinn & Crocker, 1998), and that corpulent individuals believe that their current status is 'temporary' and escapable by adhering to weight loss tactics put forth and reinforced by the biomedical, public health and societal perspectives to adiposity (Quinn & Crocker, 1998). Therefore, it is uncommon for corpulent individuals to form a protective 'in group' to shield and support each other through the common experience of stigmatisation within western societies (Myers & Rothblum, 2010; Ojerholm & Rothblum, 1999).

As can be seen in the previous paragraphs, a number of different factors affect antifat attitudes. Beliefs concerning responsibility for and controllability of one's weight sit at the heart of these opinions, centred around the view that with enough willpower and determination one can remove themselves from the identity of 'fat,' 'overweight,' or 'obese.'

However, consensus within the studies presented here is few and far between. While it is clear that antifat attitudes are common within today's society, it does not appear to be segmented to certain populations – instead affecting fat and thin, young and old, male and female, the educated and uneducated and increasingly, those from multiple cultures and races.

Consequences of Weight-Related Stigma

In addition to the psychological and physiological responses and consequences to adiposity and weight-related stigma outlined above (see Consequences of Adiposity, above), there are a number of other consequences of weight-related stigma that are experienced by corpulent individuals pertaining to their health care, education, employment and interpersonal relationships.

Health Care

Antifat attitudes and stigmatising opinions relating to weight have been found in medical students (Blumberg & Mellis, 1985; Wear, Aultman, Varley, & Zarconi, 2006; Wigton & McGaghie, 2001), doctors (Foster et al., 2003; Hebl & Xu, 2001; Hebl, Xu, & Mason, 2003; Schwartz et al., 2003; Teachman & Brownell, 2001; Wadden et al., 2000), nurses (Creel & Tillman, 2011), therapists and psychologists (Agell & Rothblum, 1991), as well as dietitians (Berryman, Dubale, Manchester, & Mittelstaedt, 2006; Harvey, Summerbell, Kirk, & Hill, 2002; Puhl, Wharton, & Heuer, 2009), dietetic students (Dubale, 2004) and fitness professionals (Chambliss et al., 2004). The perception and fear of health professionals' antifat attitudes has been shown to delay corpulent individuals' presentation to health services, leading to poor treatment adherence, and a heightened or prolonged risk of transmission or disability (Drury & Louis, 2002; Fikkan & Rothblum, 2012; Heijnders & Van Der Meij, 2006). In addition, it has been shown the corpulent individuals delay screening procedures (including those for cancers such as breast, cervical and colorectal cancer) even after other possible confounding factors have been controlled, putting them at further risk of morbidity and mortality (Ferrante et al., 2006; Meisinger, Heier, & Loewel, 2004; Mitchell, Padwal, Chuck, & Klarenbach, 2008; Wee, McCarthy, Davis, & Phillips, 2000). Further research has ascertained that barriers such as disrespectful treatment, embarrassment, antifat attitudes, unsolicited weight loss advice and the size of medical equipment are also factors in corpulent individuals' choice to delay or dismiss routine screening practices (Amy, Aalborg, Lyons, & Keranen, 2005)

Education

A variety of research studies have indicated that corpulent individuals have lower aspirations for education (Ball, Crawford, & Kenardy, 2004), achieve lower grades (Glass, Haas, & Reither, 2010; Karnehed, Rasmussen, Hemmingsson, & Tynelius, 2006), receive less secondary schooling (Glass et al., 2010), and are less likely to be admitted, attend or graduate from college (Crosnoe, 2007; Karnehed et al., 2006). These results hold even when adjustments have been made for confounding factors such as intelligence, parental education, and SES (Karnehed et al., 2006). It has been shown that this is especially salient when an individual attends an institution where fatness is relatively uncommon (Crosnoe, 2007; Crosnoe & Muller, 2004). This effect may be related to possible antifat attitudes in teachers (Greenleaf & Weiller, 2005; Puhl & Brownell, 2001; Puhl & Latner, 2007), but it also may be reflective of a negative experience at school (at the hands of peers as well as faculty) resulting in the disengagement of the corpulent individual because of their negative experiences.

Employment

Research examining the role of antifat attitudes in employment has found that there is evidence of antifat attitudes at every stage in the employment cycle (Roehling, 1999). Corpulent individuals are less likely to be hired (Fikkan & Rothblum, 2012; Morris, 2006; Polinko & Popovich, 2001; Tunceli, Li, & Williams, 2006), earn less (Baum & Ford, 2004; Brunello & D'Hombres, 2007; Cawley, 2004; Fikkan & Rothblum, 2012; Morris, 2006), and are offered less opportunities for promotion (Glass et al., 2010; O'Brien, Latner, Ebneter, & Hunter, 2012). These findings in relation to employment, however, are stronger for women, with men often only experiencing these attitudes at higher weight levels (Fikkan & Rothblum, 2012; Morris, 2006; Roehling, Roehling, & Pichler, 2007). There are thought to be many reasons for why this phenomenon occurs, including negative opinions of corpulent individuals held by bosses and co-workers (Klassen, Jasper, & Harris, 1993; Roehling, 1999), less educational opportunities (Crosnoe, 2007; Karnehed et al., 2006), postponement of the formation of a family (Glass et al., 2010), and the presence of health conditions which may hinder ongoing gainful employment (Klarenbach, Padwal, Chuck, & Jacobs, 2006).

Relationships

Studies examining the stigmatisation of corpulent individuals have shown that the experience of weight-related stigma may lead to negative ramifications within their interpersonal

relationships. It has been found that it is those individuals who are in close relationships with a fat person are the most likely to stigmatise them in a highly negative fashion, with stigmatisation increasing as weight increases (Carr & Friedman, 2006; Chen & Brown, 2005; Mather et al., 2009; Petry et al., 2008; Puhl, Moss-Racusin, Schwartz, et al., 2007).

Consistently, it has also been found that parents in particular are a highly stigmatising source for corpulent individuals, however this relationship may indicate what a parent constitutes as 'helping' (i.e. pointing out less fattening foods, suggesting diets), creating a double edged sword for corpulent individuals interacting with their parents (Puhl & Latner, 2007; Schuman, 2010; Sobal, 2005). Peers, however, are most likely to engage in antifat behaviour through weight-related teasing at school or through other social interactions (Eisenberg, Neumark-Sztainer, & Story, 2003; Neumark-Sztainer & Eisenberg, 2005). In addition, children are less likely to want to be friends with a larger child, resulting in fewer friendships (Goldfield & Chrisler, 1995; Sobal, 2005; Strauss & Pollack, 2003).

Romantic relationships – especially for women – are particularly fraught with antifat attitudes because of the emphasis placed on appearance in dating and relationships. Women especially find that they have difficulty entering romantic relationships (Sobal, 2005), and that men will comment on their bodies in what is perceived to be a negative manner (Paquette & Raine, 2004). It is perceived that corpulent individuals have different romantic experiences, less likely to be dating someone, are more desperate to enter a romantic attachment, and are perceived to be significantly less attractive than individuals who are of a 'normal weight' (Harris, 1990; Regan, 1996; Sheets & Ajmere, 2005). It has been found, however, that once corpulent individuals do enter a romantic relationship, their relationships are indicated to be of comparable quality to those of individuals considered to be of a 'normal weight' (Sobal, 2005).

Social Exclusion

The prevalence of antifat attitudes in these interpersonal relationships, combined with other occurrences of weight-related stigma and prejudice can contribute to the social exclusion of corpulent individuals (Link & Phelan, 2006; Miller & Major, 2000; Strauss & Pollack, 2003). Indeed, exclusion is not only an inevitable element of social life, but it is essential to the process of stigmatisation and discrimination (Major & Eccleston, 2005), and is a complex issue affecting individuals and society on many different levels (Hayes, Gray, & Edwards, 2008).

The experience of exclusion can not only affect an individual's mental and physical health, but also the provision of important societal processes such as education, employment and engagement (ASIB, 2010; Levitas et al., 2007).

Atkinson (1998) identified three critical components of social exclusion – relativity, dynamics and agency. Relativity refers to the exclusion of an identity from a specific society at a certain place and time, while agency examines how individuals are excluded (by the self or society), and the extent to which individuals are believed to be responsible for their stigmatised condition. Dynamics, however, refers to the probability that an individual may be able to change their circumstances, and the amount of time they are likely to inhabit this stigmatised identity. These elements can be applied to obesity given that the meaning of adiposity changes through time and geography (*relativity*; Gard & Wright, 2005), there is the prospect for individuals to lose weight (and their stigmatised identity) through engagement in weight loss behaviours (*dynamic)*, and individuals are generally believed to be personally responsible of and in control of their weight despite the mounting scientific evidence that suggests that a number of biological and environmental factors are also at play (*agency*; Brownell et al., 2010; Friedman, 2004; Mann et al., 2007).

Social isolation and exclusion has been identified through the examination of other stigmatised identities (such as mental health and HIV/AIDS) as one of the leading risks associated with stigma and discrimination, and affiliation with other individuals who share a stigmatised identity may be an important and effective coping response to those individuals who find themselves at risk (Kurzban & Leary, 2001; Major & Eccleston, 2005; Stangor et al., 2003). Major and Eccleston (2005) have indicated that there are several aspects of stigma-based exclusion that separate it from the majority of other types of exclusion. Stigma-based social exclusion is seen to be; (a) *consensual* in that there is an agreement within a culture that certain identities or attributes should be excluded, (b) s*hared* with others who possess the same attribute or identity, and (c) *justified* in that there is an agreement within a culture that legitimises the stigma (Major & Eccleston, 2005)

In addition, the sensation of inclusion can be considered to be not merely a want for (any) individual, as it is not only pleasant, but beneficial – supporting the contention that it is a sense of inclusion is a fundamental need (Baumeister & Leary, 1995). If we are prepared to accept that weight is not completely under an individual's control, we can extend this to

contend that the social identity of 'fat' is imposed on individuals who are subsequently excluded – by both themselves and society - from full participation (Brandon & Pritchard, 2011; Thomas, Hyde, Karunaratne, Herbert, et al., 2008; Thomas, Karunaratne, et al., 2010).

While voluntary withdrawal or exclusion can be seen as a coping response to the presence or anticipation of stigma or discrimination, Barry (1998) suggests that we must treat this type of self-exclusion with caution. While the individual has chosen to withdraw or exclude themselves voluntarily, when the broader context is taken into consideration, our understanding changes in that we can see that this choice or voluntary self-exclusion is *"no more voluntary than is the departure from a job of somebody who resigns one step ahead of the sack"* (Barry, 1998, p. 2).

As illustrated in Figure 6, the ability to participate distinguishes those who are included from those who are excluded; through the ability, choice and opportunity to engage equally in education (learn), employment (work), relationships (engage) and be valued (have a voice). As has been demonstrated in previous paragraphs, corpulent individuals are not afforded these opportunities equally in relation to those who are considered of a 'normal weight', and therefore can be further seen to be excluded within society today.

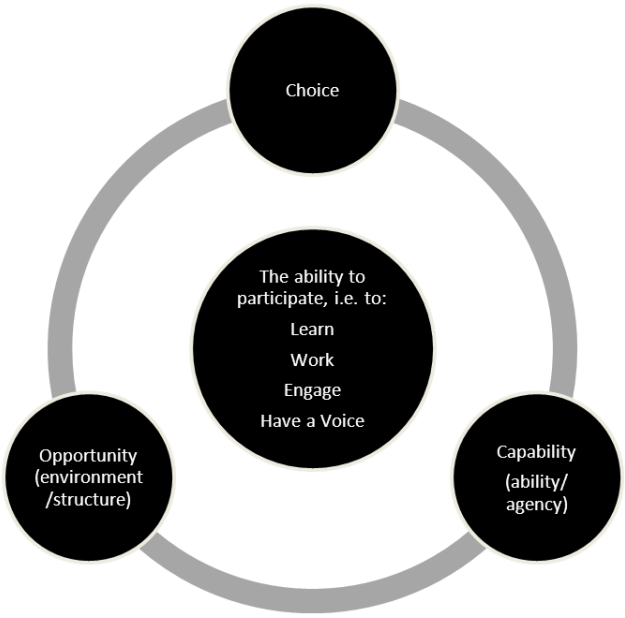

Figure 6. Conceptualisation of Social Inclusion. Adapted from ASIB, 2010, p. 14

This experience of exclusion faced by corpulent individuals can be seen as a form of *civilised oppression* (Rogge, Greenwald, & Golden, 2004). Civilised oppression was described by Harvey (1999) as oppression that "*involves neither physical violence or use of law"* involving

"*morally disturbing phenomena* [that] *can be buried in day-to-day incidents of no obvious significance*" (pp.1-2). Because corpulent individuals are seen to be responsible not only for their weight, but for removing it, individuals who are in positions of power (such as teachers, parents and health professionals) attempt to 'help' the individual, placing corpulent individuals in a subordinate position of power (Rogge et al., 2004). This sense of powerlessness is further compounded by the continual failure of corpulent individuals to conform to the thin ideal, and the social alienation, rejection and exclusion that corpulent individuals often face. While those individuals intent on helping corpulent individuals may not intend to cause harm, these frequent acts of 'help' have the potential to distort relationships and cause harm and/or disadvantage to the individual in question through a number of physical and psychological problems (including eating disorders) and may interfere with individuals obtaining both help and support from informal and formal sources (Baumeister & Leary, 1995; Everett, 2006; Geier et al., 2003; Harvey, 1999; Rogge et al., 2004). While some may view the issue of fatness as unimportant (and therefore are less likely to come to harm as a result of these interventions), there are many that view their weight as an exceptionally important part of their identity, and are unable to imagine fostering a sense of inclusion without first removing themselves from the stigmatised identity of 'fat' (Brandon & Pritchard, 2011).

As can be seen within the previous paragraphs, a number of consequences result from being considered fat, overweight and obese within today's society. They range from difficulties in health care, education, and employment to problems within social, emotional and familial relationships. These, along with other stigmatising encounters experienced by those considered to be fat, overweight and obese can lead to the voluntary or involuntary social exclusion of corpulent individuals, which can be interpreted as civilised oppression.

Responses to Weight-Related Stigma

Because of the lack of a protective in-group, corpulent individuals often find that they are left on their own to cope with the stigmatising encounters that accompany the experience of being fat (Ojerholm & Rothblum, 1999; Teachman et al., 2003). The pressure placed on corpulent individuals to achieve the societal 'thin ideal' has been shown to stimulate engagement in repeated (and sometimes extreme) weight loss behaviours in order to remove themselves from this stigmatised identity (Lewis, Thomas, Blood, et al., 2010; Puhl & Heuer, 2009; Puhl, Moss-Racusin, & Schwartz, 2007). While it is always possible that a stigmatised individual

will not perceive an encounter as prejudicial, factors such as past experiences, beliefs and personal identity affect how an individual perceives their experiences and treatment at the hands of others (Major & Eccleston, 2005; Swim et al., 1998).

In addition, an individual may not prioritise weight as an important part of their identity, and so will be less likely to perceive such encounters as discriminating. There is also the potential, however, that the reverse is possible, where an individual prioritises their weight to be a central part of their identity or appearance and therefore is more susceptible to the perception of stigmatisation within their day-to-day lives (Lewis et al., 2011b). It is these individuals who may perceive there to be discriminating encounters within their everyday lives where in fact there may not be any (Major & Eccleston, 2005).

Individuals respond to the experience of stigma in a number of different ways (LeBel, 2008; Poindexter, 2005), and those who find themselves a frequent target of stigmatisation and discrimination face a number of constant decision processes – including whether the encounter was indicative of stigmatisation or discrimination, and, if so, whether or not and how to respond (Puhl, 2005; Swim et al., 1998). Additionally, a strategy that may prove useful or effective in one situation may be deemed inappropriate or ineffective in another (Puhl, 2005), and situational constraints (e.g. individual status, formal/unfamiliar settings) may affect how an individual chooses to (or not to) respond (Swim et al., 1998). Furthermore, the choice not to respond within the moment may have its own deleterious consequences – including disempowerment, self-disappointment, guilt, or a sense of failure which may affect other behaviours such as eating or exercise (Swim et al., 1998). However, there are four main response types when discussing coping with weight-related stigmatisation and discrimination. These are proactive, non-assertive, assertive and psychological coping.

Proactive Coping Responses

Perhaps the most common proactive response that corpulent individuals make when they find themselves confronted by stigmatisation is resolve to remove themselves from the stigmatised group – namely, they attempt to lose weight (McHugh & Kasardo; Miller & Major, 2000; Monaghan, 2007; Puhl, 2005). These attitudes which are compounded by the biomedical, public health and societal perspectives of adiposity are reinforced by the opinions of many researchers and health professionals that suggest that in finding a cure for obesity we find a cure for obesity stigma (Hayden, Dixon, Dixon, Playfair, & O'Brien, 2010). There are, however,

a number of difficulties when engaging with this coping strategy as there are many limitations to the achievement of permanent weight loss, including the fact that individuals are likely to fail at their diet or weight loss program, and will find themselves at the same – or possibly greater – weight than where they started (Cogan & Ernsberger, 1999; Gaesser, 2006; Mann et al., 2007; Miller, 1999; Rosenbaum & Leibel, 2010).

In addition to removing oneself from the stigmatising group, other proactive responses include the anticipation and avoidance of stigmatising situations. Individuals – based on outside information or past experience – may learn to anticipate situations in which they believe stigmatisation or discrimination are likely to occur and in order to minimise the possibility of a stigmatising encounter will avoid the situation or person altogether (Cahnman, 1968; Oyserman & Swim, 2001; Puhl, 2005; Shih, 2004; Swim et al., 1998). However, this withdrawal or avoidance may have negative repercussions, cutting individuals off from the supportive health benefits that are associated with interaction or other activities which take place in public such exercise engagement (Puhl, 2005; Thomas, Karunaratne, et al., 2010).

Non-Assertive Coping Responses

Non-assertive coping strategies are seen as an important option for individuals who face stigmatisation and discrimination, and fall into two separate categories – immediate and delayed. Immediate non-assertive coping strategies include humour, placation, displaced aggression and passive-aggressive defiance (Swim et al., 1998). Delayed non-assertive coping strategies include strategies such as seeking social support from familial or peer sources (Swim et al., 1998). Because of the emphasis placed on personal responsibility relating to fatness, these are some of the most frequent strategies utilised by corpulent individuals (Puhl & Brownell, 2006; Thomas, Karunaratne, et al., 2010). However, the utilisation of delayed non-assertive coping within this context is more likely to be related to weight loss and exercise than unconditional support as there are very few settings in which social support is available for corpulent individuals where a goal of weight loss is not present (Finkelstein, Frautschy Demuth, & Sweeney, 2007; Thomas, Hyde, Karunaratne, Kausman, & Komesaroff, 2008; Thomas, Lewis, Hyde, Castle, & Komesaroff, 2010). Additionally, corpulent individuals tend not to be given the opportunity to be included in this manner unless they change the way they look or challenge the common perceptions surrounding adiposity (Brandon & Pritchard, 2011).

Assertive Coping Responses

Assertive coping responses utilise reactions that are generally immediate in nature and directly apparent by the perpetrator, such as physical actions, verbal responses, or formal action (e.g. lawsuit; Swim et al., 1998). Assertive responses can be either of individual or collective action, and may encompass avenues such as activism, boycotting, and social organisation (Swim et al., 1998; Wahl, 1999). While corpulent individuals may engage in these assertive coping responses – and feel an increased sense of empowerment by doing so – this avenue of action is unlikely unless the individual feels that their status cannot be changed (Puhl, 2005; Saguy & Ward, 2011). Because it is common for corpulent individuals to believe that their weight status is changeable, however, these coping responses are less likely until a broader understanding of adiposity can be reached (Puhl, 2005; Puhl & Brownell, 2003b). However, this avenue could provide fruitful rewards, with access to communal coping, acceptance, support and meaningful group membership which may help individuals to shield themselves from the negative effects of constant stigma and discrimination (Corrigan & Watson, 2002; Puhl, 2005).

Psychological Coping Strategies

Psychological coping strategies are methods of coping that utilise emotional or cognitive responses to stigma or discrimination (Swim et al., 1998). Emotional coping can be seen in the reaction to a stigmatising occurrence such as frustration or anger, while cognitive responses can include such responses as attribution of an event to external – as opposed to internal – sources, adoption of a defensive stance, alteration of one's standards of self-comparison, denial, and disengagement from domains in which stigmatisation is likely to occur (e.g. removal of oneself from dating and relationships; Corrigan & Watson, 2002; Major & Schmader, 1998; Puhl, 2005; Swim et al., 1998). However, those individuals who believe that the stigma that they receive as the result of being a member of a stigmatised group (e.g. corpulent individuals) is unjust will deflect negative attitudes from themselves and become righteously indignant about their negative social identity, therefore protecting their sense of self-esteem (Corrigan & Watson, 2002).

As with other methods of protecting self-esteem and personal identity, individuals may also engage in areas or tasks at which they are able to excel, removing their investment in the negative social identity and transferring it to a more positive one (Major & Schmader, 1998;

Oyserman & Swim, 2001; Puhl, 2005; Thomas, Karunaratne, et al., 2010). In addition, some corpulent individuals may overemphasise other aspects of their appearance in order to draw attention away from the salient identity of fat, employing techniques such as taking special care of one's appearance and using 'bright' colours on fingernails and hair (Thomas, Karunaratne, et al., 2010).

There have also been suggestions that adaptive psychological techniques such as relating in a positive and compassionate manner toward the self (termed 'self-compassion'; Neff, 2003a) may be helpful in both the improvement of psychological function and wellbeing (Neff, 2003a; Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007; Neff, Pisitsungkagarn, & Hsieh, 2008; Neff, Rude, & Kirkpatrick, 2007). Self-compassion requires the individual to take an understanding and sympathetic view towards the self when facing personal suffering, failure or pain (self-kindness), acknowledgement that imperfection and failure is part of the shared human experience (common humanity), and a balanced awareness of one's negative emotions so that they are neither dramatized nor suppressed (mindfulness). In addition, some emerging studies have examined the concept of self-compassion in relation to healthy eating and exercise and found that self-compassion assists individuals to engage with healthy eating and exercise behaviours (Adams & Leary, 2007).

Changing Responses over Time

While individual coping responses to both the stigma of adiposity and of other stigmatised identities have been examined in depth, the examination of how individuals use more than one response, or how these responses change over time is an area of research that is in need of attention. One example that can be found within the literature examines the intersecting identities of homosexuality and HIV/AIDS (Siegel, Lune, & Meyer, 1998). Through their exploration of gay and bisexual men's responses to the experience of a diagnosis of HIV/AIDS, Siegel, Lune and Meyer documented a number of strategies that were used along a continuum that moved from reactive strategies which accepted the stigmatising social norms and values to proactive ones that challenged the stigma and the norms on which it was based (see Figure 7 for a visualisation of this progression).

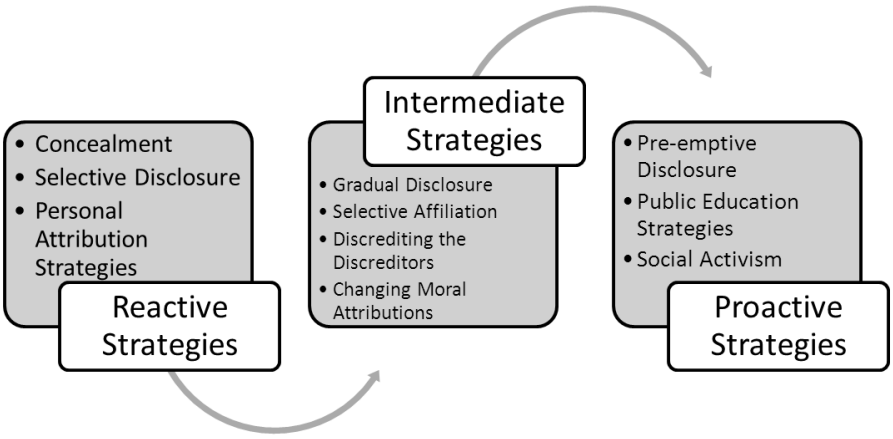

Figure 7. Siegel, Lune and Meyer's (1998) Progression of Stigma Management. Adapted from Siegel, Lune, & Meyer, 1998

Within the context of obesity, however, many of the reactive strategies put forth by Siegel, Lune and Meyer (1998) – such as concealment and selective disclosure – are unavailable to the corpulent individual due to the blatant visibility of the corpulent body. Therefore, the strategies available to the corpulent individual are far fewer than those which are available to an individual whose stigmatised identity allows concealment to be an option.

The Intersection of Factors, Consequences and Responses to Weight-Related Stigma

In response to the growing amount of research that has taken place into the factors, responses and consequences of adiposity, Ernsberger (2009), created a hypothetical model that aims to explain the relationship between SES, adiposity and adverse health outcomes (see Figure 8, below). He postulated that the intersection of adiposity and stigma leads to; low SES (poverty), stress (individual and social), and prejudicial medical care. These factors in turn affect medical illnesses that corpulent individuals experience, affecting both the onset and intensity of an illness. Furthermore, factors such as low SES (poverty) and stress may in and of itself contribute to excess fat, and while adiposity may contribute to the presentation of some diseases, this pathway has some ambiguity. Health professionals' displays of antifat attitudes are an additional barrier to corpulent individuals receiving healthcare and contribute to the overall weight-related stigma present within society.

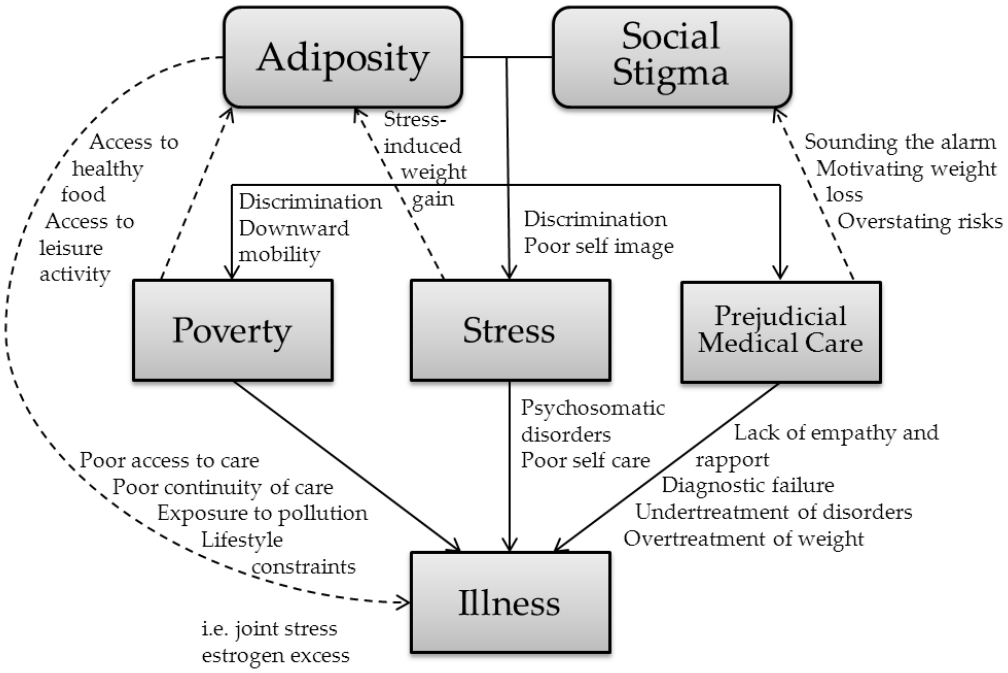

Figure 8. Ernsberger's "Hypothetical Model for the Relationship between Socioeconomic Status, Adiposity and Health Outcomes." Adapted from Ernsberger, 2009, p. 31

Changing Antifat Attitudes

In light of all the factors, responses and consequences of weight bias or antifat attitudes, it is glaringly apparent that these attitudes need to be shifted or ameliorated in order to improve corpulent individuals' health and wellbeing. However, in the current climate this type of action requires that corpulent individuals gather large sums of courage, perseverance and determination (Gard & Wright, 2005). It is unlikely that individuals' attitudes will change overnight, especially since a large portion of those individuals engaging in weight bias believe that they are acting in the best interests of the corpulent individual (Gard & Wright, 2005). A number of studies have endeavoured to reduce antifat prejudice, which have had mixed results (McHugh & Kasardo, 2012). These studies have taken a number of different conceptual approaches, including manipulating individuals' beliefs about obesity (generally its controllability), empathy towards corpulent individuals, and the social norms surrounding obesity.

Attributions of controllability have been shown to affect individuals' attitudes to adiposity, with factors such as social rejection (Crandall & Moriarty, 1995), stronger negative bias (Geier et al., 2003), and higher levels of anger (Menec & Perry, 1998) present in individuals who believe that fatness is under an individual's control. However, efforts to ameliorate antifat

attitudes using interventions based on controllability have garnered mixed results. While some studies have achieved reduced attitudes along at least one dimension measured (dislike and willpower, Crandall, 1994; negative attitudes, Hague & White, 2005; negative trait ratings, Puhl et al., 2005; fat phobia, Robinson et al., 1993; blame, Rukavina et al., 2008), others have found no change (Harris et al., 1991; Lewis et al., 1997). Additionally, it has been found that attributions of controllability are effective in exacerbating antifat attitudes, but less effective at ameliorating them (Anesbury & Tiggemann, 2000; Geier et al., 2003; Lewis et al., 1997; Teachman et al., 2003). Bell and Morgan (2000), however, found that even through their manipulation explaining the controllability of weight to children in third through sixth grades was effective in that they assigned less fault to the fat child, it did not affect their attitudes in general.

While studies manipulating participants' empathy towards corpulent individuals have shown some promise (especially with individuals who are also fat; Irving, 2000; Teachman et al., 2003), studies manipulating social norms have shown more consistent findings. An intervention by Haines and colleagues (2006), with children in after school care showed that manipulating children's norms and behaviours had a significant effect on weight-based teasing, while Puhl, Schwartz and Brownell (2005) have found that those participants who received favourable consensus feedback (that others had estimated more obese people to possess positive traits as compared with their response a week before) assigned more positive and fewer negative traits to corpulent individuals – especially when the consensus originated from an in-group (as opposed to out-group) source. Zitek and Hebl (2007), however, found that those individuals paired with a confederate who condemned negative behaviour displayed the lowest levels of prejudice at post-testing, and follow up one month later. On the back of these mixed and sometimes contradictory findings, there have been suggestions that multiple or combined strategies may be the most effective method in combatting antifat attitudes (Daníelsdóttir et al., 2010). In addition, it seems as through interventions may need to be particularly powerful in order to ameliorate the antifat bias that has embedded itself into western societies in particular (Gapinski, Schwartz, & Brownell, 2006).

Summary

Weight-related stigma is a common and pervasive element within western societies, which has risen concurrently alongside the prevalence of obesity itself. Within today's society few

sanctions exist for discrimination that takes place against corpulent individuals, and this behaviour is justified on the premise of assisting the individual involved. Furthermore, corpulent individuals learn from an early age that they are inferior to those of normal weight, which has the potential to affect their psychological and physiological health in many negative ways. Factors such as age, gender, race, culture, SES, education and weight have been examined in relation to their effect on antifat attitudes, with mixed results. Beliefs around controllability and responsibility to maintain one's weight affect antifat attitudes, but when applied to the task of reducing antifat attitudes they have mixed results.

The consequences of weight-related stigma are many and varied, and include significant repercussions in areas such as health care, education, employment, relationships, which can result in the social exclusion of corpulent individuals. This exclusion can be seen as a form of civilised oppression. A number of proactive, non-assertive, assertive and psychological coping techniques are used by corpulent individuals to deal with the experience of adiposity, the most common being purposive diet and weight loss in order to remove oneself from the stigmatised identity of 'fat.'

As a method of further examining the attitudes and opinions not only of those who are considered to be within the general public but those considered to be overweight and obese themselves, the internet provides a new and innovative approach which can be utilised in examining the phenomenon of adiposity and its related stigma. In addition to the groups and societies that have formed within this evolving virtual environment, the internet is a rich source of organic and natural data that is available to the researcher. Here I will examine the rise in the utilisation of the internet within western societies, the impact it has on the health of those who use it, and introduce the research site that I have chosen – the blog.

The Internet

Alongside the recorded increase in both obesity and weight-related stigma, the conception and rise of internet popularity has also taken place. As can be seen in Figure 9, household access to the internet in Australia, the USA, and the UK have risen rapidly over the last 10 years (ABS; 2011; The Office for National Statistics, 2008, 2009, 2011; U.S. Census Bureau, 2011; Walker et al., 2002).

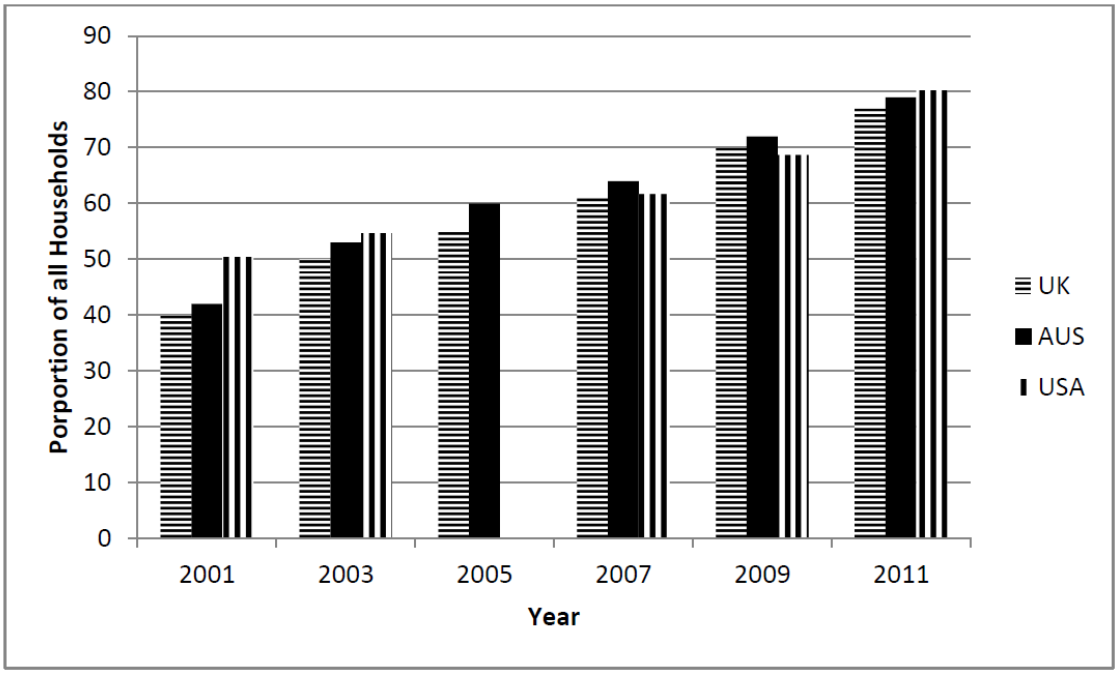

Figure 9. Households with Internet Access from 2001 -2011 in Australia, America and Britain. Sources: ABS, 2011; The Office for National Statistics, 2008, 2009, 2011; U.S. Census Bureau, 2011; Walker, et al., 2002. Note: data unavailable for the USA for 2005.

With the invention and rising popularity of social media websites such as blogs, social networking sites (e.g. Facebook, Twitter), and video sharing (e.g. YouTube), interpersonal interaction on the internet is now more prevalent than ever before. It is now not only a place where information can be sought, but a place where interaction and connection can take place with not only friends and family, but strangers. Where previously a vast amount of technological knowledge was needed in order to utilise these social spaces (especially where blogs were concerned), advances in technology mean that now even those with very little technological knowledge are able to access and interact socially on the internet.

This rise in user-generated media has provided a new avenue for individuals to gather social and emotional support as it allows individuals to span large geographic distances, disparate time zones and explore self-identities, emotions or opinions without the fear of negative social repercussions while allowing for the careful control of information disclosure (Barak, Boniel-Nissim, & Suler, 2008; Christopherson, 2007; Derlega & Chaikin, 1977; McKenna & Bargh, 1998, 2000; Qian & Scott, 2007; Schau & Gilly, 2003; Suler, 2004). This may also allow individuals to explore themselves as well as alternate self-concepts in a manner which is less threatening, and enables individuals to find like-minded others who understand the difficulties of sharing these beliefs, behaviours or identities (McKenna & Bargh, 1998).

Given the right circumstances, social inclusion can be fostered within online environment (Fox, Ward, & O'Rourke, 2005; Major & Eccleston, 2005). Through the use of CMC, individuals are able to disclose more about themselves and manage the impressions of others in unique ways in online settings (Chester & Bretherton, 2007; Joinson, 2001). One of the largest factors in this heightened ability to disclose (often personal) information has been attributed to the anonymity that can be achieved utilising CMC. Generally, two types of anonymity have been identified within the literature. *Visual anonymity* refers to the lack of any visual information about an individual (e.g. through pictures or video), while *discursive* or *technical anonymity* refers to the removal of identifying information (such as name, email or location) while communicating through a technological medium (Christopherson, 2007; Qian & Scott, 2007). Online anonymity, however, is best conceptualised as being part of a continuum, with complete identifiability at one end and complete anonymity at another (Chester & Bretherton, 2007). Often, in settings that do not require full disclosure of identity, a kind of *managed anonymity* takes place in which an individual chooses a screen name that holds a personal meaning, where individuals most likely have access to some type of identifying information but takes place in a state of visual anonymity (Chester & Bretherton, 2007).

This sense of anonymity, combined with the asynchronicity that typifies most online interaction has led to what is called the *online disinhibition effect*. The *online disinhibition effect* describes how individuals lower their restraint and inhibitions in online environments resulting in individuals behaving in a way that they would not ordinarily within the 'real' world (Suler, 2004). This disinhibition can manifest itself in two ways; they may exhibit *benign disinhibition* where they become more open, kind, generous, supportive and caring, or they may exhibit *toxic inhibition*, where they become blunt, hostile, closed-minded, and aggressive (Dubrovsky, Kiesler, & Sethna, 1991; McKenna & Bargh, 2000; Suler, 2004).

Health and the Internet

Using the internet to affect one's health status is achieved by utilising one of two avenues; either as a method for gathering health information or for finding social support in relation to a specific illness or health issue. The internet is becoming increasingly important in the translation of health information from health professionals to patients and the general public, and individuals who are younger, more educated and/or have a stigmatised illness are more likely to utilise the internet in their search for health information (Gallagher & Doherty, 2009).

The view of adiposity as under an individual's personal responsibility and as a temporary condition can be seen in the persistent search for that one 'cure' that will work permanently to remove their excess weight. While individuals still turn to conventional avenues for health information such as health professionals and weight loss organisations, there is an increasing trend for corpulent individuals to utilise the internet to find information about weight loss and health (Lewis et al., 2011a). In addition, it is not uncommon for individuals who find online communities to utilise these as a way of opening up to other individuals who share the same experiences without the problems associated with geographical limitations or time restraints (Hardey, 1999). Individuals may find alternate pathways or frameworks to those presented through traditional knowledge translation frameworks, and technology may allow individuals to resist the biomedical framework if it does not provide sufficient answers or solutions (Lowe, Powell, Griffiths, Thorogood, & Locock, 2009). In the right circumstances it has been said that the internet has the capabilities to bring individuals closer together and aid in social inclusion within online spaces (McClimens & Gordon, 2009).

Within the context of adiposity, the internet is used not only for information about weight, weight loss and health, but also to find and create networks of support and acceptance, and is seen as important site for *"mobilising resistance and sharing information, support and humour"* (Gard & Wright, 2005, p. 163; Lewis et al., 2011a). In a recent study examining obese individuals' motivations and utilisation of the internet to search for information regarding obesity, Lewis and colleagues (2011a) conducted qualitative interviews with obese individuals and found that those who responded to their study utilised the internet to search for information regarding obesity and weight loss primarily because they were ashamed of the size that they had become. Participants searched not only for information about weight loss solutions in their desperation to lose weight, but about the health risks associated with obesity and the ways in which that they could minimise these risks. There were also a small number of participants who searched for reassurance, acceptance and support in relation to the struggles they were experiencing with their weight (Lewis et al., 2011a).

Weblogs

Given the incredibly broad nature of the internet, the focus of this thesis has been narrowed to that of the weblog environment. A weblog (also known as a 'blog') is defined as a web page that provides online commentary, is periodically updated, and is presented in reverse

chronological order (Drezner, 2008). Blogs can have a range of functions from personal diaries, technical advice columns, celebrity and business gossip, or as a space for the discussion and debate of specific or varied issues (Kawaura, Kawakami, & Yamashita, 1998). Blog content can range from text based blogs to those containing multimedia such as pictures and videos. The 'Blogosphere' refers to the collective universe of blogs, and is characterised by a high degree of diversity of format, exposure and discourse (Cammaerts, 2008). Blogs tend to be highly personal, interwoven into a network of tight-knit communities, and read by repeat visitors (Kumar, Novak, Raghavan, & Tomkins, 2004).

Blog posts are commonly 'tagged' with categories to signal content to the reader and to aid the blogger in organising their posts. Comments from readers are often encouraged, allowing for interaction between a blogger and their readers (Cammaerts, 2008). Comments often comprise of a significant amount of the blogosphere, accounting for approximately 30% of the volume of blog posts (Mishne & Glance, 2006), and blogger-visitor interactions play an important role in the popularity of the blog (Hui, Lau, & Yee, 2007; Mishne & Glance, 2006).

Recently, online social media, such as blogging, have become instrumental in allowing individuals to engage in discussion, information exchange and education in online settings (Phipps, 2000). The most researched area of blogs examines the reasons and motivations to blog. Motivations include self-documentation of key life events (Jones & Alony, 2008; Wee-Kek & Hock-Hai, 2009), the opportunity to express oneself – both conceptually and emotionally (Brady, 2005; Jones & Alony, 2008; McKenzie, 2008; Wee-Kek & Hock-Hai, 2009), to connect on a social level with others that are of similar mind (Jones & Alony, 2008; Wee-Kek & Hock-Hai, 2009), to acquire information (Jones & Alony, 2008; Wee-Kek & Hock-Hai, 2009), and to entertain oneself (McKenzie, 2008; Wee-Kek & Hock-Hai, 2009). The reasons to continue blogging, however, include satisfaction with relationships, skill in handling information, and acceptance from the blogging community (Lu & Hsiao, 2007; Miura & Yamashita, 2007).

Summary

The prevalence of the internet has almost doubled in the last 10 years, becoming more ubiquitous within western society and lifestyles. This rapid increase in the utilisation of the internet has led to an increase in what is known as social media where individuals create the

content of their own sites. Social media sites Facebook, YouTube, Tumblr and WordPress are now household names and command much power in influencing the public consciousness.

The literature indicates that social inclusion can be fostered online, given the right circumstances, and allows individuals to engage with others with whom they would have not had the opportunity to otherwise because of geographical or spatial limitations. Factors such as anonymity are present which foster disinhibition, and facilitate the manifestation of both increased negative and positive behaviour through the internet. The health of individuals can be affected by the internet in two primary ways, through gathering health information and as an avenue for social support.

Conclusion

In this chapter I have discussed the literature relating to adiposity, stigma and the internet. While the topic of adiposity and weight-related stigma is beginning to emerge as an important and well-researched area of exploration, there are few studies which have examined the phenomenon from a qualitative standpoint. The majority of studies within this area take a quantitative viewpoint, aiming to record and measure the prevalence, presence and structure of weight-related stigma within varying populations. We now know how age, gender, race, culture, SES, world view and even an individuals' weight may affect an individual's attitudes towards those considered to be fat, overweight or obese, but yet examinations of the experience of weight-related stigma are few and far between.

The examination of support groups in relation to weight has not been examined unless it is within a weight loss framework. The notable exception within this area are those studies examining the HAES framework, and while some qualitative findings have emerged from these studies, the examination of a support group devoted to those *not* trying to lose weight is sorely missing from the research. In addition, the examination of coping responses in relation to weight-related stigmatisation is gaining momentum, however, very few of these utilise a support framework, examine responses over time, or offer an option that does not focus on weight loss.

Finally, the utilisation of the internet as a medium to explore the lived experience of fatness, along with the possibilities of support, change and transformation to take place are primarily absent from the literature. Given the high prevalence of internet use within western societies

today, the internet is now becoming more and more important in the lives of those individuals from western nations in particular. This provides an invaluable opportunity not only to examine communities and groups that have formed organically within this medium, but to examine individuals within a natural environment without outside influence. This kind of observation is especially difficult within the 'real world' as both outright and insidious episodes of weight-related stigma are difficult to observe within an offline environment with any type of methodological rigor or without the use of outside influence which, if done incorrectly or without sensitivity, could skew the data or bring distress upon participants.

My thesis will address a number of the gaps outlined above. I will examine the issue of weight-related stigma from a qualitative standpoint, engaging individuals to share their lived experience of adiposity and weight-related stigma, and their involvement with a blogging community that resides on the internet. Furthermore, in an effort to examine the issue of weight-related stigma within a natural environment, the occurrence of weight-related stigma within the online medium of blogs will also be examined. As the issue of weight-related stigmatisation is becoming progressively more prominent within society, the attempt of some to change the primarily negative view of corpulent individuals as a group have begun to surface and this thesis will examine one such attempt. With this in mind, and as previously stated in Chapter One, the overall research question that guides this thesis is;

How do corpulent individuals utilise the internet in order to mediate, navigate and change their experience of weight-related stigma?

In order to address this research question in a comprehensive manner, the overall research question has been further broken down in to three sub questions addressed by the three studies presented in this thesis;

1. *How do individuals react to stigmatising weight-related discourses online?* (Study One, Chapter Four)
2. *How do corpulent individuals utilise the internet as a tool to help them reframe and mediate the stigma that they experience?* (Study Two, Chapter Five)
3. *How can the internet be utilised as a medium to challenge common attitudes towards adiposity?* (Study Three, Chapter Six)

In summary, this second chapter has presented an overview of the literature pertaining to obesity, weight-related stigma and the internet, highlighting how a number of different perspectives combine to create the current discourse that surrounds the 'obesity epidemic'. This discourse has led to an increase in weight-related stigma, and the emergence of the internet as a medium that may support individuals in their attempt to react to, mediate, reframe, and challenge the experiences they undergo in relation to their weight. In the following chapter I will explain the methodology and method that have been utilised in my thesis, not only to answer the overall research question, but also the three sub-questions that guide this research.

Chapter Three

Method and Methodology

Chapter Three Overview

Introduction

In the previous chapter I examined the literature pertaining to the internet, adiposity and stigma and their intersections. In this chapter I explain and discuss the methodology and methods that are utilised within this thesis. The overall objectives of my research were to understand the issue of weight-related stigma using the lens of the internet as a focus. The understanding of not only how individuals use the internet to help them cope with the reality of their day-to-day lives, but how individuals react and may possibly shift stigmatising discourses in online settings online was of interest.

Methodology

In seeking to achieve the overall aim of this thesis, I have employed a complementary component design, utilising the concept of methodological triangulation. A component design is one in which the *"methods are implemented as discrete aspects of the overall inquiry and remain distinct throughout the inquiry"* where *"the combining of different method components occurs at the level of interpretation and conclusion rather than at prior stages of data collection and analysis"* (Caracelli & Greene, 1997, p. 22). Methodological triangulation in this case involves between-method triangulation, requiring *"the use of multiple methods in the study of the same object"* (Denzin, 1989, p. 236). Furthermore, the two levels of methodological combination as suggested by Flick (2007b), where methods examining the knowledge of participants are contrasted with those that address observable practices of those involved in the phenomena in question are utilised.

The utilisation of a complementary design with methodological triangulation allows for a more complex understanding of social phenomena to be achieved within a research study (Denzin, 1989; Flick, 1998, 2007a, 2007b, 2009; Flick, Garms-Homolová, Herrmann, Kuck, & Röhnsch, 2012; Greene, Benjamin, & Goodyear, 2001). While triangulation was first utilised as a method by which researchers could validate their findings from studies utilising one method, it is now also viewed as a way by which the limitations of individual methods or methodologies can be addressed (Denzin, 1989; Flick, 1998, 2007b, 2009; Patton, 2002). Furthermore, it also addresses issues of quality that are often raised surrounding qualitative research methods in particular (Flick, 2007a, 2007b). Greene and colleagues (2001) have identified four benefits to the use of more than one method including (a) enhanced validity, (b)

greater comprehensiveness of findings, (c) more insightful understandings, and (d) increased value and diversity.

While triangulation can be used to combine both qualitative and quantitative methodologies, it is most often used as a method to combine multiple qualitative methods, as it is the case in this thesis (Flick et al., 2012). The use of multiple methods – rather than resulting in a coherent, single picture of a phenomenon – most commonly results in multiple different representations of reality (Denzin, 1989). Triangulation allows for varying pictures to emerge that can be combined by the researcher, resulting in a more complex and comprehensive understanding of a phenomenon to be achieved (Denzin, 1989, 2012; Flick, 2007a, 2009, 2011). As Greene and colleagues state;

> *The social phenomena that we study 'on the ground' in the real world are unarguably complex, dynamic, and contextually diverse. The need to understand these phenomena, to make sense of contemporary social problems and to find promising solutions to them remains pressing, if not urgent. We therefore need to use all of our methodological expertise and skills in this endeavor for contemporary understanding of social issues. We need to marshal all of our multiple ways of knowing, and their associated multiple ways of valuing in the service of credible and useful understanding* (Greene et al., 2001, pp. 25-26; emphasis in original)

Qualitative Research

Qualitative research refers to the *"nonmathematical process of interpretation, carried out for the purpose of discovering concepts and relationships in raw data"* (Strauss & Corbin, 1998, p. 10). Qualitative research methods focus on the social world in which we live, examining the subjective experiences of individuals and socially constructed nature of individual reality (Denzin & Lincoln, 2011; Hesse-Biber & Leavy, 2006; Liamputtong, 2010; Pope & Mays, 1995). Therefore, qualitative research methods are valuable in understanding what has been termed the 'lived experience' of individuals (Hesse-Biber & Leavy, 2006; Liamputtong, 2010). Qualitative data describes individuals' experiences of the world in their own words, delving into their behaviours, emotions, feelings, interactions and opinions that comprise their day-to-day lives (Patton, 2002; Pope & Mays, 1995; Strauss & Corbin, 1998). Furthermore, qualitative data tells a story, relying on the stories that are told to researchers, observations and documentary evidence surrounding social phenomena (Liamputtong, 2010; Patton, 2002).

Qualitative research enables us to understand social phenomena in natural (as opposed to experimental) settings, to make sense of reality, and to explain the social world (Morse & Field, 1995; Pope & Mays, 1995). Qualitative methods facilitate depth and detail within a study, allowing researchers to examine complex behaviours and attitudes in a manner that does not predetermine the behaviours or opinions of the group in question, permitting the research to understand the world as seen by the participants (Patton, 2002; Pope & Mays, 1995).

The Internet: Phenomena, Environment & Research Tool

As outlined previously, this research examines the stigma of adiposity, utilising the internet as a focus. Markham (2011) has stated that the internet within the research environment can be used in three different ways; (1) as a method or tool for collecting, sorting storing or analysing information, (2) as the study of the internet as a location for sociocultural phenomena that are mediated by, entwined with, or are dependent on the internet, or (3) as a phenomena in its own right. These different categorisations are not mutually exclusive, and it is possible within a single study to conceptualise the internet as all three – the method, location, and phenomena (Markham, 2011).

The internet has a number of advantages when it comes to research design and execution. The internet facilitates interaction and information transmission in a relatively inexpensive fashion across geographical distance and time zones, creating a larger and more diverse pool of participants which researchers can target and access with relative ease (Clarke, 2000). The internet provides the added benefit of minimising the economic costs of conducting research, while also being a rich source of data in and of itself (Markham, 2011; Robinson, 2001). In addition, communication is facilitated within online settings, and research conducted within online settings has been shown to provide highly stimulating dialogues and discussions given the right circumstances (Clarke, 2000; Crichton & Kinash, 2003). It has been also suggested that electronic research methods allow for the development of methodologies that relate more closely to the needs of research participants (Seymour, 2001).

There are some limitations, however, to undertaking online research. The fact that technology can break down must be taken into account, as well as the difficulties inherent in accurately establishing facts about online groups (e.g. size and composition) must be considered alongside the additional problem of missing cues within CMC (i.e. the meaning of text can be

misinterpreted because of the lack of auditory and visual cues; Clarke, 2000; Enochsson & Dunkels, 2005; Shepherd, 2003).

Narrowing the Field: Weblogs & Microblogging

The medium of the internet is incredibly vast, and accordingly, this thesis has specifically limited its scope to examining weblogs or 'blogs'. As stated previously, a blog is an online webpage which is highly personal and interactive and updated periodically by an individual that can encompass any number of different topic areas (Cammaerts, 2008; Drezner, 2008; Kawaura et al., 1998). Often, these blogs tend to be interconnected through tight-night communities and read by return visitors (Kumar et al., 2004). According to a Nielsen McKinsey website NM Incite, there are currently over 181 million identified blogs online (NM Incite, 2012).

In addition to the utilisation of conventional blogs, this thesis will also incorporate the use of 'microblogging'. Microblogging is a relatively new form of blogging which allows users to broadcast brief posts of information (generally less than 200 characters) to those who follow them (DeVoe, 2009; Java, Song, Finin, & Tseng, 2007). These short bursts of information allow individuals to post on issues or subjects without having to take the time to create a traditional lengthy blog post (Java et al., 2007). In many ways microblogging fulfils the same characteristics of traditional blogging – it can provide commentary, is updated periodically and presented in reverse chronological order. However, microblogging provides a method of communication that allows users to share information, along with their daily activities and opinions (Java et al., 2007). Compared with traditional bloggers who update their blogs generally a few times a week, it is not uncommon for microbloggers to update their page several times in one day (Java et al., 2007). As Humphreys (2010), states:

> *The chronicling and sharing of mundane and tragic life events through brief but regular writing allows everyday people to keep records of their lives and can help to maintain social and familial relations. Both historically and in modern times these kinds of life writings serve an important personal as well as social function* (p.4)

Blogs and microblogs epitomise some of the benefits of internet research including easier access to publicly available data, communication facilitation and access to communities that are only available in online settings. Therefore, the blog has become the research environment,

site and tool utilised within this thesis. In utilising the blogs and microblogs as environment, research site and tool, some differences in language and terminology appear within the chapters, and sections within these chapters have been included to explain these differences and define the terminology utilised within each chapter.

Methods: Design, Sampling and Analysis

Three sub-questions have been proposed in order to examine the intersecting phenomena of stigma, adiposity and the internet. In order to answer these three sub-questions (and therefore the overall research question), three studies have been designed and conducted, each corresponding to a research question. See Figure 10 below, for a pictorial representation of the thesis study design.

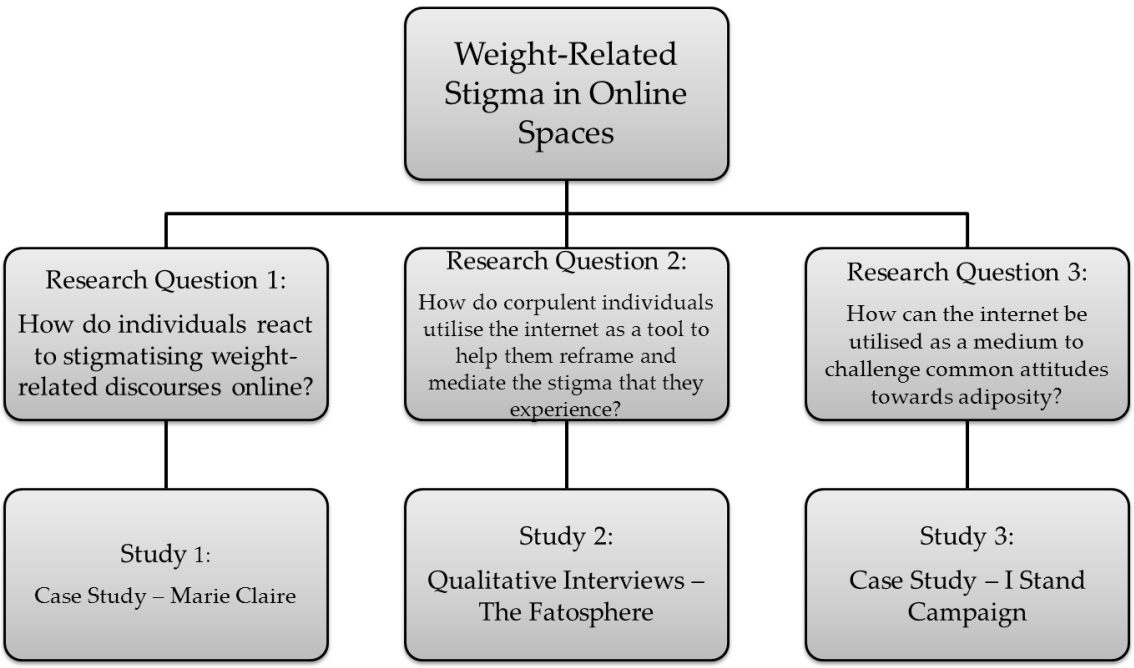

Figure 10. Pictorial Representation of Study Design

While we now know that weight-related stigmatisation is fairly common within society (Puhl & Heuer, 2009), very little research has been undertaken to understand how individuals react to weight-related stigmatisation in online settings. As the internet and user-generated media are now becoming an almost constant part of the lives of many individuals in modern society, the examination of weight-related stigma and discrimination within this medium is vital, and warrants further examination. Additionally, utilisation of the internet allows us to observe

interactions as they happen, and examine the differences between immediate and ongoing reactions to an episode of weight-related stigma.

The method(s) used within each study were chosen based on the research question at hand (Greene, Caracelli, & Graham, 1989). The utilisation of different methods (and therefore sampling and data collection) extends the breadth of inquiry of the research and allows for triangulation to take place. To aid clarity and understanding, the specific design, sampling and analysis methods utilised for each study will be presented within each of the appropriate subsequent chapters.

Ethics

Ethical approval for Study Two – The Fatosphere, was gained from the Monash University Human Research Ethics Committee (MUHREC – CF09/3237 - 2009001759). For studies one and three, the ethical approach was informed by the guidelines developed by the Association of Online and Internet Research (AoIR; Ess, 2002). Given the acknowledged public nature of both the venues within these two studies, and that the subjects involved can be *"understood as authors intending for their work to be public"* a reasonable expectation of privacy was not reached within either of these research environments (Ess, 2002, p. 7).

Conclusion

This chapter has described the overall design and methodology underpinning this thesis. In the next three chapters I will present the method and results of each study, along with the initial discussion pertinent for each individual study.

Chapter Four

Study One: Marie Claire

Chapter Four Overview

Introduction

In this chapter I will examine the first sub-question of my thesis, *"how do individuals react to stigmatising weight-related discourses online?"* In order to achieve this, I will examine the public reaction to a specific occurrence of weight-related stigma that took place within the online setting of a blog. I will begin by outlining further background information relating to the blog entry under examination and how the terminology and conventions utilised within this current chapter can be defined. The design, sampling and analysis methods I have utilised for this study will then be described. I will then illustrate how the individuals who wrote and responded to this blog entry debated dominant discourses through visceral responses and semantic differentiation, engaged in further stigmatisation, justification and debates around responsibility, and called into question the consistency and authenticity of the blog and associated magazine as an outcome.

Background – Should Fatties Get a Room

On October 25, 2010, a blog entry appeared on the American Marie Claire website called "Should 'Fatties' get a Room? (Even on TV)?," written by Maura Kelly (see Appendix A). The blog was posted in response to new situation comedy (sitcom) that had begun to air on the CBS Network named 'Mike & Molly' which is described as a *"comedy about a working class Chicago couple who find love at an Overeaters Anonymous meeting*" (CBS Interactive, 2010). Maura was prompted by her editor to pose the question *"Do you really think people feel uncomfortable when they see overweight people making out on television?"* She proceeded to write a blog stating that while she wasn't *"much of a TV person,"* had no previous knowledge about Mike & Molly, and that:

> *I think I'd be grossed out if I had to watch two characters with rolls and rolls of fat kissing each other ... because I'd be grossed out if I had to watch them doing anything. To be brutally honest, even in real life, I find it aesthetically displeasing to watch a very, very fat person simply walk across a room — just like I'd find it distressing if I saw a very drunk person stumbling across a bar or a heroine* [sic] *addict slumping in a chair.*

Maura continued on to assert that *"no one who is as fat as Mike and Molly can be healthy"* and that she thinks that "*obesity is something that most people have a ton of control over. It's something they can change, if only they put their minds to it"*. While an apology was posted a few hours later,

Maura maintained her position and justified it further by revealing her own history of *"body issues"*. No further public action was taken by Marie Claire or its publisher, Hearst Publishing.

The blog created a great deal of controversy, and was criticised via social media with personalities such as Sharon Osbourne and Dita Von Teese publicly condemning the entry via Twitter and other mediums (Osbourne, 2010; Von Teese, 2010). In order to highlight the issue, the hashtag #unfollowmarieclaire was created on Twitter to allow individuals to group their messages of disapproval (a hashtag is a keyword or topic combined with the hash symbol ('#') used to categorise twitter messages; Twitter, 2012). A number of news outlets picked up the story, and the blog was variously described as *"stupid"*, *"hateful"* and *"offensive"* by the journalists covering the story (Jones, 2010; Kennedy, 2010). Journalists also suggested that *"The bullying nature of the Marie Claire article has been compared to the recent bullying of young gay people in the US, which resulted in suicide,"* placing the stigma and discrimination that took place within the article on par with homophobia.

Design, Sampling and Analysis

Design

This study utilises a case study approach. A case study can be described as the examination of a particular event, person, group or organisation within a given setting or context (Murray Thomas, 2003; Willis & Anderson, 2010). A case study in itself is not a methodology, but instead is a choice of what to be studied aiming to capture the complexities that lie within social phenomena (Flyvbjerg, 2011; Stake, 1995). In this instance, the unit of analysis is an event – the occurrence of an act of weight-related stigma within a public blog.

Sampling & Data Collection

The sampling and data collection for this study comprised of gathering the responses (or 'comments') to a specific blog that were posted by individuals of the public. Responses were recorded within the first week after the blog post was published online (between 9am Monday October 25 to 9am November 1 2010, US EST). This sample time frame was selected in order to capture not only the initial response to the blog, but to allow for further ongoing responses to be recorded. Comments were excluded if they met one or more of the following criteria;

- The entry contained no text in the subject and/or comment fields,
- The entry was considered to be a duplicate (i.e. if the date, time, comment text and posting individual were identical to another entry)
- The entry contained irrelevant data (e.g. apologies for a double post)
- The entry was not in English, or
- The entry was written by the blog author, Maura Kelly

Analysis

Analysis of this data was conducted utilising Thematic Analysis. Thematic analysis is a method whereby *"repeated patterns of meaning"* are identified within qualitative data (Braun & Clarke, 2006, p. 86). This process is designed to organise qualitative information whereby themes are established that at a *"minimum describes and organises possible observations or at the maximum interprets aspects of the phenomenon"* (Boyatzis, 1998, p. 4). An inductive, data-driven approach was utilised for this study whereby themes were generated directly from the data, rather than deductively from prior research or theory (Boyatzis, 1998; Braun & Clarke, 2006; Morse & Field, 1995; Pope & Mays, 1995). In order to create coherent themes, coding took place in order to deconstruct the data and find the links between various themes and codes (Liamputtong & Serry, 2010). The six phases of thematic research identified by Braun and Clarke (2006) of familiarisation, generation, searching, review, definition and production are utilised within the entire research process. See Table 7 for a description of each of the six phases of Thematic Analysis.

Table 7. The Six Phases of Thematic Analysis

Phase	Description of the Process
Familiarisation	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
Generation	Coding the data in a systematic fashion across the entire data set, collating the data that is relevant to each code.
Searching	Collating codes into potential themes, gathering all data relevant to each potential theme.
Review	Checking if the themes work in relation to the coded extracts, and entire data set
Definition	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Production	The final opportunity for analysis. Selection of compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research questions and literature, producing a scholarly report of the analysis.

Note: Table adapted from Braun & Clarke, 2006

The six phases of thematic analysis (Braun & Clarke, 2006) were approached in a recursive manner, with the researcher vacillating between phases as needed. In order to undertake the analysis effectively, the research tool NVivo (Version 9; QSR International, 2011) was utilised.

NVivo is a computer program which allows the user to analyse qualitative data by assisting in the organisation, categorisation and classification of data, and is a powerful qualitative research tool.

In addition to organising, categorising, and classifying data NVivo has many other tools which can be utilised in the examination of qualitative data. One of these tools is the ability to conduct a word frequency analysis. The word frequency analysis involved examining word usage within data in the both the overall data set and within its subgroups, and was conducted to allow further understanding of the themes and opinions of those represented by the data. Word frequencies were grouped by overall response to article (i.e. for/against) and words with similar meanings (i.e. obese/obesity, health/healthy) were grouped together to aid analysis. Additionally, frequency counts of some themes were undertaken, and some basic statistical analyses performed to allow deeper understanding of this phenomenon. All quantitative analysis was done using Statistical Package for the Social Sciences (SPSS - Version 19; IBM, n.d.). Furthermore, particular attention was paid to the interaction of commenters. When an interaction between two individuals was observed, the interaction was recorded and then depicted pictorially in a network graph using Nodexl (Version 1.0.1.154; CodePlex, 2012).

Terminology used in Study One

Because the research data described in this chapter are sourced directly from the blog itself, the common terms used in research studies such as participant are not appropriate. There are two primary components of a blog – the blog itself, and the comments section in which individuals can leave remarks and observations in relation to the blog entry. Within this study, a comment will refer to a singular entry within the comments section, a 'commenter' as an individual who posted a comment, and the individual who wrote the blog entry (Maura Kelly) referred to as 'the author.' See Table 8, below for a summary of these terms.

Table 8. Terminology Definitions

Term	Definition
Blog	The writing of the author that has been published online (in this case "Should 'Fatties' get a Room? (Even on TV)?").
Comments Section	A section under the Blog Entry which contains all of the comments written by those who have read the blog.
Comment	A singular entry in the comments section.
Commenter	An individual who has written one (or more) entries within the comments section.
Author	The individual who wrote the blog entry.

Conventions of Online Conversation

A number of online conventions are utilised by commenters within their dialogue presented in this chapter. With the majority of households in western countries now having access to the internet within the home environment (see The Internet, above), the internet now holds an important role in how individuals establish and maintain social contact. As such, social norms and conventions have developed within this social environment, much as they have within the 'real world' (Pankoke-Babatz & Jeffrey, 2002). This internet etiquette, or *netiquette*, as it has been named by Pankoke-Babatz and Jeffrey (2002) contain the *"documented behavioral norms and social conventions that* [were] *found on the internet"* (Pankoke-Babatz & Jeffrey, 2002, p. 224). I will now explain the relevant netiquette that has developed organically within the blogging culture.

A number of online conventions are pertinent to understanding the data presented within this chapter. The first is the use of the '@' symbol. The '@' symbol is used within this context as a method of indicating that they were talking 'at' someone, that is, as a method of signalling interaction between two (or more) individuals (e.g. @maura_kelly). While this is the most common method of talking 'at' someone, however, some individuals simply direct their comment at another commenter by using their user name in the body of the text.

The second convention pertinent to this chapter is the use of capitals. Capitals within the online setting are used to emphasise a point, and are often seen to be indicative of a raised voice or 'yelling' by the individual writing the post (e.g. I will NEVER EVER spend…). Furthermore, the use of emoticons, which are defined as a "*group of keyboard characters* ([such] *as :-)) that typically represents a facial expression or suggests an attitude or emotion and that is used especially in computerized communications"* (Merriam-Webster, 2012), are also used within this chapter. The final convention is the use of the asterisk sign (*) where a quote contained an expletive. Apart from the use of italics used to signify a quote, all comments presented here appear unformatted from how they appeared on the website.

Results

Sample Characteristics

Comments were recorded in the week after the blog was posted, resulting in 3169 posts recorded from 2123 commenters. Given the anonymous nature of the data, standard

characteristics such as age and gender were unable to be recorded in any systematic manner, as it involved the voluntary and conscious disclosure of these details by the commenter. According to the exclusion criteria outlined in above, 65 comments were excluded due to lack of content, duplication, irrelevant data, language barriers or being written by the author. This left 3104 comments to be analysed. As can be seen in Figure 11, the sensational nature of the blog coupled with the media coverage caused a twenty-fold increase in the comment posts, which trended downwards across the week examined.

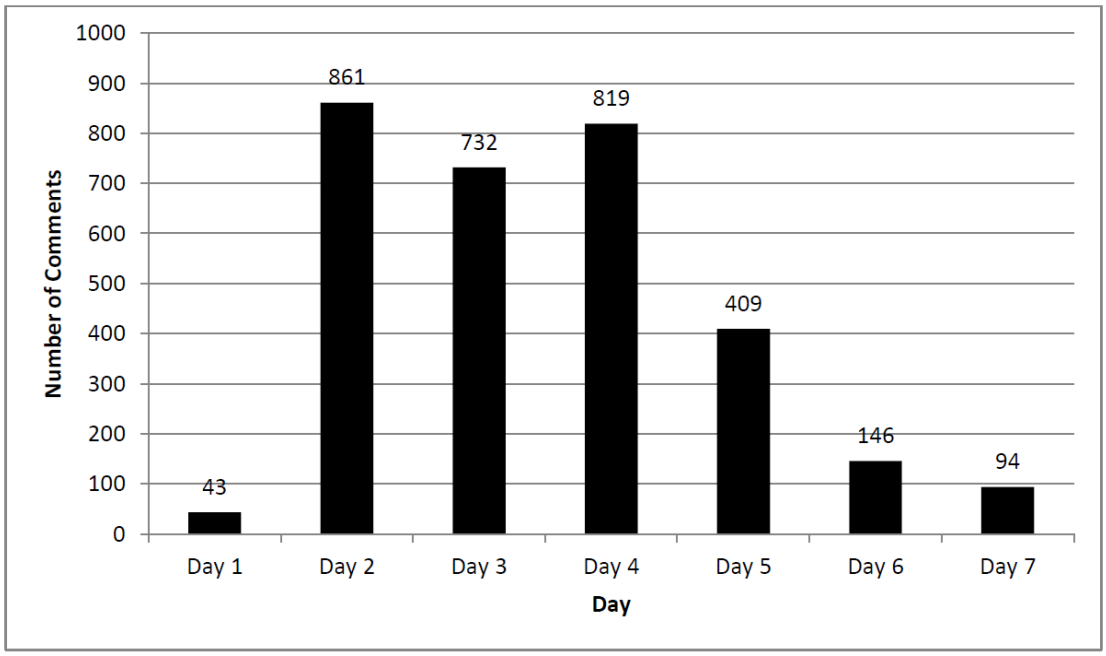

Figure 11. Number of Comments by Day

The volume of comments peaked on the second day at 92 comments per hour, culminating in one post every 39 seconds. On average 18.48 comments were posted per hour over the week examined within the study. After all comments were recorded, each post was categorised as to whether the sentiment was against, for or ambivalent concerning the author's stance. In order to achieve this, each post was read and assigned to either be against, for, or in between the author's comments. After all comments were coded, the same was done with commenters. As can be seen in Table 9, over three-quarters of the comments took a stance against the author's view. At the commenter (individual) level, over four-fifths of commenters took a stance that was against the blog's sentiments (n=1750, 84.2%; see Table 9, below). Furthermore, a significant minority of commenters posted more than once (n=377 commenters, 17.7%), which accounted for almost half of the comments (n=1362 comments, 43.8%).

Table 9. Overall Response to Blog by Comment and Commenter

Response	By Comment		By Commenter	
	Frequency	Percent	Frequency	Percent
Against Author	2390	77.0	1750	82.4%
For Author	469	15.1	189	8.9%
In-Between	245	7.9	158	7.4%
Changed Stance	-	-	26	1.2%
Total	3104	100.0	2123	100.0%

These multiple postings led to interaction between those commenting on the blog. Interaction appeared to be significantly more common on days two to four as commenters discovered and reacted to the blog post (Cochran's Q test; $\chi^2(6) = 1738.241$, $p<.001$). Additionally, a greater proportion of commenters who agreed with the author interacted with other commenters in their comments, when compared with those who were indifferent to or disagreed with the author ($\chi 2$ (2, n=3104) = 183.90, $p<.001$). In order to depict this reaction in a visual manner, a network graph was created (see Figure 12). During the analysis stage of this study interactions between those commenting on the blog were recorded and visualised. Therefore, the graph below depicts each individual commenter, and their subsequent interactions with other commenters during the timeframe of the data collection.

Throughout the initial examination of the data it became clear that it was common for commenters to voluntarily identify their own weight as a method for conveying or reinforcing their argument. Subsequently, the data was then systematically examined for each commenter's identification of their own weight in response to the blog post. One third of posters identified their weight within at least one post (33.0%, n=701). Of those who identified their weight, two-thirds (66.0%, n=463) identified themselves as being obese, overweight or fat; just over a quarter (28.5%, n=200) identified themselves as being a normal weight, and a few identified themselves as having or recovering from an eating disorder (5.4%, n=38). When examining the volume of comments posted by these commenters it is revealed that 40.9% (n=1269) of the comments were written by commenters who had identified their weight at some point.

A summary of the study themes and subthemes can be seen in Table 10. These themes represent a complex and intertwining discourse which has been delineated into discrete categories for the benefit of clarity; however, they often inter-relate, inform and influence each other in a reciprocal manner.

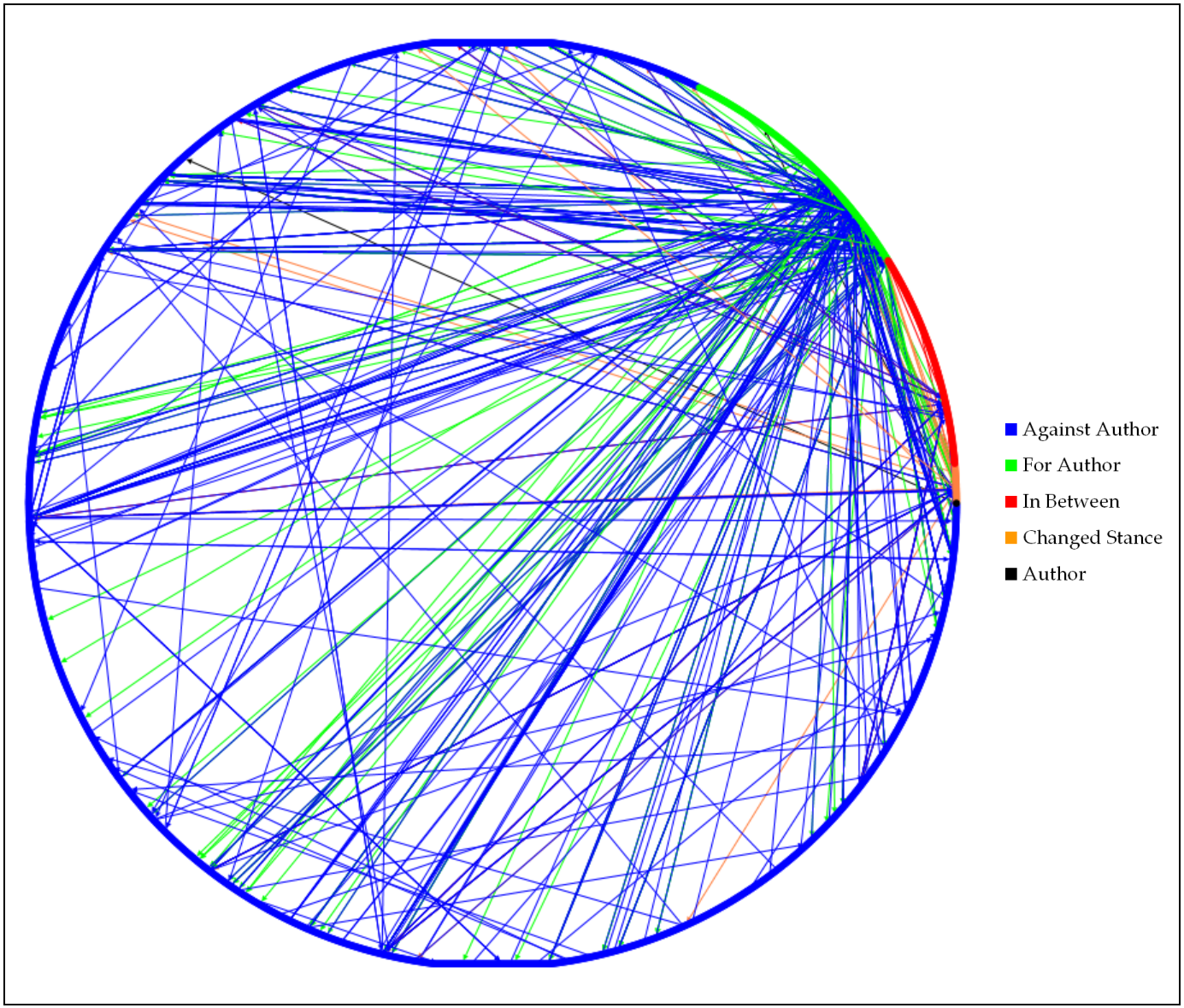

Figure 12. Network Graph of Commenter's Interactions

Note: the outline of this graph depicts a node for each commenter recorded. Each line depicts an interaction between two commenters.

Debating Dominant Discourses

As a result of the blog entry, much debate, discussion and dialogue took place within the comments section. The prominent themes of this debate centred around the issues of adiposity, health and stigmatisation, with dialogue directed not only at the author, but also at other commenters.

Initial Response to the Blog

Because of the dividing nature not only of the blog post, but the topic of adiposity, many of the comments posted represented visceral responses not only to the perceived attack made by the author, but from other commenters. This perceived sense of personal attack was clear on the part of many, and resulted in a heightened emotional state. This heightened state often led commenters (especially from those who disagreed with the author) to engage in unconstructive discourse and visceral responses in relation to the blog entry;

> *I'm also hoping that you gain a lot of weight, and even better, because of a medical problem that's completely out of your control. I hope you balloon up to 300+ pounds* [136+ kilograms] *because of some medication or malady, and have to endure the cruelty of others. The stares, the snide comments, and judging from your article, the loneliness that you apparently think overweight people deserve* (onewaygoodnight, 27/10)

> *YOU ARE AN IDIOT. PLEASE, FIRE THIS PERSON. GO HANG YOURSELF, OR BETTER, I HOPE YOU GET FAT FAT FAT AND HAVE TO SUFFER PEOPLE LOOKING AT YOU JUDGING YOU* (queenreina1, 27/10)

These manifestations of visceral and unconstructive responses were clear not only in relation to the author, but also in relation to other commenters on the blog. The depth of belief and experience for some created lengthy debates relating to the nature of weight loss, adiposity, health and aesthetics, frequently resulting in often confronting discourse that can be seen in this heated conversation between these two commenters;

Table 10. Summary of Chapter Four Themes

	Themes	Sub-Themes	Characteristics
Debating Dominant Discourses	Initial Response to the Blog	Non-constructive Responses	Visceral/unproductive responses from both sides.
		Supportive Responses	Supporting others' arguments, support others in what they are going through.
	Debating Adiposity	Personal Responsibility	Few arguments, all centred around sedentary lifestyle and diet. Eat less & move more. Discussion around on health, personal responsibility and the use of collective resources.
		Last Socially Acceptable Prejudice	Links to other stigmatised identities such as racism and homophobia.
		Body Autonomy	Body autonomy, reduced focus on health, judged on more than appearance.
	Semantic Utilisation	Agree with Author	Few words used to describe larger individuals. Confined to 'common' words to describe the body – e.g. obese, overweight, and fat. Categories of BMI used differentiate weight.
		Disagree with Author	Diverse range of labels used. Less likely to use common labels for the larger body.
	Further Stigmatisation	Of Corpulent Individuals	Extensions of experiences within day-to-day life.
		Of Thin Individuals	Visceral responses culminating in stigmatisation of thin/anorexic individuals (including the author).
Justification & Rationalisation	Justification	Disagree with Author	Weight Out of My Control – a commenter's weight wasn't their choice/out of their control – i.e. disease, eating disorders, food addiction, injury, medications, addiction, or life situations (e.g. poverty). Healthy Behaviours unrealistic at this point. Fat and Fit – Fitness level exceeding 'normal weight,' healthy eating etc. Fat and Proud – proud of fat bodies, belief in body autonomy.
		Agree with Author	Negative opinions only referred to those who were morbidly obese, not a little overweight. Criticism of 'excuses (e.g. disease etc.).
Consistency & Authenticity	Consistency	Editorial Oversight	Typographical errors, suggestion within blog that topic allocated from editor.
		Lack of Differentiation	Commenters failed overall to differentiate between the website and the magazine.
		Withdrawal from Marie Claire	Cessation of subscription, intention to purchase and future interaction with affiliated brands.
		Action	Formal complaints filed with Marie Claire, Hearst Publishing and others.
	Authenticity	Against MC Image	Article contravenes Marie Claire's advertised body diversity frame.
		Against MC Affiliated Organisations & Individuals	Affiliated organisations, individuals and campaigns involving body acceptance and diversity seen to share blame if no action taken.

rmaynard2 (30/10)	*I'm sorry but I don't value the opinions of people who don't even have the most basic control over the food they cram in their fat triple chin faces. Your Deep Friend Twinkies are burning. Enough Said*
hmurray2011 (30/10)	*Like I said I know you are not as small as your* [sic] *making yourself out to be. Grow the f**k up. I'm not morbidly obese, I am over weight* [sic] *but I still stay in shape. I'm sorry not everyone is shoving their fingers down their throats, or doing meth like you, it's not our thing, thank. And just because I'm a big girl does not mean I shove Twinkies down my throat, in fact I don't even like them, but that's okay, you're not worth anyone's time. Nobody cares what you think!*
rmaynard2 (30/10)	*You're a "big girl"? Why do I get the feeling that is the understatement of the century? I know, you're "big boned" with a "great personality" (a.k.a. Large Marge with rolls of fat). Being a "round shape" doesn't mean you're "in shape"*

However, while there a number of responses that engaged in a visceral and unsupportive manner there were also others who supported those around them. This support would generally occur in one of two ways – through supporting others arguments, or assisting others in dealing with the negative responses they received. Support in this first manner happened on both sides of the argument. When supporting others' arguments, commenters would often express backing for a previously expressed view (either within the blog or the comments), and attempt to extend the previously expressed sentiment;

DoddiLynn (@badgerpants) (30/10)	*Agreed. This is an outrage. Anyone whom has ever known how terrible it is to feel outcast, or teasing, or how awkward it is to be a teen at all should see this coming a mile away. I shocked that their* [sic] *letting this go on. Hard up for ratings and net clicking is one thing, this is in a whole new realm*

The second type of support allowed commenters to intervene and assist others in dealing with the emotions emerging as a result of the blog or their experiences with the stigmatised identity of 'obese' or 'fat.' Prominent in this discourse was the proliferation of failed weight loss transformations that had been attempted by commenters in order to remove themselves from their stigmatised identity. This sense of constant struggle and support was seen in many exchanges, but is epitomised by this exchange of one commenter battling with thoughts of suicide, and another who wished to assist them through their despair;

Shfieldsh [responding to the main post] (30/10)	*I just wanted to say that I've been dealing with my weight since I was in middle school. I eat healthy, am a member of a gym to which I attend every day after work and twice on Saturdays. I read labels. I don't drink soda. Celery is my best friend. I weigh 255 pounds* [115kg]. *I am 5 foot 2 inches* [157cm] *tall. I am 24.* *I have been dealing with this forever. I have also been dealing with thoughts of suicide for months. Its* [sic] *hard to wake up in the morning and look in the mirror knowing that I am working so hard to change and it still is not good enough for you people. I can't even live my life quietly without upsetting you.* *"I find it aesthetically displeasing to watch a very, very fat person simply walk across a room."* *So, as I sit here and read this I feel hopeless and worthless.* *Death is an option, since being fat certainly is not.* *Thankyou.*
MaddieLou22 (30/10)	*Please don't feel worthless because of the post, your size, etc. When it comes down to it, what other people think doesn't matter. It really doesn't. You are ultimately in charge of how you perceive yourself, and of how you react to other people's opinions, such as those expressed by Maura. From the exercise regime you described in your post it sounds like you are healthier than 99% of everyone I know- Congrats! You should be proud of that. And as for the suicidal thoughts, please seek help from someone you are close to! No one should be made to feel that way. You deserve to be happy.*

Debating Adiposity

As can be seen through some of the discourse already presented, the prevailing biomedical, public health and societal perspectives of obesity (primarily of obesity as social and statistical deviance) were often reinforced through the discourse that took place within the comments. Personal responsibility was the primary method by which commenters supported the dominant discourse, citing modifiable diet and lifestyle factors as the reasons for the *"epidemic of obesity."*

For those who agreed with the author, the solution was a simple one – *"eat less and move more."* In defending their stance, these commenters would stick to this simple argument, justifying their actions and reactions based on health, personal responsibility and the use of collective resources. Furthermore, it was the overwhelming view of these commenters that corpulent individuals *"bought it on themselves"*;

> *BEING FAT IS UNHEALTHY - SHE HAS A VALID POINT*
> *Obesity is an epidemic. Many of these comments come from people who aren't taking responsibility for their health, who don't want to acknowledge that it is in fact not healthy to be overweight. And furthermore, with universal healthcare, many of the rest of us (not that there are very many non-overweight people left) will be bearing an outsized burden to cover the medical expenses associated with caring for the obese and overweight. IT IS NOT OK TO BE OVERWEIGHT. IT IS UNHEALTHY AND YOU SHOULD TAKE SOME RESPONSIBILITY FOR YOURSELVES AND DO SOMETHING ABOUT IT, RATHER THAN GET ANGRY WITH SOMEONE WHO IS VOICING A VALID POINT ABOUT THE EPIDEMIC THAT IS RAVAGING OUR COUNTRY. Get off your sofas, stop blaming bad genes or other medical conditions, and LOSE SOME WEIGHT* (healthyinSF, 29/10)

These opinions were reinforced by those commenters who contributed to the conversation by discussing their previous weight and achievements with weight loss. Commenters from both sides wrote of their success in achieving weight loss and their unhappiness and experiences of stigmatisation and discrimination that they had undergone while considered overweight, obese or fat;

> *I was overweight for years and because of people like you who ridiculed and verbally attacked me I didn't feel like I deserved to be healthy. Then, one day, I decided to say "SCREW YOU!" To all of the people in my life who think and act like you and I realized that I deserve to be happy and healthy and I lost 80 pounds* [35kg] *by taking care of myself (eating healthy, natural foods & exercising) . Now I run marathons for charity and I* [am] *happy with myself* (Calliope4584, 29/10)

For those who disagreed with the author, however, a common argument put forward was that adiposity was one of the last acceptable prejudices able to be expressed in today's society. These commenters felt that behaviour considered to be stigmatising or discriminatory against other stigmatised identities, such as 'gay,' 'black,' 'disabled' and so forth had either become or was becoming socially unacceptable. Furthermore, articulating negative attitudes and opinions towards individuals inhabiting these identities – whether or not they were considered justified – generally invited reproach. In expressing this opinion, substitution of

these labels often took place in order to illustrate their point – highlighting the improbability of such an article being published in today's climate;

> *You have a right to your opinion but if you were to substitute any other slur in the title of your article and read it back to yourself or your editors it would never be printed. It is the language of bullies. Try it...how does "Should (Fags, Negroes, Retards, etc.) get a Room (Even on TV)," sound to you?* (nancycatalina, 27/10)

In attempting to counter the dominant discourses surrounding overweight and obesity, commenters who disagreed with the author engaged in a diverse range of arguments. These ranged from simply disowning the article in its entirety, to countering the arguments through their lived experiences. The comments put forth by these commenters would sometimes call for a reduced focus on weight as a primary health signifier, increased body autonomy (the belief that every individual has the right to do with their body as they see fit) for individuals at any weight, and asked for corpulent individuals to be judged on overall skill, personality and character as opposed to external appearance alone;

> *Say it with me, girls! WEIGHT IS NOT A RELIABLE INDICATOR OF HEALTH. You cannot make the assumption on sight that a fat person is killing themselves with twinkies for the same reason I can't claim that you, Maura Kelly, are a sociopath purely based off my reading of this and other charming articles in your canon; I don't have your medical charts in my hands* (gerto89, 27/10)

Furthermore, it was common for commenters to include a narrative relating to their weight in order to convey their point. This was done both by commenters who stated that they were at what they (or others) considered to be 'normal weight' and those who were overweight, obese, or fat. These narratives could be from the perspective of the writer, or on behalf of a friend or loved one. These often heartbreaking narratives attempted to convey the complexity of weight and the damage that the current paradigm of stigma had on individuals all along the weight continuum;

> *As a fat girl who became fat due to depression medication and bloating, I struggled for a long while with over exercising til I passed out and being hospitalized for anorexia and bulimia. I took the statements of well-meaning people to heart - that my fatness was my fault and I could get rid of it if I tried hard enough. I stopped taking my meds often to lose*

> *the water weight. I might have been unsafe, emotionally, but at least I wasn't fat! What a dangerous fallacy* (kittystryker, 26/10)

Semantic Utilisation

In referring to individuals seen to be 'over their most healthy weight', commenters who agreed with the author would often retain the medicalised language dominant within the wider discussion surrounding adiposity such as 'overweight' and 'obese' in order to distinguish between those who merely carried a little extra weight (the overweight), and those who had allowed themselves to gain significant amounts of 'excess weight' (the obese). Through the use of word frequency analysis, it was found that those commenters who agreed with the author were more likely to utilise words such as 'fat,' 'weight,' 'obese' and discuss 'health' than those who disagreed with the author or who were considered to be in between (Chi Square Goodness of Fit; fat χ^2 (1, n=2227) = 170.068, $p < 0.001$; weight χ^2 (1, n=1338) = 17.519, $p < 0.001$; obese χ^2 (1, n=1732) = 611.524, $p < 0.001$; health χ^2 (1, n=1183) = 259.045, $p < 0.001$). This highlights the singularity of argument that is utilised by those agreeing with the author – simply that adiposity is unhealthy and therefore should not be accepted or sanctioned.

It was believed by these commenters that obesity resulted in a significant *"threat to a human's life."* The word 'fat,' however, was reserved for use as a method by which these commenters could upset and offend those considered to be fat, overweight or obese;

> *Fat people should run everywhere instead of driving. If they commute 200 miles* [321km] *a day so be it; run run run fatty run. Stop deep frying Twinkies and eat less and exercise more...FATTY FAT FATTER FAT = PUKE* (rmaynard2, 30/10)

As a result, those commenters who disagreed with the author utilised a more diverse range of labels for adiposity ranging from *"fat"*, *"overweight"* and *"obese"*, to *"plump"*, *"curvy"*, or even just stating their height and weight. Furthermore, those who indicated their dislike for labels such as *"overweight"* and *"obese"* would often advocate for the use of the word *"fat,"* and call on arguments such as body autonomy and discuss the correlation between weight and heath.

Further Stigmatisation

The quotes utilised in the previous sections illustrate that while there were many who attempted to engage in a reasonable and rational discourse, there were some commenters who

wound up further stigmatising individuals of all weights. Further stigmatisation of those considered to be fat, overweight, or obese was exceptionally common, and extended what many indicated that they experienced in 'real life.'

> *Fat people experience real violence & discrimination, because we live in a climate that openly promotes hatred & disgust of our bodies. The consequences of the hate speech in this article are real; it's the complicit background from which people scream obscenities & hurtful insults from their cars as I ride my bike, go swimming, walk on a sidewalk, etc.* (Erfette, 28/10)

However, as stated previously, the visceral reactions that took place in response to this article also served to stigmatise and discriminate against the author and those for whom she worked with. Additionally, the author's admission of an eating disorder was then also called into question, and commenters enacted discrimination on her because of it;

> *To the sad, anorexic woman that needs therapy just to eat a normal meal.....you'd better watch the next time you have a martini.... they're full of calories and we wouldn't want you have a relapse* (angrywoman1, 27/10)

Justification and Rationalisation

In expressing their response not only to the article, but to the comments posted, commenters engaged in processes of justification and rationalisation in order to post their positions and reactions to the article with a clear conscience. This justification was done in a number of different manners, and served to allow commenters to distance themselves from those who they saw to be 'irresponsible citizens,' and those engaging in discriminatory practices.

The commenters who engaged in justification and rationalisation most frequently were those commenters who had indicated that they were fat, overweight, or obese. The most common approach utilised by these commenters was that their weight was *"not my choice,"* often disclosing that it was the result of circumstances or conditions out of their control such as physical disease, eating disorders, food addiction, injury, medications or life circumstances (e.g. poverty). Furthermore, these commenters stated that because of these reason(s), engagement in purposive weight loss or healthy behaviours (such as eating fresh fruit and vegetables or engaging in structured exercise) were an unattainable or unrealistic goal for them to pursue – at least for now. This sentiment is reflected in this narrative of a commenter

who had battled not only with mental illness but sexual abuse, with her weight severely affected by medications taken in order to improve her mental state;

> *I was suicidal for 2 years after dealing with past sexual abuse in therapy. The meds that kept me alive resulted in a huge weight gain. It helps to know that seeing me walk across the room is aesthetically displeasing* (sharonlessler, 30/10)

Additionally, in response to the author's comment that she found the sight of fat individuals as distressing as *"a very drunk person stumbling across a bar or a heroine* [sic] *addict slumping in a chair"* (See Appendix A), a number of commenters justified their stance based on the argument of addiction. The utilisation of addiction was applied by some commenters to their personal experience, and their narrative conveyed the desperation and hopelessness they felt in the thought of possibly achieving the 'thin ideal;'

> *There is something in my brain that either never learned how to just eat when I'm hungry, or unlearned it, or broke altogether. Food is to me as alcoholic* [sic] *is to an alcoholic. Unfortunately, unlike an alcoholic, I can't completely give up food, so I have to try and find a way through. It is not easy and it's not about exercise* (cathryanhoward, 27/10)

Another group of commenters who justified their weight in an attempt to appear responsible for their body and health portrayed themselves as *"fat and fit."* These commenters emphasised their detailed knowledge surrounding weight, fitness and dieting, While they admitted that their weight exceeded what would be considered a 'normal' or 'acceptable' weight, according to them their health and fitness level was superior – especially in relation to those who strove to stigmatise them and challenge their claims. Declarations of impeccable medical tests, metabolic health, physical fitness, and low service utilisation served to further this justification. An overwhelming sense of frustration was present in many of these declarations of justification, which can be seen clearly in this woman's narrative, who would be considered 'obese' if measured through the BMI;

> *If I seem angry and resentful it is perhaps because I am an extensively well-read, fat (5'4 284lb)* [162cm 129kg] *three time National Champion professional dancer who enjoys perfect metabolic health, can do 10 2-min 95% heart rate intervals, press 1,000 pounds* [453kg] *with her legs, and do the splits, who is forever being lectured on weight and*

> *health by people far less fit than she, who have done far less research about the subject* (DancesWithFat, 27/10)

The third and final way in which justification was achieved was for commenters to indicate proudness and acceptance in relation to their *"fat"* bodies, stating that an individual's body is *"none of your damn business."* These commenters defied the stigmatisation that they faced within the article and subsequent comments through accepting their bodies despite society's negative opinions, affirming their *"fat"* identity, and asking those who disputed their stance to try and see their side of the story;

> *I look at myself in the mirror and I don't see some fat disgusting person looking back at me...I see myself. And there is NOTHING wrong who I am…learn to be a little more considerate...put yourself in their shoes…So get over yourself hunny* [sic]*...you are not perfect yourself. I am fat and proud! :)* (jenniedthatsme, 27/10)

Those commenters who agreed with the author, however, utilised different tactics in order to justify their opinions. These commenters insisted that their opinions related only to those individuals who were *"morbidly obese,"* and not those considered to be *"overweight," "curvy,"* or *"plump"* as a method of distancing themselves from those who they were interacting with. The concept of health was central to this discussion, and a complete belief was present in their narrative of the 'calories in, calories out' model of weight control. It was their belief that obese individuals just needed to *"eat better, eat less, and move more"* in order to lose the weight and gain back their health was prevalent within these discussions;

> *To all of the defensive, hyper-insulted folk who start your posts with, "I'm about 30 lbs.* [13kg]*. overweight..." -THIS IS NOT ABOUT YOU. You are fine. People who are carrying a little extra, who are big-boned, chubby, curvy, zaftig - none of this is about you. Yes, we all know you can be perfectly healthy and active and still have an extra 20 or 30 lbs.* [9 or 13 kg] *on you, be proud of your curves - they look great. We are talking about the OBESE. We're talking 100 lbs.* [45kg] *plus overweight. There is no reason to make like this is "okay". No doctor will tell you that is healthy* (Hilllllllllll, 27/10)

Furthermore, a number of these commenters justified their position by denouncing what they believed to the *"excuses"* (e.g. medications, diseases, addiction) of those commenters who believed their current circumstances prevented them from losing weight and becoming

healthy. The recent 'obesity epidemic' was cited here as evidence that these *"excuses"* were exactly that – reason to continue to engage in common behaviours associated with obesity, and reinforcing the commonplace view of obese individuals as *"lazy," "stupid,"* and *"disgusting."* A number of these commenters also reiterated the sentiments made by the author, stating that fat, overweight or obese individuals are *"unattractive"* and *"unhealthy,"* and were not worthy of basic individual rights – such as having a sex life;

> *Fat people don't have the right to have sex. Sex is a function of sexual attractiveness…no-one has the right to a good sex life unless they are attractive* (rowena28, 27/10)

Consistency and Authenticity

Commenters' perception of inconsistency and inauthenticity in relation to Marie Claire was a prominent theme, and discussed constantly by those who disagreed with the author. Editorial oversight was a large factor within this perception, with many commenters suggesting that a higher level of editorial oversight should have been employed. Typographical errors and inappropriate topic allocation were foremost in commenters narratives, and the suggestion that this topic was not only proposed but (seemingly) approved by a Marie Claire editor led commenters to blame the editor and Marie Claire in addition to the author for the publication of this article within a public forum. As one commenter stated; *"I can't honestly believe the editor of Marie Claire thinks any different if they allowed this to be published."*

As a consequence, very few commenters differentiated between the printed magazine and the affiliated online contents in which the article was published. Marie Claire's image of a magazine that supported body diversity and sentiments of body positivity were called into question, along with affiliated institutions and campaigns – such as the Dove Campaign for Real Beauty (a campaign that aimed to *"challenge beauty stereotypes and invite women to join a discussion about beauty"*; Dove, 2012, para. 1). Furthermore, some commenters felt that this article was enough to damage any trust they had in the magazine, destroying any sense of respect or admiration they had built up over the years;

> *This article is disgusting. As a young female reader, I have always felt that Marie Claire is more embracing of women all shapes and sizes than other magazines I have read. I have always found it refreshing and inviting, with much class and sophistication. But this*

> *article has demolished any respect I previously had for this author and the magazine* (meganemccall, 27/10)

As a result of this sense of abandonment and lost trust, commenters often stated that they were so *"appalled"* and *"shocked"* by the (apparent) condoned publication of the blog that a third of those who disagreed with the author indicated that they would no longer read, subscribe, or buy Marie Claire. The opinions of some were so strong that they endeavoured to convince others to follow their lead (both offline and online), and boycott Hearst Publishing completely. Accompanying these suggestions were other statements encouraging others to boycott advisers (in particular Dove in light of the Campaign for Real Beauty) and affiliated media such as Project Runway (a fashion-themed reality show highly affiliated with Marie Claire). Commenters considered these brands and companies to *"share the blame"* if they did not take action and distance themselves from Marie Claire in the wake of this blog. Emotive language was often utilised in these proclamations, with commenters often encouraging others to act in any way they deemed necessary;

> *I challenge all those here to ban*[d] *with me on this and tell everyone you know about this ridiculously hateful piece. Encourage them to write to the publishing company and to the press. Share your disgust on social media outlets and this will be picked up and heads will roll* (Nesstony, 27/10)

Further action was also encouraged, with some commenters indicating that they would be contacting Hearst Publishing further to air their displeasure (and occasionally, support). The efforts of a number of commenters encouraging this avenue of action, however, was hampered by the fact that many would have viewed airing their opinions in the comments section of the article as a way of expressing their anger and disapproval. The most popular secondary way of contact was to ask others to contact Hearst Publishing was via email, however others included engagement with other forms of social media (e.g. Facebook pages), and methods of protest (e.g. 'fat-ins' and petitions);

> *Beyond simply commenting on this story, I plan to register my outrage at this piece with every editor's e-mail I can find, and I plan to call your publishing offices tomorrow. I encourage others to do the same* (renigirl1, 27/10)

There were a couple of commenters, however, who indicated they would resume their patronage with the magazine if action was instigated by Hearst Publishing or Marie Claire (e.g. a formal apology and/or firing the author). There were also a number of commenters who agreed with the author who indicated that they would now be engaging further with the magazine – purchasing subscriptions and supporting what they perceived to be the *"bravery"* and *"truth"* shown within the blog post;

> *I've never been a reader of Marie Claire, but I will be ordering a year long subscription after this. I see that Maura Kelly is also writing a novel. I'll make sure to buy that as well. Support truth over platitudes and teach the controversy!* (TheEhTheist, 29/10)

Discussion

In this chapter I examined an episode of weight-related stigma within an online setting – namely the setting of blogs. The blog post elicited a significant spike in the volume of comments that were posted, from a large number of different commenters. The majority of these commenters posted a comment to register their disapproval of the blog post. Almost half of the comments were written by commenters who posted more than once, leading to interaction between the commenters - both across and between a commenters' opinion relating to the blog post. Those who agreed with the author engaged in significantly more interaction than those who did not – possibly defending themselves from those who disagreed with their (and the author's) stance, who outnumbered them five to one. It was common practice for commenters to identify their weight status within their blog post, with the majority of these commenters identifying themselves as fat, overweight or obese.

A number of themes were prominent within the data (see Table 10 for a summary). Commenters engaged in both constructive and unconstructive discourse in relation to the blog post and its associated topics of weight, adiposity, stigma and health, with visceral and supportive responses being recorded. A debate regarding individual personal responsibility was prominent within the discourse, but issues of prejudice and body autonomy also became prominent. The discourse that took place sometimes served to create further stigmatisation – not only of fat individuals, but of individuals of all weights. Semantic preference was often used as a weapon within the discourse relating to adiposity. Those who agreed with the author utilised clinical descriptors such as 'overweight,' 'obese' and 'morbidly obese' to

clarify their position, and the word 'fat' used to further stigmatise corpulent individuals. Those who disagreed with the author were more inclined to use a range of descriptive terms to refer to both their body and the bodies of others, and sometimes reclaimed words such as 'fat' and utilised them in relation to their own body.

A great deal of justification took place within this discourse (interpreted through the Justification-Suppression Model; Crandall & Eshleman, 2003). Those who identified themselves or a close friend or loved one as fat, overweight or obese utilised a number of different justification tools in order to validate their stance, including relinquishing control or responsibility (because of circumstances beyond their control), arguing that they were *"fat and fit,"* or indicating proudness and acceptance of their bodies. Those who agreed with the author justified their stance by indicating that their opinions related only to those considered to be *"morbidly obese,"* and not those who carried a few extra kilos. A number of commenters criticised the 'excuses' utilised by those who identified themselves or a loved one as corpulent.

The issue of consistency and authenticity was also discussed in relation to the blog post. Factors such as editorial oversight, a lack of differentiation between the magazine and website and inconsistency with the Marie Claire image were all issues raised within the discourse. The lack of action on the part of Marie Claire, Hearst Publishing and/or institutions affiliated with or supporting the magazine prompted many to indicate their withdrawal from Marie Claire and/or Hearst Publishing and affiliated institutions.

One common argument reiterated within the comments was that the stigmatised identity of overweight, obese, or fat was seen to be the last socially acceptable prejudice present in today's society. The use of these labels varied by a commenter's opinion regarding the blog, with those who agreed with the author more likely to use words such as 'fat,' 'weight,' and 'obese' and discuss the health implications of excess weight. Essentially, these commenters exhibited the tenets central to the biomedical, public health and societal perspectives to obesity that maintain personal responsibility as the central reason for weight gain and loss. Furthermore, this emphasis on personal responsibility not only places other commenters' firmly and completely at fault for their weight, but additionally implies that they have bought it on themselves.

A range of labels and terms were used by those who disagreed with the author to describe their own (or others') bodies. However, this did not necessarily lead to resistance of the

dominant discourse but allowed commenters to engage in a dialogue of justification and diffusion of responsibility in relation to the public discourse they conducted within and around their bodies. Commenters who identified themselves as fat, overweight or obese justified themselves within the dominant discourse through the use of (a) socially acceptable reasons for their weight, or (b) indicating superior health status or behaviours. The use of this type of responsible citizenship (as outlined by Elliott, 2007; see Chapter Two) revealed that the majority of the commenters who found fault with the blog post had internalised the common attitudes and opinions relating to the body, weight loss and health. Far from removing themselves from this discourse, this dialogue indicated that it had become very deeply engrained in not only their conceptualisation of their body, but also of themselves. This finding is consistent with previous examinations of antifat attitudes, where high levels of antifat attitudes have been found within the beliefs of individuals considered to be fat, overweight and obese (Crandall & Biernat, 1990; Crandall, 1994; Latner et al., 2008; Wang et al., 2004). The only commenters who indicated resistance to this dominant view were those who celebrated body autonomy and the (fat) body – a somewhat small group when compared to all others who engaged with the dominant discourse in the ways described above.

The overlapping and intersecting semantic preferences set out above highlight the interpretive nature of the English language, and the lack of consistent definition that is observed in relation to the terms pertaining to the human body and its size. While the terms overweight and obese often hold a medical (and therefore clearly defined) connotations, the terms utilised in reference to body size may hold different meanings for each individual, and therefore elicit different reactions (Puhl et al., 2012). However, differing terminology influences the way in which an individual is perceived – with some research showing that seemingly 'negative' weight descriptors such as 'overweight,' 'obese' and 'fat' may elicit negative stereotypes than other descriptors or objective descriptions of the human body (Smith, et al., 2007). With terminology such as 'plump,' 'curvy,' or 'fat,' definitions are particularly fluid, and may carry diverse connotations and definitions for different individuals. However, it is important to note that none of the words considered here are completely free of stigmatising connotations or a sense of personal responsibility (Puhl et al., 2012). Given the emotive and deeply personal nature of body size and weight, individuals may always react in emotional and negative manners to varying weight descriptors unless a concerted effort is made to define the terms within the societal discourse.

Commenters who agreed with the author aligned themselves with the biomedical, public health and societal perspectives of adiposity outlined in Chapter Two. In justifying their stance, commenters that agreed with the author reinforced the simplistic 'calories in, calories out' model of weight, and emphasised personal responsibility, therefore mirroring the dominant rhetoric surrounding fat, overweight and obesity within today's society. Those who disagreed with the author, however, were not so straight forward. While disputing the publication of the blog, some commenters displayed compliance with the biomedical, public health and societal perspectives of adiposity through their declarations of being 'fat and fit' or having their weight out of their control. Only those who declared themselves fat and proud engaged with the health-centred model of obesity.

The results presented within this chapter can additionally be interpreted through the lens of coping strategies. Within the discourse that appeared within the comments, a number of different coping strategies and responses (highlighted in Chapter Two) were utilised in reaction to this episode of stigmatisation (see Table 11 for a summary of responses). *Proactive coping responses* were engaged when commenters discussed losing (or having lost) weight in response to episodes of stigmatisation, and anticipation and avoidance of further stigmatisation occurred as commenters observed the lack of response from Marie Claire and/or Hearst Publishing and declared they would no longer support the magazine and/or publisher.

A number of different *non-assertive coping responses* were utilised through the responses, with commenters utilising tools such as humour, placation ('you are right, but there are reasons why I am the way I am'), displaced aggression (getting angry at commenters attempting to help others), and passive aggressive defiance (utilising semantic preferences aimed at making others uncomfortable). Delayed responses such as social support did take place in this setting with strangers attempting to provide support to others in both an argumentative and compassionate sense. However, further delayed responses could have taken place in other venues such as other online environments or in offline circumstances.

Assertive coping responses were also observed within this discourse. Commenters indicated intention to engage in formal actions such as formal complaints, as well as engaging in activism and social organisation through the organisation of 'fat ins' and other planned forms of social action. Furthermore, as discussed above, the action of boycotting Marie Claire and

Table 11. Coping Responses Displayed in Marie Claire Discourse

Coping Response	**Example from Data**
Proactive Coping Responses	
Lose Weight	Talk of losing/having lost weight in response to stigma
Anticipation and Avoidance of Stigmatising Situations	Avoidance of Marie Claire and/or Hearst Publishing
Non-Assertive Coping Responses	
Immediate	
Humour	Absurdity throughout comments
Placation	The process of justification – you are right, but there is a reason why I am the way I am
Displaced Aggression	Engaging in heated debate with others who are attempting to help
Passive-Aggressive Defiance	Utilising words designed to be confronting to other individuals (e.g. fat)
Delayed	
Social Support	Supporting others' arguments, helping others cope with stigma
Assertive	
Physical Actions	N/A
Verbal Responses	Declarations of anger, disappointment and displeasure
Formal Action	Complaining to Marie Claire, Hearst and others
Activism Social Organisation	Organising 'fat ins' and social media campaigns
Boycotting	Avoiding Marie Claire and/or Hearst
Psychological	
Emotional	
Frustration Anger	Expressed within constructive and non-constructive oppositional responses to the blog
Cognitive	
Defensive Stance	Justification for weight or opinion
Changing Self-Comparison	Withdrawing body comparisons through justification for weight or body size
Denial	That weight loss is appropriate or feasible in the long run
Disengagement	From the biomedical, public health and societal perspectives of obesity through celebration of body autonomy
Deflection	Through emotional responses such as anger and accusatory remarks
Engaging in tasks in which they excel	N/A
Emphasise other aspects of appearance.	N/A

Hearst Publishing was a popular form of an assertive coping response. Physical actions, however, were unable to be observed within this context.

Psychological coping strategies can also be seen within this discourse through the great deal of *emotional responses* in the form of frustration, anger, and distress. Furthermore, *cognitive responses* including defensive behaviour (justification), denial (refusal to admit to stigmatising discourse or that current weight loss strategies are effective long-term), disengagement (in celebration of body autonomy) and deflection (through anger and accusatory remarks) can also be seen within the data.

As can be seen through the visceral responses, debate and justification utilised within this discourse, the issue of weight is one that is hotly contested and discussed not only within academia but within society in general. As this topic has become more and more prominent within society, it is unsurprising that the internet is becoming a venue in which discussion and debate are enacted around the topic of obesity and the 'obesity epidemic.' Given the reportedly high levels of antifat attitudes within today's society (Crandall, 1994; Puhl et al., 2008), however, it is surprising that the majority of commenters within this sample did not support the author.

The *Online Disinhibition Effect* (Suler, 2004) may help to explain some of this outcome. In this instance of weight-related stigmatisation, the utilisation of the internet allowed all involved to lessen their inhibitions and restraint in relation to the attitudes and opinions towards individuals considered to be overweight, obese or fat. Initially, it allowed the author of the blog to believe that expressing opinions and views that are generally sanctioned within the offline world was acceptable (an example of *toxic inhibition)*. As a consequence of this behaviour, commenters responding to the blog did so in a way that was uninhibited and unrestrained in a manner that was supportive (*benign disinbition*) and argumentative or confrontational (also exhibiting *toxic inhibition*). The exhibitions of toxic or benign disinhibition were not restricted to a commenter's stance in relation to the article, but were exhibited on both sides of the conversation.

In addition, it is of interest to note that a substantial portion of commenters who indicated displeasure or disagreement with the author indicated their weight status to be overweight or obese. In previous research examining the stigmatised identity of 'fat,' it has been shown that those individuals who inhabit this identity have often internalised its negative connotations

and therefore are unlikely to stand up for themselves when faced with a situation involving stigma or discrimination (Puhl & Heuer, 2009; Stangor et al., 2003). These findings are not completely confirmed here. As previously stated the commenters within this sample often internalised the central tenets of the dominant discourse surrounding adiposity (i.e. personal responsibility), however they 'stood up' for themselves in regards to this incidence of stigma and discrimination. It is likely that the high level of anonymity that was provided by blogs and the internet-based interaction amplified and facilitated their sense of disinhibition and resulted in commenters' increased disclosure of personal information and opinions through their comments (Joinson, 2001).

The discourse in which commenters engaged with not only allowed them to express views that they would find difficult to express in 'real life,' but also polarised the opinions of those commenters who responded. Previously, research has found that within CMC such as blogs it is more common for polarisation to occur than in face-to-face settings due to the removal of visual cues, and the provision or perception of anonymity that CMC provides (Sia, Tan, & Wei, 2002). While this sense of anonymity and provision of asynchronicity may facilitate or amplify online communication it may also be that only those who have the most visceral or extreme reactions may choose to respond to the blog article online. It is highly likely that many individuals read this article and chose not post their response online. This may be particularly true as in order to post a response within the comments potential commenters were required to sign up to the website (this was not, however, a requirement to read the blog or subsequent comments). Furthermore, other individuals may have responded in a manner removed from the primary website (e.g. on news websites, personal blogs or other social media such as Facebook). Additionally, the small amount of commenters who agreed with the author in relation to those who did not may be accounted for by the fact that those commenters who posted in support of the author were commonly targeted in a negative manner themselves by those who found the blog post to be discriminatory and offensive.

Conclusion

In conclusion, within this chapter I have examined an episode of weight-related stigmatisation that took place in an online environment – a blog. The blog post sparked an overwhelming response, the majority of which condemned the arguments and opinions put forth within the article. The online nature of this blog facilitated both the author's and commenters' expression

of opinions that would have been (a) sanctioned within day-to-day interaction, or (b) difficult to express within everyday life. This facilitation resulted in both positive and negative outcomes for those involved. Polarisation of opinions resulted from the blog, and it was common for commenters to justify their stance in relation to the blog and to the issue of adiposity in general. This kind of reaction online may be an initial indication that attitudes are beginning to change in relation to those considered to be overweight, obese, and fat within today's society. Within the next chapter (Chapter Five), I will now discuss the second study that forms my thesis – an examination of a blogging community known as 'The Fatosphere.'

Chapter Five

Study Two: The Fatosphere

Chapter Five Overview

Introduction

In this chapter I will examine the second-sub question of my thesis, "*How do corpulent individuals utilise the internet as a tool to help them reframe and mediate the stigma that they experience?*" In order to accomplish this task I will examine a group of individuals who have formed an online community established around adiposity and its acceptance. I will begin with background relating to the community examined within this chapter, and then move onto the methods specific to this study. Following this I will present the results and chapter-specific discussion relating to this study. I will illustrate the participant's pathways into the Fatosphere, and delineate participants' perceptions relating to the community in question. In addition, I will explore how participants bridge the gap between their online and offline lives, and what role the internet has had in the creation and continued existence of the community. Segments of this chapter have been published within the journal *Qualitative Health Research* (Dickins, Thomas, King, Lewis, & Holland, 2011). In addition, conference abstracts have been accepted on the basis of the research presented within this chapter (see Table i and Table ii), and the results reported within media articles and segments (see Table iii).

Background – Fat Acceptance and the Fatosphere

Fat acceptance emerged as a response to the stigma and discrimination that fat adults experienced in the 1960s, with an overall aim to create alternative discourse(s) around adiposity and weight (Cooper, 2008). While within the literature fat acceptance has yet to be clearly defined, it is generally considered by those who engage with it to be a movement that encompasses various philosophical and epistemological backgrounds, that questions the dominant discourse surrounding adiposity and health, and is driven through a 'bottom up' or 'consumer-based' approach. Central elements of the movement include body acceptance and rejection of the 'thin ideal' in favour of the concept of body diversity. A number of associations have risen from the fat acceptance movement (previously mentioned in Chapter Two), such as the National Association to Advance Fat Acceptance (NAAFA) and the Associations for Size Diversity and Health (ASDAH) which focus on activism and lobbying activities with the aim of improving the rights of corpulent individuals. Additionally, a number of influential texts have sparked further interest in this alternative perspective of adiposity and health (see Bacon, 2008; Campos, 2004; Harding & Kirby, 2009; Wann, 1998).

It is the rise of the blogging community known as the Fatosphere, however, that has been central to providing an online space in which individuals of all sizes can engage in a critical discourse about adiposity alongside peer support experiences. The Fatosphere is a community that comes together in order to discuss issues relating to fat, adiposity and activism, and provides assistance and support in relation to the lived experience of being corpulent, along with discussion pertaining to issues such as fashion and health. Harding and Kirby (2009) describe the Fatosphere as;

> *A smorgasbord of different takes on fat acceptance, body image, sexuality, disability and self-esteem…The best thing about the Fatosphere is…the sense of community. Most of the blogs encourage readers to comment, and the discussions are sometimes better than the posts. By and large people are incredibly supportive of each other which really helps to mitigate all the pressure we get from family, friends and perfect strangers to feel ashamed of our bodies, and try to become thinner* (p. 83)

There have, however, been many critics of the Fatosphere. Those involved in the fat acceptance movement more broadly, along with those within the Fatosphere have been accused of promoting unhealthy lifestyles, giving up on weight loss, and being social deviants (Bowers, 2010; McDonell-Parry, 2009; Moore, 2006; Roth, 2009; Scott, 2009). Much of this criticism stems from the biomedical, public health and societal perspectives of obesity (see Chapter Two) which insists that adiposity is both socially and morally deviant, medically unhealthy, and that while some forces outside of individual control may influence weight, those individuals deemed to be overweight must be willing to participate in any methods of transformation possible in order to meet the social and medical definitions of 'acceptable weight'. As already discussed in Chapter Two, a small but growing body of literature has begun to surface in this area, with some researchers suggesting that there may be some positive health effects to becoming a member of such a movement (Lewis et al., 2011a; Myers & Rothblum, 2010). However, the experiences of these individuals engaged and involved with the fat acceptance movement and the Fatosphere in particular remain largely unexplored.

Design, Sampling and Analysis

Design

Study Two aimed to examine the online blogging community of the Fatosphere through the use of semi-structured interviews. The use of semi-structured interviews within this study allowed the researcher to go beyond external behaviour and explore the thoughts, feelings and opinions of participants (Patton, 2002). A semi-structured interview can be defined as one where the researcher guides the conversation through the use of pre-prepared questions, but allows the participant to elaborate on their responses and discuss what is of interest to them (Hesse-Biber & Leavy, 2006; Serry & Liamputtong, 2010). This approach works particularly well within the design of this study which was influenced by grounded theory (Strauss & Corbin, 1998). In allowing the participants some latitude within the interview process, new areas of inquiry or questions may come to light that were previously unknown by the researcher. As a result of this reflexive approach, the interview schedule evolved and developed throughout the interview process, allowing for those issues important to the participants to be included in the interview schedule as the study progressed. Topics examined included participants' pathways into the fat acceptance movement and Fatosphere, their experiences and motivations to blog, and how participation within this community affected participants' sense of inclusion and ability to deal with day-to-day experiences of weight-related stigma.

In order to create a dialogue between existing theoretical perspectives about weight-related stigma and knowledge relating to the impact of the dominant obesity discourses on corpulent individuals, an approach to theory construction was utilised that shifted between inductive and deductive thinking (Daly et al., 2007; Willis et al., 2007). That is, in developing new theoretical insights and understandings into how corpulent individuals resist the dominant discourses surrounding weight through the Fatosphere established theories and frameworks were drawn on while also allowing for themes to be generated directly from the data itself (Morse, 1992; Walker & Myrick, 2006). See Appendix B for the interview schedule.

An approach to sampling, data collection and analysis for this study was influenced by grounded theory (Strauss & Corbin, 1998) has been used for this study. Grounded theory is a systematic qualitative method that aims to discover or generate theory from data and utilises

a constant comparative method through which one generates conceptual categories from evidence which is then used to illustrate the concept (Strauss & Corbin, 1998).

Sampling & Data Collection

This round of data collection comprised of a purposive sampling strategy, combined with qualitative interviews with individuals who authored a blog within the Fatosphere. In order to sample these individuals the moderator of what is known as the Fatosphere Really Simple Syndication (RSS) Feed agreed to act as a mediator between the researchers and the community. A RSS feed is a service which allows individuals who subscribe to receive updates or notifications when new content is updated. An individual was deemed to be a member of the feed if their blog had been included on the feed within the last 12 months, was operational for three months or more, its primary content about fat issues, and if it did not contain material that promoted intentional weight loss. The moderator's understanding of the community in question provided important insight to the community's characteristics, shaping the way in which the community was contacted and invited to take part in the study.

Because of some individuals' previous experiences with academia and researchers, some potential participants were mistrustful of researchers in general. Informal discussions with the community combined with the information provided by the moderator revealed a perception that academics in general sought to criticise and discredit not only fat acceptance but those involved in the movement, resulting in reluctance by some to take part in academic research. The moderator of the feed worked with the research team in the creation of documents such as explanatory statements in which appropriate language and information was provided for the community in question, such as the replacement of the word *obesity* with the word *fat*. However, during the process of acquiring ethical approval from the University ethics committee, the use of the word *fat* created tensions, and in the end the word *obesity* appeared in the explanatory statement and a note provided to participants explaining why this was the case. Additionally, at the beginning of each interview the participant was asked what word they preferred to be used within the interview.

When recruiting for this study, the moderator of the feed initially contacted those persons whose blogs appeared on the Fatosphere Feed and invited them to take part by email. If an individual expressed interest in participating in the study their contact details were passed on to myself, who contacted them with further information about the study and arranged a time

for an interview. Out of the 67 blogs that had appeared on the Fatosphere Feed in the previous 12 months, 9 blogs were excluded as they; contained no text, reproduced material available on other websites or blogs, or were commercial entities.

Interviews were conducted with 44 participants between February and July 2010, using the telephone or Skype – a computer program that makes it possible for individuals to make voice and video calls over the internet. For the purpose of this study, however, Skype interviews were restricted to voice calls only so as to be comparable to the telephone interviews. Participants were offered the option of being interviewed via Skype for two reasons – to keep in practice with the phenomena under examination, and to allow for a larger pool of possible participants to be interviewed through reduced research costs. Interviews typically lasted for between 30 and 90 minutes and participants were asked not to speak to those within the Fatosphere about the interviews until they were all completed. All interviews were recorded in full and transcribed verbatim by myself or a professional transcription service. It is the opinions, experiences and views captured during these telephone and Skype interviews which comprise the basis of this chapter.

Previous research has found that telephone interviews produce data that is at least comparable to that of face-to-face interviews, and there are a number of advantages to conducting telephone interviews (Carr & Worth, 2001). These advantages include smaller interviewer effects, less socially desirable responses, lower cost, greater security, greater flexibility and a larger pool of participants (Carr & Worth, 2001; Sturges & Hanrahan, 2004). While telephone interviewing does restrict the social cues available to both the researcher and participant, this may have both a positive and negative effect – while good rapport is harder to achieve, the semblance of anonymity may allow for greater disclosure on the part of the participants – especially when sensitive issues are the topic of the interview in question (Carr & Worth, 2001; Opdenakker, 2006; Sturges & Hanrahan, 2004). This was indeed the case within this study as there was at least one participant who preferred to be known – even to researchers – through a pseudonym, requiring complete anonymity in order to participate.

One participant, however, was interviewed through email. This method was chosen for this participant as she possessed a physical disability (deafness) that would make it impossible to conduct a telephone interview. In this instance, a revised list of questions was provided to the participant in a word document, to which she typed her answers. After the document was

returned to researchers, some clarifications or additional information was asked of the participant in order to further understand and find depth in her answers.

Analysis

As previously stated, grounded theory informed the approach of this study. Known in its formative days as the 'constant comparison method' (Glaser & Strauss, 1967), this study utilises idea of iterative and constant comparison of data throughout the data collection and analysis processes, culminating theory generation. However, the application of theoretical sampling has not been applied within this method, with a purposive sampling strategy employed in its place. As the study progressed, meetings were held regularly between myself and the supervision team in order to discuss the interviews, and a continual process of revision and thematic discussion took place.

In addition, Strauss and Corbin's (1998) *axial coding* technique was utilised, which through constant reading and rereading of transcripts allowed both the interview schedule and codes present within the data to be defined and redefined as collection and analysis progressed. This was achieved through an initial broad reading of the transcripts where notes were taken identifying the categories and themes that emerged from the data. After this initial analysis, group discussions were held to explore the similarities and differences across the data set and refine the themes that emerged from the data. An inductive approach was utilised for this study and, as in study one, NVivo (Version 9; QSR International, 2011) was utilised as a tool to analyse and develop the codes present within the data. Those participants who at the time of interview expressed an interest in reading their transcripts were provided a copy after the initial analysis phase had concluded.

Results

Sample Characteristics

Of the 58 individuals approached for this study, 44 individuals agreed to take part in the research. Reasons for non-participation included emotional health (n=3), and non-response to either initial invitation emails (n=4), or subsequent emails sent as follow up (n=7). In addition, seven people expressed concerns at taking part in the study, generally relating to how the data would be used and whether the data collected would be used to criticise and attack the Fatosphere and fat acceptance. These fears were initially discussed with the moderator of the

feed, then if unresolved were passed onto the research team. As a result of this process, all seven who expressed concerns took part in the study. The age of participants varied greatly, ranging from 19 to 56 years (*M*=34.2, *SD*=8.3), and as can be seen in Figure 13, half of the participants (n=22; 50.0%) were aged between 30 and 39.

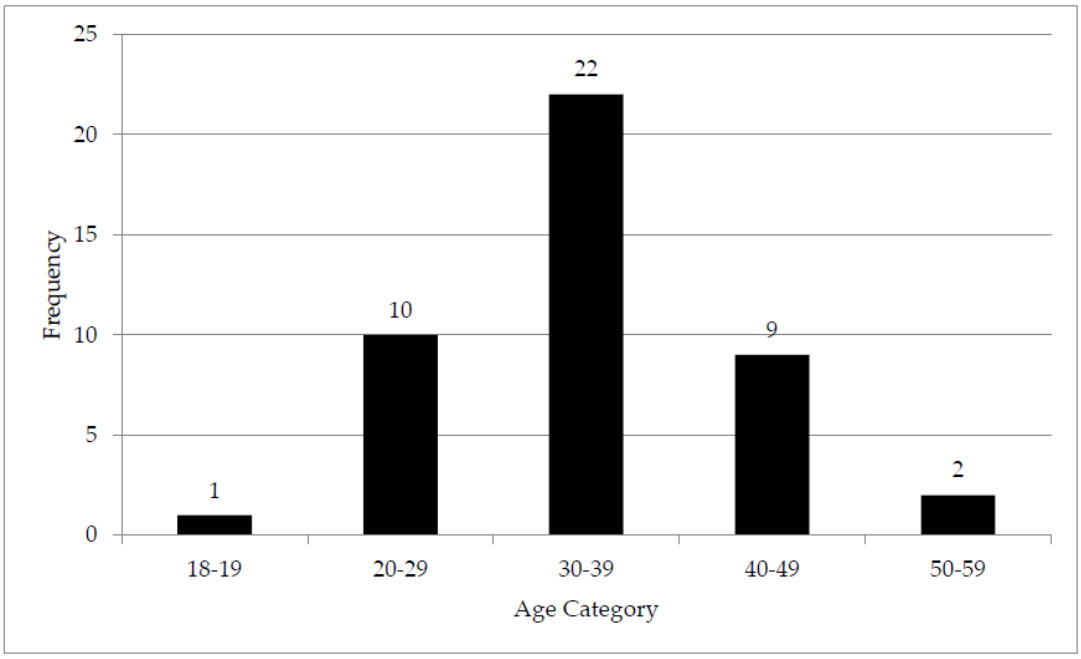

Figure 13. Age Distribution of Participants

The majority of participants in this study identified themselves as women (n=36; 81.8%), however there were participants who identified themselves as men (n=7; 15.9%) or as gender queer (identification as both (and neither) male and female; n=1; 2.3%, Hansbury, 2005; Kuper, Nussbaum, & Mustanski, 2011). In addition to age and gender, participants were asked to provide their geographic location (country only). Over four fifths of participants indicated that they lived in either the USA (n=28; 63.8%) or Australia (n=11; 25.0%). The remainder of participants were based in Canada (n=2; 4.5%), the UK (n=1; 2.3%), New Zealand (n=1; 2.3%) and the Philippines (n=1; 2.3%). A summary of the study themes and subthemes can be seen in Table 12.

Table 12. Summary of Chapter Five Themes

	Themes	Sub-Themes	Characteristics/Participant Perceptions
Before the Fatosphere	Early Experiences with 'Fatness'	Perceptions of the Body	Constant external negative commentary, heightened awareness of the body and a sense of 'wrong-ness.'
		Dieting & Weight Loss	Often introduced at early ages, promoted as individualistic, and only way to become socially acceptable. Identity dominated by weight loss.
		Self & Body Hatred	Body dissatisfaction from early age, disengagement from everyday life, loss of agency, internalisation of stigma.
	Perceptions of Exclusion	Medicalisation of Obesity	Industry failed to view corpulent individuals as human; affects utilisation of health services.
		The Weight Loss Industry	Vested interest in maintaining exclusion.
		The Media	An avenue for weight loss and health industries; fails to understand corpulent individuals.
		Day-to-day lives	Public discrimination; private abuse; oppression.
Discovery of the Fatosphere	Searching for Alternatives	Finding the Fatosphere	Crisis Point (Negative Health Event, Eating Disorder Diagnosis, Physical/Mental Exhaustion), accident.
		Questioning Assumptions	Re-examining personal responsibility, diet, weight loss and medical knowledge around weight. Exploring other texts.
		Thinking Through	Hard to let go; simultaneous rejection of thin ideal and body acceptance.
		Further Engagement	Branching out to reading other blogs and fat acceptance texts.
The Fatosphere	Empowerment through Semantic Preference	Descriptive	Preference of *fat* over *overweight* and *obesity; Fat* is a descriptive term relating to the state of an individual body.
		Medicalisation of the (fat) body	*Overweight* and *obesity* represent clinical categories; not representative of participants experiences.
		Reclamation	Reclamation of *fat*, parodying *fat* in blog titles, *"coming out"* as fat.
	Physical & Mental Wellbeing	Physical Behaviours	Ceasing weight loss practices, engaging in intuitive, renewed engagement in enjoyable physical activity.
		Social Connectedness	Safe Space, sense of community, alternate dialogue.
		Support	Intellectual – new ideas surrounding fat and weight. Social/Emotional – sharing experiences. Tangible – finding clothes to fit, empathetic doctors.
		Protection	As a community – no diet talk. Of the community – moderation.
	Tensions in the Fatosphere	Body Autonomy	The body is the responsibility of the individual; removing oneself from weight loss behaviours.
		Morality of Weight	Good Fatty/Bad Fatty Debate - engaging in healthy behaviours or defending 'unhealthy' ones.
Bridging Two Worlds	Balancing Online & Offline Behaviour	Reframing reactions to stigma	Standing up for themselves and others.
		Weaving beliefs into offline network	Negative repercussions: damaging/losing relationships. Careful navigation of disclosure to those in offline networks.
	Weight Neutrality and the Ideal World	Weight Neutrality	Adiposity a complex issue; celebration of body diversity.
		Separation of weight and health	Focus on health separate from adiposity.

Before the Fatosphere

In describing their experiences before the Fatosphere, participants often described their early experiences with weight and the perceptions of exclusion that they felt as a larger individual within today's society.

Early Experiences with 'Fatness'

Participants' narratives regarding their perceptions of their body before the Fatosphere reflected the years of stigmatisation, discrimination and prejudice that they had experienced at the hands of others, which could be grouped together in clusters of 'shared experience'. The majority of participants reported how they had experienced a constant negative commentary from those around them, this negatively reinforcing the acute awareness that they had of their bodies, and the fact that they felt *"misshapen"* and *"unacceptable"*. Additionally, weight loss and dieting were first and foremost introduced to participants by significant others such as parents, friends and family as the only way in which they could transform their bodies to become socially acceptable. Any weight gain led to an overwhelming sense of failure and loss of agency for many participants.

Throughout their lives, many participants reported that they experienced a constant commentary from significant others that *"problematised"* and *"stigmatised"* their bodies. This commentary from friends, family members and health professionals in particular reinforced the fact that their bodies were *"hideous,"* and *"ugly,"* and to be *"despised;"*

> *My family…would make round about comments, like, "oh are you sure you want to wear that" or "are you sure you want to eat that", and…I got the distinct message that my worth as a human being – especially as a woman – was based on what I looked like and that was very much to do with my body size and shape* (Gender Queer, 28, USA)

Furthermore, through the negative commentary that they experienced, many participants described how they began to develop an acute awareness from an early age that there was something *"wrong"* with them. This sense of inadequacy described by participants created a hyper-awareness of their (fat) bodies, and underscored how they related to their own bodies and the bodies of those around them;

> *I haven't always been fat; I've always thought I was fat....I always thought I was fat because that's what I heard from people because I wasn't a size 4 or a 6 like a lot of the other girls who were in my class* (Female, aged 56, USA)

This sense of inadequacy and hyper-awareness of both their bodies and the bodies of those around them led many participants to describe the perception that they were *"fatter,"* "*larger,"* and *"bigger"* than those around them, creating a constant struggle not only with their weight, but with others' perceptions of their character because of it. Additionally, it was highlighted by participants that this hyper-awareness and sense of inadequacy informed their subsequent dieting and weight-loss experiences;

> *I've been a larger person pretty much my whole life. I don't necessarily remember being aware of it before the age of five, but after that I was always very much aware of being the fat kid, and I've kind of continued to struggle with my weight growing up…I've basically just always been very aware of my weight…and I also have some eating issues that I think probably are kind of related to all the dieting and just always being so aware of being fat* (Female, aged 33, USA)

During their reflection over their weight-related experiences, participants would often talk of the photographs taken when they were children. A common observation from participants was that when they looked back at images of themselves that they *"weren't really fat"*, and that it was the negative commentary that they received from those around them and their own peer comparisons that led to their personal perception of adiposity;

> *It's been an issue where you know growing up you know as a kid people thought – would tell me I was fat. And when I look back at picture of myself and I kind of knew at the time I wasn't really fat, I was just kind of a stocky like thick kid* (Male, aged 31, USA)

Participants described how weight loss, dieting and restrictive eating were primarily presented to them as the only way in which they could make their body become socially acceptable and conform to the aesthetic 'thin ideal'. Vivid memories of participants' first diets were recounted – a few described experiences with purposive weight loss attempts being imposed on them by both parents and health professionals at ages as young as five, often coinciding with a struggle to understand why their bodies were so *"wrong"*, and how it was their fault that they had become this way;

> *I remember being about four or five, and being at the doctors and the doctor poking me in the belly really hard. I remember he hurt me, and he said "you're fat", and I didn't know what that meant. I hadn't heard that word. It meant nothing to me. It was like saying you're ugly, you're stupid, you're bad. There was something about me that was bad enough to actually physically hurt me. To poke me in my body. And my mother looked very sad and apologetic, and he told her to put me on a diet. And so she started restricting my food when I was about 4 or 5 years old…So she started restricting my calories, and it was horrible. I would cry myself to sleep at night I was so hungry. And I just kept getting chunkier and chunkier as I got older* (Female, aged 42, USA)

Within participants' narratives, participants described how the individualistic activity of dieting was constantly reinforced to almost all participants as an activity that required them to take on personal responsibility, in addition to requiring a strong character and willpower – characteristics participants were often told they lacked; *"All I ever heard from my parents, our family doctor, and from teachers was 'You have to lose weight, you have to lose weight, you have to lose weight.'"* Because of this constant reinforcement, participants often described that their identity became dominated by body dissatisfaction and hatred, compounded by their inability to successfully lose weight and maintain the loss. Additionally, the overpowering instinct to find a weight-loss solution that resulted not only in a slimmer body, but the tools to keep it that way was a constant presence within their lives; *"At nine, ten, years old, I was suicidal and consumed with self-loathing. There was nothing of value in my life."*

This overwhelming sense of body dissatisfaction and hatred which was described by many participants from an early age was compounded by a sense of frustration and failure and their inability to achieve the 'thin ideal.' As time went on participants expressed how this sense of failure led participants to more frequent and extreme means of weight loss in order to gain the approval from not only those around them, but also themselves;

> *I ended up becoming a drug addict. I would take laxatives in order to lose weight so I would produce a weight loss each week. Eventually I actually ended up passing out in the middle of the street. And I remember being* [at the diet clinic] *and explaining to the woman* [that] *I had passed out. And they really were looking down at me, and it was kind of almost like too bad that I was rehydrated…that it was a bad excuse for not producing a weight loss for that week* (Female, aged 40, USA)

This internalisation of blame and constant reinforcement from external sources led some participants to describe how these elements of self-hatred, shame and embarrassment caused them to disengage from everyday life activities and the world around them. In particular, women described how it was made abundantly clear to them that some types of bodies were considered morally superior and acceptable – and that their body was not. As one woman described;

> *What* [my mother] *did was make me very, very aware of my body and what was right and what wasn't, and how to please her and how to make mommy happy and how to make her unhappy, and so everything got sort of tangled up – "Oh, no, you don't want to do that. You'll be fat."* (Female, aged 39, USA)

As can be seen in previous paragraphs, many participants illustrated how they internalised the stigma and discrimination that they experienced at the hands of others, and believed that they deserved the treatment that they received from not only significant others such as friends and family, but also the broader community. As a result of these negative attitudes experienced not only from internal but also external sources, a complex intertwining of both internal and external hatred of and dissatisfaction with their bodies took place, producing reports that *"the whole world is against you."* In addition, many participants thought that they were responsible for the state of fatness that their bodies inhabited. Participants also described the perception that their fatness was not only indicative of significant character flaws, but that others perceived them to be *"lazy," "gluttonous"* and *"undisciplined"*.

As a result of this complex interweaving of public and private body hatred, participants described how they began to engage in almost constant weight loss attempts in order to prove to others not only that they could take responsibility for their weight, but that that they were able to take control over their flawed character. Descriptions of extreme eating and exercise patterns were common, and even though participants recognised the potential damage that they were inflicting on themselves, it was felt by some that it was better than *"not doing anything."* Furthermore, most participants felt that in order to accept themselves and find value and acceptance in the eyes of others, they had no other choice – even though none of their attempts led to sustained weight loss. At this stage, it was believed by many that attainment of the thin ideal was the only way for them to ameliorate the stigma and judgement that they experienced often on a daily basis;

> *There was this urge to fit in. There was an urge to conform. I'm dieting, I'm being good, putting the moral value on it...because obviously I "deserved the stigma" for being "immoral," for being "fat," for being a "bad person," for being "overweight."* (Female, aged 31, USA)

This sense of loathing in both its private and public forms slowly began to mediate and affect every aspect of participants' lives. As participants described how they realised the extent to which they were unable to control their weight, the more it affected their sense of agency in other aspects of their life;

> *There was something wrong with me. It was a defect of my character, a defect of me; I was defective, per se. I lacked control. I needed to lose weight. I didn't have discipline. My upbringing was framed around the consequences of what being fat was going to be, and if I didn't lose weight how horrendous that cost was going to be on my happiness and my fulfilment* (Male, aged 43, USA)

Examples described by participants included abandoning an education, not applying for a new job, and closing themselves off to the possibility of falling in love. This stemmed from implications from those around them that there were things in life that could not be achieved by an individual at their size that would be possible when the 'thin ideal' had been attained; "*it wasn't just people making fun of me anymore, it was that there was actually something that I could achieve with thinness that I couldn't have when I was heavy."* Furthermore, there was a perception on the part of participants that their fatness implied that they were not *"worthy"* or *"entitled"* to the aspirations, dreams and successes that were enjoyed by those who were of a 'normal weight'. As one man explained, *"I am a college dropout, and I dropped out because of my weight. It's one of the major regrets of my life, not pursuing an education."*

Perceptions of Exclusion

There was a perception with participants that the society in which they lived had created an environment that excluded their (fat) bodies, and determined the way in which they were viewed by themselves and others. It was not only that the way in which they were viewed elicited feelings of *"visceral disgust"* and *"fear"*, but additionally that it required them to take responsibility for their weight and its consequences. A number of societal agencies were described repeatedly by participants as agencies that excluded, dismissed and disregarded

themselves and their bodies. The most common of these agencies included the medicalisation of obesity, the media, and the weight loss industry. It was believed that these agencies were instrumental in creating an environment that encouraged the continual exclusion of the fat individual, actively omitting them from the discourse surrounding the *"obesity epidemic problem"*;

> *It's very frustrating in that...they're talking about fat people but they're not asking fat people. They're talking about what needs to be done, as if it's a problem that needs to be solved. And they're not asking us, or people involved, what we think about it. It's a very frustrating situation* (Male, aged 46, USA)

The medicalisation of obesity was the primary agency that participants perceived contributed to their exclusion. The acknowledgement of good intentions was recognised by participants on the part of health professionals, but it was perceived that the industry overall viewed them as *"liars"* and failed to view fat individuals as *"human beings."* The way in which interactions with the medical industry were described by participants highlighted the way in which messages relating to obesity were presented not only to the fat individual but the general public. Primarily, it was perceived by some participants that the messages that they received served to further stigmatise them rather than contribute to the improvement of either their physical or mental health. At the core of these perceptions were numerous and cumulative experiences with health professionals;

> *You can't go to a doctor because they shame you, so do fat people have untreated medical conditions that get worse and worse over time? Yes. But that's because they can't go to the doctors because doctors treat them so badly because of their fat, and then don't treat them for medical conditions that have absolutely nothing to do with being fat* (Female, aged 42, USA)

The second agency of exclusion – the weight loss industry – was viewed by some participants as one that had a vested interest in maintaining the status quo. Essentially it was felt that it was in their interest for (fat) individuals to feel excluded in order for them to maintain or increase their profits. This agency was also seen to influence other agencies, affecting processes such as research, policy and the media. Additionally, it was perceived that the weight loss industry took advantage of the fact that few individuals are able to achieve and

maintain weight loss, relying on repeat business and fears of being or becoming fat; *"There's this kind of dehumanisation and also I think fear, because even we see a lot of thin people, especially women hung up in the diet industry, terrified that their bodies will start looking like mine."*

The media, for participants, was viewed as an opportunity for the medical and weight loss industries to disseminate and propagate the thin ideal and further establish the exclusion experienced by participants. Participants sometimes observed that they *"never saw anyone that looked like me"* and that the media was continually *"reminding me that it's not okay to be fat."* This led participants to express a sense of frustration about how *"far removed from my own experience"* the media's portrayal of adiposity was perceived to be.

One of the central issues for participants was their perception that media imagery and news reporting in particular did not attempt to *"understand"* or *"consider"* the real-life experience of and complexities of being fat. There appeared to be a disconnect for a number of participants between reports based on issues of obesity and the individuals on which they were reporting;

> *I think it is a deliberate effort to de-humanize the people that they're talking about. It's not about people any more. It's about disembodied facts and figures, but in reality, you know, when people frame health initiatives as being anti-obesity initiatives, they're targeting real, individual people* (Female, aged 32, USA)

Consequently, some participants linked this perceived exclusion from these three primary agencies (health industry, the media and the weight loss industry) to descriptions of personal rejection, prejudice and exclusion that were described by many participants, exhibited in the *"shaming and bullying"* that they had experienced their entire lives;

> *I've had people take photographs of me on public transport. I've had people who look like fine upstanding members of the community, you know, Mr and Mrs Average…I've had them physically push me, and when I sort of went 'hey'* [they] *turned around – and you'll excuse my frank language – but* [they] *said "well you shouldn't be so f******g fat"* (Female, aged 37, Australia)

This discrimination experienced by participants echoes descriptions of Harvey's concept of *civilised oppression* (1999). Because of the oppression and exclusion enacted on them by the three identified agencies, participants experienced a lack of agency to alter their categorisation

as an individual inhabiting a stigmatised identity, nor the ability to contend with those who persisted in excluding them;

> *I was abused; I was physically abused as a youth on the playground because of my size. I was psychologically abused by my parents because of my size, and my boyfriends. And I think certainly a good deal of the anger* [I feel is] *based in the trauma of the oppression that I felt* (Female, aged 27, USA)

Furthermore, many participants were under the belief that the negative experiences that they had been subjected to – however well-intentioned they may have been – did not assist them in achieving improved physical and mental health, nor a slimmer body. As indicated by this participant, it was often felt that the treatment that they had received was more conducive to increased weight, rather than weight loss, health and better health behaviours;

> *It increases our oppression. In my experience this has actually led to me being fatter. Even if it wasn't making people fatter, it still doesn't do anything really to help fat people. It doesn't make me want to go to the gym, it doesn't make me want to eat better, it just makes me feel marginalized* (Gender Queer, aged 28, USA)

Discovery of the Fatosphere - Searching for Alternatives

Participants discovered the Fatosphere in many different ways, some searching for alternatives through the experience of a crisis point, while others coming across the community by accident. Through the discovery of the community, however, participants described how they began questioning the assumptions they had held about their bodies, thinking through the concepts of fat acceptance and the Fatosphere, and began to engage further with the movement.

A number of events were described by participants that prompted them to engage in a search for an alternative approach to their weight. A number of participants described how a significant negative health event associated with their quest to lose weight prompted them to explore other avenues. These included hospitalisations as a result of an overdose of diet medications, or for exhaustion brought about by excessive exercise. Others indicated that they were diagnosed with an eating disorder – such as bulimia or binge eating disorder – which was the result of cumulative efforts to lose weight through dieting. There was another group,

however, which stated that they had reached a point of physical and emotional exhaustion as the result not only of weight loss attempts, but of the public and private hatred of their bodies;

> *I used to starve myself to the point of collapse. I started messing around with drugs and with anything prescription I could get to try and lose weight. I also used laxatives. I was a serial abuser of those, and my weight only ever got greater. I've never gone down and stayed down. It would go down for a little while, and then usually within six to twelve months would not only gain it back but I would gain more* (Female, aged 37, Australia)

The final group, however, *"stumbled"* across the concept of fat acceptance and/or the Fatosphere in the process of other activities. Seemingly unrelated web searches and introductions by a friend or acquaintance were often ways in which individuals would inadvertently come across the community, and it was common for these individuals to describe that the concepts, messages and information that was provided through these avenues *"just clicked"* with their own experiences of their weight and in particular their experiences of dieting and weight loss.

After being exposed to the concept of fat acceptance, participants' narratives indicated that they generally began questioning the assumptions that they had been presented with their entire lives. This involved questioning not only the claims but the motives of the weight loss and medical industries, but also the societal assumptions related to thinness and wellbeing. Additionally, participants explained how they began to question the role that personal responsibility played in relation to their weight as they began to deconstruct the claims and promises made by the weight loss industry. However, some came to the realisation that despite a high state of motivation and responsibility, as well as significant monetary expense in relation to weight loss attempts – essentially *"trying everything"* – they were still fat. After being introduced to the fat acceptance discourse within the Fatosphere, the majority of participants found that they came to the conclusion that it was not their fatness that was creating this sense of dissatisfaction, unhappiness and despair, rather it was society's view of fatness that had resulted in this psychological state; *"I just came to this realization that I've battled this c**p for 25 years. Since I was a child I've fought, and I've tried everything there was out there."*

Furthermore, mothers with young children (and in particular, with daughters) offered additional reasons for searching for alternative perspectives on weight and fatness. In the

forefront of these participants' minds was the prevention and protection of their children from undergoing the same experiences that they had had as a result of their weight. As this woman explains;

> *I've got two daughters. I don't want to give them my food hang-ups. I don't think that they're ugly. I don't want them to have anything to do with this, you know. They're beautiful people…so, I thought, oh my gosh, let them get their own eating disorders that they're going to anyway, but I don't want them to get mine, so I better do something about it* (Female, aged 39, USA)

In addition to the introduction of these radical new concepts, the Fatosphere was seen to provide a safe space for participants to critique the pervasive societal assumption that fat was *"bad."* This assisted in empowering participants to confront the stigmatising obesity discourses that they had experienced their entire lives that assumed that adiposity was the result of simplistic rules relating to the regulating of body weight (weight gain equals imbalance of energy consumption (eating) and expenditure (exercise)). In particular, it allowed participants to resist the concept that fat individuals should always strive for thinness; *"I'm genetically programmed to be like this, and it's okay, and it's beautiful."*

This process of self-acceptance, however, was still a difficult evolution for many participants. As a result of the constant reinforcement of the 'thin ideal' throughout their lives, many participants described how they found themselves simultaneously rejecting the 'thin ideal' but also rejecting the 'no dieting' concept central to fat acceptance and the Fatosphere. Participants explained how they found it *"really hard to let go"* of the *"lifetime of programming"* that they had experienced in relation to their weight. It was stated by one participant that it took more than a decade for her to fully embrace the concepts associated with fat acceptance, and that she engaged in an active process in which she negotiated the way in which she perceived herself, and how she believed she was perceived by society. As this woman states;

> *I stopped blaming myself, and I shifted to thinking about how power is enacted on me. How social power was enacted on me and my body ...* [moving from] *saying, "Oh my god, it's all my fault. If only I could be thin, if only I could do all the things that's needed to be thin," to thinking, "Why does this matter, anyway? What a pointless project this is."* (Female, aged 41, UK)

In addition to the Fatosphere itself, those acquainting themselves with the concepts of fat acceptance explored other texts and resources in order to educate themselves more fully about the movement. As a result, a number of key texts were often discussed within participants' narratives; in particular Marilyn Wann's *Fat! So?* (1998), and Kate Harding and Marianne Kirby's *Lessons from the Fat-O-Sphere* (also called 'Screw Inner Beauty' in some markets; 2009). Descriptions of *"revelation"* and *"relief"* were communicated by participants on the realisation of a number of key tenets within these texts – namely that fatness is not the result of personal failing, that dieting is not an effective method of losing weight, and that fatness is not a reason to forego a happy and fulfilling life. These concepts provided participants with an alternate pathway to recover from the negative experiences they had endured (both publically and privately) in relation to their bodies – one that radically differed from the traditional *"weight loss recovery"* that had previously been presented previously as their only option;

> *I decided after that I'd been fat and miserable for all my life, or it felt like that, and taking the fat out of it didn't work…I took the fat out of it, and I was still miserable. So, if you don't want to be fat and miserable, then take out the miserable part, and see how far that gets you* (Female, aged 39, USA)

As participants described how they began engaging with the ideas and concepts central to fat acceptance, they began to engage with blogs that existed as parts of the Fatosphere. The blogs most mentioned within this phase included Kate Harding's *Shapely Prose* (http://kateharding.net/); Marianne Kirby's *The Rotund* (http://www.therotund.com/); and Lesley Kinzel's *Fatshionista* (http://fatshionista.livejournal.com/). Involvement with these blogs was described for many to be a gateway for individuals to engage with the rest of the Fatosphere;

> *The big three I guess that were in the Fatosphere, it was Kate Harding, and the Fatshionista, and The Rotund…I've started branching out more and getting more involved in the community in terms of commenting on other blogs and reading more* [fat acceptance] *blogs.* (Female, aged 36, USA)

The Fatosphere

Participants described a number of key benefits to being part of the Fatosphere community. These benefits included a sense of empowerment and agency within their lives, and perceived

improvements in their physical and mental wellbeing. The community was not without its conflicts, with issues such as body autonomy and the morality of weight weighing on individuals' conceptualisations of fat acceptance and the Fatosphere.

What's in a Name? Empowerment through Semantic Preference

In thinking through the concepts associated with the Fatosphere, almost all participants found that they felt a sense of empowerment and liberation from their previous beliefs about themselves and their bodies. This was most keenly symbolised by participants' semantic preferences in relation to how they referred to their bodies. While there were a number of activities or processes that assisted participants to feel more empowered over their bodies, the most prominent process was the reclamation of the word *fat*. Participants overwhelmingly indicated that they preferred the word *fat* when discussing their state of adiposity. In the process of moving from their earlier experiences with adiposity to a state of fat acceptance, the word *fat* was often reclaimed. Furthermore, the majority of participants parodied the word *fat* within their blog titles, with the explanation that it allowed them to *"come out"* as a fat person who was at peace with not only themselves but their bodies. Additionally, it signified their lack of willingness to continue to be a *"victim"* of the language of *"fat hate."* As one woman explained; *"It's like I'm here, I'm fat. I'm not miserable, and I'm not going to be, so tough luck!"*

At the beginning of each interview, participants were asked their semantic preferences in relation to adiposity, and as can be seen in Table 13, 97.3% of participants preferred the word *fat* over all others. The majority of these participants preferred the word categorically when compared to other similar words such as 'weight', 'overweight' or 'obesity', however there were a number that indicated that while they preferred 'fat' they did not find offence with other words. Only one of the participants indicated that they had no preference at all.

Table 13. Participant Preference for Description of Adiposity

Preference	Frequency	Percentage
Fat	33	75.0%
Fat But Not Offended	10	22.7%
Do Not Care	1	2.3%
Total	44	100.0%

Reasons given for these preferences were many and varied. The most common reason given was that participants felt that the word *fat* was a descriptive term that described their body, without judgement; *"fat just talks about not being thin, not being slender, not being skinny. If you*

have visible paunch, you're carrying weight on your body, it's just a description of a body type." Furthermore, it was seen by most to be a neutral way in which to describe the larger body, and was often compared to other bodily characteristics such as height, eye and hair colour;

> [Being] *fat would be no different than being blonde. Being fat would be no different than being blue eyes. Being fat would be no different than being, you know, 5 feet 0. Being fat would be no different than being 6 feet 9. It's a state of the body. It's has nothing to do with personality, it's has nothing to do with a person's ability, it has nothing to do with their intelligence, it has nothing to do with what they're capable of doing, it has nothing to do with what they're not capable of doing. Why does it even matter?* (Male, aged 46, USA)

Additionally, other words commonly used to describe the larger body – namely the words *overweight* and *obesity* – were seen to be medical or clinical categories in which individuals fell based on measurements such as the BMI. Overweight in particular was seen to indicate that there was a *"weight that everyone is supposed to be at"*, and that it *"defines you as not meeting a standard"* while obesity *"implies that there's a disease to be cured,"* and had;

> *come to signify a certain height and weight combo...medically doctors are using it to signify a specific BMI or range of BMI or BMI over a certain number. So there is acceptable fat and then there's obesity, which is unacceptable fat. And I think in terms of a conversation, we have to be able to describe what we're talking about* (Female, Aged 42, USA)

Furthermore, participants shied away from the use of these 'medical' terms to refer to the body's state of adiposity as they did not resonate with the experience of some participants;

> *I think obesity carries a lot of weight with it. It kind of medicalises the condition. Makes it a condition, it kind of makes it sound like a disease, which I don't think is really fair to how I feel within my body* (Male, 32, USA)

Physical and Mental Wellbeing

For most participants, perceived improvements in physical and mental wellbeing were associated with their involvement in the Fatosphere. The experience of rejection that participants described being subjected to before finding fat acceptance and the Fatosphere

was often in stark contrast to participants' narratives about the Fatosphere in which a sense of community and of a 'safe space' was experienced. Participants often described how the Fatosphere *"changed my life"*, and how they were now able to connect with like-minded others in alternative dialogue which was acknowledged as being an invaluable tool for their journey. As one man explains; *"The most important thing is a sense of community, a validation that I'm not alone. A recognition on a visceral level of the essence of the experiences I've been through as a fat person."* The anonymity that was provided by the internet along with the strict moderation policies enforced by those associated with the Fatosphere allowed participants to feel safe and share opinions and experience with the community in a more open manner that could have otherwise been facilitated.

One of the central themes of many participants' narratives was the description of a sense of inclusion achieved through affiliation with the Fatosphere community. This was achieved through the support and protection that was offered within the community. The support that participants experienced within the community could be found at three different levels; intellectual, social/emotional, and tangible. The intellectual support that participants described provided participants with alternative ideas and perspectives for understanding the fat body. This allowed participants to change the way in which they viewed the (fat) body – both their own and others;

> [The Fatosphere is] *a community of support, where everybody is kind of in the same place, and we all kind of believe the same basic philosophy that the culture's opinion of fat is wrong. It gives me spirit to know that there are other people who are out there who are like, "hey! I don't have to try to be a skinny minny. I can just be myself and be okay with that."* (Female, aged 36, USA)

Social and emotional support was experienced by almost all participants and was described through the knowledge that they were not alone, and that there were others with similar experiences of weight cycling, stigmatisation and discrimination who became their *"family."* This experience of becoming friends with similar others who share the same experiences, understand their effect and provide support allowed them to become more resilient in their current day-to-day life in the face of weight-related stigmatisation;

> *Knowing so many other strong women who have gone through the same thing, or go through similar things on a regular basis...knowing that, no matter what somebody's saying to me right now, or how cruel they're being, you know, I'm going to home on the internet and I'm going to talk to my friends, and we're going to laugh about what a jerk this person is. That's really comforting to know that there are people who are going to be able to relate to that experience, and sort of support you* (Female, aged 28, USA)

Additionally, the shared experiences that were facilitated through the Fatosphere allowed for further social and emotional support to take place. While this provided readers and other members of the community with shared experiences and support, it also allowed participants to use their negative experiences in a positive manner – helping others move through stigmatising and discriminatory experiences with the knowledge that others had experienced the same;

> *It's given me more of a feeling that it's not as personal. I'm actually fighting this not just for myself, but taking a stance for all of those who don't yet have their voices about this yet, but who are suffering as much as I was. And it kind of makes me feel empowered; it makes me feel like I can do something to help. It makes me feel that my very terrible experiences can be very useful for other people and they just don't seem terrible anymore.* (Female, aged 27, USA)

Tangible advice was the third way the Fatosphere provided support for its members. This advice would often deal with the numerous and varied issues that face the fat individual in today's society. Advice related to travelling, methods of dealing with discrimination, finding understanding health professionals, to the everyday undertaking of finding clothes that fit. The significance of even finding comfortable, fashionable and well-fitting clothes – while it may seem insignificant – was revelatory for some participants;

> *It seems silly on the surface to talk about clothes, but I mean we get dressed every day. It's such a thing for so many people for self-expression…it's easy to dismiss clothes as this kind of frivolous topic, but it's actually I think a really very serious issue* (Female, aged 32, USA)

In addition to the support that was described by participants, the Fatosphere also offered a sense of both protection and protectiveness for participants. Rules and regulations regarding a

number of different topics imposed within the Fatosphere were outlined by almost all participants, the most common being a restriction pertaining to discussion of weight loss and dieting. This allowed participants to feel as though this online community was removed completely from the majority of experiences related to their weight that had occurred within the offline world. Moreover, the community acted as a *"barrier"* or *"shield"* so that members could protect each other when possible;

> *The Fatosphere is sort of like a support network for people. It allows you to say stuff knowing that there's other people who at least share your opinions, or share opinions close to yours, and that they will defend you, and protect you* (Male, aged 30, Australia)

In addition to this buffer that the community provided, the internet itself was touted as being an *"invaluable"* opportunity that allowed a community to foster what was generally believed to be improbable within their offline environments. Characteristics of the physical world such as time and geography soon became irrelevant as participants outlined how they were able to anonymously (if desired) connect with other like-minded and disempowered individuals;

> *I think it's a very powerful tool...the internet has a lot of really amazing capabilities to connect people, and I think building a community wherever you can whether it's in your town or on the internet is a very powerful thing for anyone who is in any marginalized population* (Female, aged 21, USA)

Furthermore, as most participants generally described feeling protected within the Fatosphere, they fostered a sense of protectiveness not only towards other members within the community, but those who read and commented on their blog. The vast majority went to great pains to ensure that the comments received by their blog were filtered before appearing on the site. This process was called *"moderation"* by participants, who labelled those who sent negative or derogatory comments as *"trolls."* These individuals were most often blocked from engaging with the site again, and as described by this woman, this process was viewed as a method through which they were able to protect not only themselves, but their readers and commenters from the discourse that was prevalent in almost all other aspects of their lives;

> *I have a really really* [sic] *draconian comments policy when it comes to trolls. I just, they don't ever make it past moderation, period. I rarely bring it up for mockery. They may as well not exist for my readers, because they don't need to deal with that. They're already*

> *dealing with it…Because we have the whole rest of the world for that discussion* (Female, aged 32, USA)

However, those comments that provided constructive criticism and non-derogatory critical comments were often left up to aid discussion and further allow the explanation of the tenets of fat acceptance to take place. This was done as many participants wanted to protect themselves and their readers, without looking as though they were refusing to consider alternate opinions;

> *I let the critical comments come in. My policy now is no outright hatred. Like no, no making fun of fat. No just outright making fun of fat people. If you disagree with my points, that's fine, and if you post it I'll accept it if you're trying to deal with insults in disguise I can figure it out, and I won't let you post* (Female, aged 38, USA)

Because of the perceived positive mental health effects, support and protection that participants associated with the Fatosphere, almost all participants described how they moved away from the harmful effects of dieting and overexercise, and developed a more balanced relationship with food that was based on intuitive rather than restrictive practices, moving away from the 'good' and 'bad' judgements that they had made about food their entire lives;

> *Before I found the Fatosphere, I was in the hospital for pneumonia; I had had seizures because I was staying up too late on energy drinks and exercising. I was 100% bulimic, and hiding it from my boyfriend...Now my blood pressure is normal, my blood glucose levels are normal, I don't have seizures any more, you know, I'm healthy, I'm happy, I'm sane* (Female, aged 31, Australia)

For some, recovery from diagnosed eating disorders had occurred as they developed a healthier relationship with food. Additionally, a new confidence in relation to physical activity and exercise was described by many, resulting in participants engaging in physical activity more often. This included activities that previously would have been considered to be 'high risk' such as swimming pools and fitness clubs. Because the emphasis on weight loss had been removed, and participant's view of their bodies had changed, participants felt more able to deal with any stigmatising experiences by drawing on the support that they experienced within the Fatosphere community; *"The goals aren't to change my body. The goals*

aren't self-loathing and hate. The goals are health and positivity and loving oneself rather than hating oneself."

Tensions in the Fatosphere – Body Autonomy and the Morality of Weight

The concepts of body autonomy and the morality of weight were also common themes within many participants' narratives. In the context of the Fatosphere, participants' described body autonomy as the prerogative of each individual to have the freedom to treat their body in whichever way they choose. Within their view, this prerogative generally took one of two directions, they either; a) decided to remove themselves from a dieting or weight loss framework (and engage in Health at Every Size (HAES) or similar construct), or b) argue that they may treat their bodies in whichever manner they choose. In addition, participants often went out of their way to emphasise the fact that they fat acceptance community of the Fatosphere wasn't *"monolithic...we don't all think with one hive mind. Different people are in different stages in their journey,* [and hold] *different philosophies"*.

Furthermore, participants often went to great lengths to describe the different eating and exercise habits displayed by the Fatosphere, ranging from *"vegetarians who work out regularly…* [to] *couch potatoes, there's everything in between"*. This highlighted the fact that they weren't the *"food or body police"* and that each individuals' body was *"nobody else's business"* but their own, while still emphasising the fact that they weren't *"ignorant of their own health issues"* and that neither approach made you *"less worthy"*. While discussing this sense of body autonomy, comparisons were made to other health issues and behaviours, highlighting the fact that any perceived 'unhealthy' behaviours that were taking place affected only the individual in question;

> *Everybody's like "you ate 2 doughnuts" you know so to me that's your life choice, and unlike smoking you're not hurting anyone. I'm not puffing doughnuts in your direction… and if somebody wants to live their life a certain way, and they're not harming anyone else, you know, like, who are you to judge? Who is anybody to judge, you know?* (Female, aged 37, USA)

As you can see, these concepts of morality and body autonomy are highly intertwined, and were best shown through the *"goody fatty/bad fatty"* debate that was described in many participants' narratives when discussing the Fatosphere. This *"good fatty/bad fatty"* debate

highlighted a fundamental rift that existed in the Fatosphere. Those participants who saw themselves on the *"good fatty"* side of the dichotomy generally described their eating and exercise behaviours in great detail as a method of justifying their beliefs through the fact that they engaged in health behaviours that were superior to some thin individuals who *"just happened"* to have thin bodies;

> *I am as healthy as an ox now, and when I was in that horrible place I was sick all the time and I think not just even that they're asking those who have been there, but shifting their focus on health rather than weight. You know? I mean, honestly I know just as many thin unhealthy people as I do fat ones. And I know actually, fat ones that are healthier than the thin unhealthy ones* (Female, aged 37, Australia)

However, those considered to be the *"bad fatties"* generally celebrated body autonomy insofar as it allowed them to move away from the dieting sphere, but believed that the Fatosphere – to some extent at least – had moved to justification and rationalisation for its existence, arguing that they may do whatever they like with their bodies;

> *I felt the whole good fatty/bad fatty type economy was really limited and I kind of talked about how I overeat, you know I don't exercise and I don't think that I have to qualify my being fat by* [the fact that] *I eat well and I exercise so I'm not making excuses for being fat* (Female, aged 30, USA)

The majority of participants, however, were careful not to push their personal belief system onto others around them. The only exception for this was the no diet talk rules strictly enforced by the Fatosphere. In this sense the morality issue was sidestepped and personal body autonomy placed above all else;

> *I am really, really lazy and I pretty much just eat what I want to and one of the big things about fat acceptance, is the Health At Every Size movement, right? I'm not particularly healthy in any way, shape or form. I mean I'm a vegetarian but I still eat like crap...I mean lots of fat people I know are really ridiculously health oriented and yeah, okay I'm not willing to do that, but it's an individual thing, it's not because I'm fat sort of thing.* (Female, aged 26, Australia)

Bridging Two Worlds

Participants' experiences bridging their offline and online worlds were diverse; however a number of common themes were identified. Participants found that after becoming part of the Fatosphere, their reaction to stigma, discrimination and prejudice changed, and that it was difficult to integrate their offline and online networks and their inherent beliefs. Furthermore, participants' ideals for the future centred around the concept of weight neutrality, and the hope that health and weight would become largely separate from the concept of health.

Balancing Online & Offline Behaviour

The Fatosphere affected participants offline lives in a number of different ways that were both positive and negative. Most participants described changes in their day-to-day behaviour and reaction to the experience of stigmatisation and described how the Fatosphere was directly responsible for these positive changes. Some participants explained explicitly that they felt better equipped to deal with stigmatising experiences, and that locations or situations that previously elicited anxiety, apprehension and avoidance were now well within their abilities;

> [I feel more] *equipped to deal with things like going swimming and swimming past a group of high school kids in the pool and having them make pig noises. So I guess I'm a fair bit less bothered by that…I actually go "well, that's going to happen, and I have these other ways of dealing with it" rather than just avoiding any situation that might be* [unpleasant] (Female, aged 31, Australia)

Furthermore, participants outlined how they found that the protective strategies that they employed within the Fatosphere sometimes affected their offline lives. Participants described how strategies such as confrontation were now strategies they employed in the face of stigmatisation in both public and private settings. This was true not only for stigmatisation directed at themselves, but at others as well – as explained by this man;

> *One specific situation* [that] *comes to mind was a lady who was in a store on a cart. She was using the cart, she was a large lady, and someone said something. Usually I wouldn't be involved in whatever it is and I would keep going, but I just turned around and said "You know what? How do you know that she's not in that cart because she had an injury? How do you know that she's* [not] *fat because of her injury?"… She didn't say anything,*

> *but she did smile at me. But I doubt that had I not been involved in the Fatosphere I would have gotten involved in that situation* (Male, aged 46, USA)

Another challenge that most participants faced after becoming part of the Fatosphere was the process of negotiating their way through their newfound beliefs, attitudes and opinions, while still navigating their way through their offline networks. The difficulty inherent in this navigation was that those in the offline network primarily held the previous beliefs of participants – that fat is 'bad' and that weight loss must be undertaken for participants to no longer be considered socially and morally deviant, or at risk of increased morbidity and mortality. Throughout this process, participants sometimes described the negative repercussions that had ensued after they had revealed their new beliefs to those around them. It was the perception of most participants that those outside the community commonly perceived the Fatosphere as a community to be *"letting go," "encouraging obesity,"* and *"just giving up."* This was not participants' perception of the Fatosphere – for them the main tenet was to *"accept your weight,"* and *"accept yourself,"* regardless of size.

> *It's not encouraging anybody to get fat or be fatter…it's a community that wants its members to learn how to love themselves and accept themselves as they are. To be all that they can be right now, today, and not wait for some mythical tomorrow when they're thin, which may not ever get here, you know? Why put your life on hold for something that may never happen* (Female, aged 56, USA)

This conflicting perception between what participants believed to be the true message of the Fatosphere and the perceived view of those outside the community led most participants to carefully consider how and to whom they revealed their new beliefs, and it was not uncommon for participants to encounter difficulties and complications throughout this process. While the majority of these conflicts were minor, for some it resulted in the breakdown and dissolution of relationships;

> *I actually lost a couple of friends over the blog…They didn't understand why I was so angry about some things. They didn't believe that fat acceptance was a positive thing, and they thought I was deluding myself, and only one of those friend break-ups got a little ugly. And that really did come down to her saying she thought I was deluding myself* (Female, aged 32, USA)

Therefore, most participants described how they attempted to strike a delicate balance between the beliefs of those around them in the physical world, and their own newfound beliefs drawn from the Fatosphere. While there were participants who explained that they allowed their entire offline community to be made aware of their new beliefs – sometimes engaging with the media – the majority of participants described a difficult process of negotiation. This resulted in some participants keeping their involvement in the Fatosphere community completely to themselves; however the majority of participants described sharing their beliefs and opinions with a selection of individuals from their offline lives (often including individuals such as spouses and/or very close friends). These were the individuals participants' believed would be receptive to the concepts of fat acceptance and the Fatosphere. This strategy was employed in order to preserve important relationships from their offline environment that participants perceived would be severely damaged or would not endure the disclosure intact, while allowing participants individuals within the 'real world' to discuss their beliefs in a honest manner;

> *I've told the people that I don't think if they read it they'll be hurt or it will sever relationships. I say things there that if I then had to defend them over dinner with my sisters, we wouldn't be able to have pleasant dinners together any more. And I don't want that* (Female, aged 35, Canada)

Weight Neutrality and the Ideal World

When asked their vision for the future, the majority of participants indicated that they didn't want the world to become fat positive, but that weight would become a neutral issue. The overall vision that participants described when discussing the future in relation to their weight was that *"there wouldn't be any issues"* around weight, and that society would accept that adiposity is more complex than the simple 'calories in, calories out' model that is generally publicised within mainstream society today. This vision was tightly connected with participants' reclamation of the word *fat* – it was their vision society would view fatness as no different from height, skin colour or hair colour. This vision often brought in threads from their perceptions of exclusion to body autonomy and morality, making weight a moral non-issue, celebrating body diversity and personal happiness above all else;

> *In an ideal world, for me, I don't think there would be issues surrounding weight. I don't think there would be pressure on people one way or the other. I think people should be able to be self-determining about their bodies and what size they're comfortable at, and what makes them happy, and what makes them feel most at home in their bodies...There wouldn't be weight issues because weight would be really no different from, you know, the colour of your hair, or your eyes, or whether you're tall or short, it would just be a physical characteristic that, yeah, is different between lots of different people but it's not loaded with morality or character judgement* (Female, aged 33, USA)

Additionally, it was an important priority for the majority of participants that *"Weight would completely disappear as an issue and health would remain."* Participants explained that they felt that health issues should be dealt with as individually warranted, on a range of indicators, not just weight;

> *I think in an ideal world, weight wouldn't be an issue, because, you know, we would just be the weight that we are, and we would be as healthy as we can be and that would be the weight that our body ended up being… if you lost weight or gained weight, it wouldn't be "oh my God, I can't believe you're getting so fat" or "oh my God, it's so great you lost so much weight", it would be "hey, are you okay, because I've noticed that you've gone from being at a stable weight to having your weight go a little all over the place. And I wanted to just make sure that you didn't have a health problem"* (Female, aged 28, USA)

Discussion

In this chapter I have described the experiences of individuals who take part in the Fatosphere blogging community, exploring their experiences before, during and after discovering and integrating themselves into the Fatosphere. Before participants discovered the Fatosphere, they held high levels of self and body hatred, often reinforced by comments from others and leading to ever increasing dieting and weight loss behaviours. In addition, participants felt that the agencies of health, the weight loss industry and the media served to exclude them and influenced their perception of exclusion within their day-to-day lives.

Participants generally found the Fatosphere through a crisis point or accident, then engaged in the processes of questioning the assumptions they held about their body, thinking through the concepts of fat acceptance, and engaging further with the movement. After integrating

themselves within the Fatosphere, participants found that they felt more empowered, improved their physical and mental wellbeing, but that tensions still existed within the community. Finally, participants reframed their offline experiences of stigma through their interactions and experiences in the Fatosphere and often had difficulty weaving their online beliefs into their offline networks. In their ideal world, participants indicated that weight neutrality and the separation of weight and health were their foremost goals and aspirations. See Table 12, for a summary of the themes present within this chapter.

The online blogging community of the Fatosphere allowed participants a space to create their own content, discuss theories, ideas and values relating to the (fat) body, and challenge their previous ideals and ideologies about the adiposity. The community provided an alternate paradigm to the previous biomedical, public health and societal perspectives presented in their everyday life, ones that actively encouraged participants to move away from the dominant discourse and explore the issues they went through in relation to the lived experience of adiposity. Additionally, the Fatosphere provided them with a voice and a space in which to speak openly about these issues. This alternative view allowed participants to put aside the belief that the thin body is the only healthy body, and engage in an individualistic approach to the body and health. This included acting on behaviours that improved their personal health, rather than those that were built around aesthetic aims and motives. It was believed by participants that this move from a focus on weight to one on health facilitated improvements in their physical and mental health.

As previously stated in Chapter Two, Graham (2005) has suggested that the society that we live in has become *"lipoliterate"*, creating an environment in which an individuals' body type is *"read"* in order infer assumptions about an individual's character, health and behaviours. The slim body has become a symbol of good health, fitness and moral superiority, with those who inhabit this body regarded as *"successful citizens who exercise responsible consumer choices, in keeping with societal values of autonomy, individualism and self-control"* (Mackenzie, 2010, p. 17). The corpulent body, however, is seen to represent the opposite, automatically symbolising poor health, laziness, moral inferiority and a lack of self-control (Mackenzie, 2010). Participants within this study felt this sense of lipoliteracy most keenly. Their early experiences with fatness revealed a constant negative commentary from significant others and society in general that was established from what they believed the fat body told them about

the individual in question. This, however, rarely matched participants' perceptions of themselves as they became consumed with their weight loss journey and disparaged by their constant failure to attain and maintain the 'thin ideal.'

This sense of lipoliteracy feeds into the centrality of personal responsibility within the current public paradigm surrounding adiposity. Participants, however, felt that this rhetoric did not serve to assist them in improving their health and wellbeing. Instead, it was felt that it further blamed and stigmatised them, increasing their chances of weight gain and often negatively influencing other health behaviours. Participants explained how their experiences became inherently mediated by the dominant social and medical models implying that attainment of an ideal body was an issue of personal responsibility, control, and willpower (Minkler, 1999). However, given the evidence suggesting that substantial weight loss and weight maintenance is an unlikely achievement for most individuals (Mann et al., 2007; Rice, 2007), participants found themselves in an endless cycle of weight loss and regain, moving progressively toward increasingly extreme methods in order to achieve what society had told them was medically, socially and morally acceptable. Furthermore, failure was placed firmly on the shoulders of participants – as opposed to the diet – reinforcing their sense of inadequacy and hopelessness.

Participants utilised the Fatosphere in a number of ways to alter their health status. Both avenues highlighted in Chapter Two were utilised by participants in changing their health behaviours and wellbeing – essentially, the Fatosphere was utilised both as an avenue to gather new health information, and as a method for finding social support in relating to the lived experiences of fatness. The online setting itself was seen as an important and valuable aspect of the community's creation and continued existence, allowing participants to span time and place, but it also allowed individuals to explore and discuss ideas, theory and experiences that would have been rejected within much of mainstream society.

The visual and discursive anonymity provided by the internet facilitated discussion around the concepts central to the Fatosphere which often differed vastly from the highly engrained social norm without risking social sanctions and relationships in the offline world (Christopherson, 2007; McKenna & Bargh, 1998, 2000; Qian & Scott, 2007). While not every participant engaged in visual or discursive anonymity (some were fully identifiable within their blog and/or posted pictures of themselves online) this option was available to all, and it was not uncommon for participant's visual and discursive anonymity to fall away as they

became further engaged with the fat acceptance movement and the Fatosphere. There were some, however, that maintained their anonymity in order to remain truthful on their blog, or to protect either themselves or those around them in the offline world.

The disclosure that took place within the community allowed participants the opportunity to assist others struggling through similar experiences and circumstances. Through engagement and identification with those around them, an increased sense of inclusion was facilitated for participants, and changes in participants' online behaviours (especially assisting others through negative social experiences in the 'real world') began to take place, providing further confirmation of the transformation that took place with this group of individuals after their sense of inclusion, support and protection increased. In addition, through the age distribution of participants, we can see that three quarters of participants were under the age of 40, supporting previous research stating that younger individuals are more likely to turn to the internet for health information and support (Gallagher & Doherty, 2009).

One concept that may inadvertently influence this transformation that took place is that of self-compassion. As previously discussed in Chapter Two, self-compassion has been shown to predict increases in psychological health, is related to adaptive psychological functioning, and associated with increases in the perception of social connectedness along with reductions in depression, distress, and anxiety (Adams & Leary, 2007; Neff, Kirkpatrick, et al., 2007; Neff & McGehee, 2009; Neff, Rude, et al., 2007). It is believed that self-compassion has these effects because it assists individuals to consider themselves cared for, connected and calm (Gilbert, 2005; Neff, Kirkpatrick, et al., 2007), and in this instance allowed participants to moderate their reactions to distressing situations such as weight-related stigma or discrimination. As Leary and colleagues state (Leary, Tate, Adams, Batts Allen, & Hancock, 2007), self-compassion assists individuals in reducing negative reactions or emotions in the face of *"real, remembered, and imagined events"* (Leary et al., 2007, p. 901). In addition, participants attempted to improve their physical health through the utilisation of HAES concepts – healthy eating and joyful movement – as a method of not only ameliorating any current health issues but preventing others from developing in the future (Neff, 2003a). Not only can this be seen in the behaviours in relation to the self, but in those directed at others when individuals attempted to screen their readers from the negative comments that they received on their blogs.

The discussion that took place within the Fatosphere community was further facilitated through the Online Disinhibition Effect (Suler, 2004), and more specifically through *benign disinhibition*. This *benign disinhibition* (compared to the contrasting *toxic inhibition* exhibited through negative behaviour such as trolling), allowed them to support each other in a number of different ways. Participants discussed deeply personal aspects of themselves, often involving emotions, behaviours and ideas that were kept hidden within their day-to-day interactions. Additionally the support and protection experienced by participants was facilitated by *benign disinhibition*, allowing participants to share tangible and concrete assistance to others in relation to the stigma and discrimination they perceived from those around them.

The Role of Exclusion, Inclusion and Oppression

One of the major themes to emerge from this study was that participants' perceptions of inclusion and exclusion were central to their perceived health and wellbeing. As indicated in Chapter Two, spaces that foster inclusiveness and support for individuals who inhabit stigmatised identities such as 'fat,' 'overweight' or 'obese' are by and large absent from today's society unless one is attempting to achieve the 'thin ideal' and remove oneself from the stigmatised identity. The suggestion that a sense of social inclusion can be fostered online has been indicated in previous research (Fox et al., 2005; Major & Eccleston, 2005), and this suggestion appears to be upheld with the current research. An important step in creating alternative discourse and dialogue surrounding weight and adiposity is the creation of spaces where individuals can safely engage in such discourse without the risk of negative social repercussions throughout their day-to-day lives.

While the identity of 'fat' would often dominate participants' self-identity (relegated from both themselves and wider society), it was by no means the only one that they inhabited. Participants felt dehumanised and viewed without understanding when bestowed with the socially constructed identity of 'fat' or 'obese', and the three key agencies described by participants (the media, weight loss industry and medicalisation of fatness) were regarded by participant as the primary agencies by which they were excluded, dehumanised and misunderstood. The relationships that participants maintained with themselves, their bodies and others were directly affected by these agencies through insidious regular interactions, and while the majority of these interactions would not have been intended to be malicious, they

resulted in a constant sense of exclusion, inadequacy and helplessness. This sense of marginalisation echoes Harvey's (1999) descriptions of *civilised oppression*. Neither violence nor the law were commonly utilised through this oppression, but phenomena occurred that took place in daily insignificant incidents as perceived by participants. As stated in Chapter Two, this behaviour has been shown to distort physical and psychological health, and effect the help that is sought by those who experience it (Baumeister & Leary, 1995; Everett, 2006; Geier et al., 2003; Harvey, 1999; Rogge et al., 2004). This sentiment was echoed by participants, with a number indicating that the oppression that they felt discouraged them from positive health behaviours such as exercise and physical movement, particularly in public settings. This outcome of stigmatisation and discrimination is a clear hurdle for the public health and biomedical perspectives of obesity. No matter how well the environment encourages the healthy behaviours advocated by the biomedical approach, if individuals feel as though they are being judged, stigmatised or discriminated against in engaging with these activities it will reduce their likelihood of participating in them.

Within the online Fatosphere community participants found that they were not alone, and fostered an environment that encouraged sharing and protectiveness (of both themselves others). In implementing strategies aimed at protecting both themselves and others such as rules, regulation and monitoring, these individuals carved a safe space for themselves in which growth, discussion and exploration could take place. For many, this was often the first safe space that participants had enjoyed in relation to their weight, and was one in which – while tension did exist within the community – allowed participants to stand up for their beliefs against each other and the outside society that continues to be invested in the biomedical, public health and societal perspectives of adiposity. This concept of inclusion allowed participants to reframe their relationships with their bodies, minds and health, and encouraged them to support others in the same endeavour. This sense of inclusion and encouragement was invaluable in allowing this group of individuals to regain a sense of control and agency that had worn away through the exclusion and oppression enacted on them throughout their lives.

Reacting to Weight-Related Stigma – the Stages to Fat Acceptance

A substantial portion of participants' narratives centred around their reactions to the prejudice and discrimination that they received within their daily lives, and the pathway that

they took to fat acceptance and the Fatosphere. This was evidenced by participants' willingness to discuss their previous experiences with weight in great detail, with little prompting. Their pathways and experiences with adiposity were obviously topics that they had thought about in great detail, and had dominated portions of their lives either in the pursuit of the thin ideal, or in transitioning to the fat acceptance paradigm. There is a gap in our academic understanding of how fat individuals react to stigma and discrimination in a proactive manner, and the differences in fat individuals' reactions to stigma over time. This information is also very limited in its scope outside of the weight-loss focus in assisting individuals with the stigma that they encounter on a daily basis.

The process of moving to proactive strategies (self-acceptance and examination of the biomedical, public health and societal perspectives of obesity) from reactive strategies (principally weight loss) allowed participants to develop their responses to stigma and mitigate their negative effects (Corrigan, Faber, Rashid, & Leary, 1999; LeBel, 2008; Shih, 2004). The shift to a more positive sense of self-esteem and perceived improvements in wellbeing was facilitated by the group identification and engagement offered by the Fatosphere. Additionally, the concepts available in the Fatosphere allowed participants to reclaim their body autonomy, and move away from the common conceptions that fat individuals are 'lazy' and 'slothful', to a renewed sense of self-worth and independence. Essentially, participants within this study can be seen to move from investment in the biomedical, public health and societal perspectives of obesity to investment in the health-centred model.

In order to conceptualise participants' pathways into the Fatosphere, a model was created to explain how participants' experiences with fatness changed, but also how it affected not only their health and behaviour, and consequently, their outcomes (See Figure 14). This model was built upon the key themes that arose within participants' narratives at each stage of fat acceptance, and demonstrates the diverse methods by which participants attempted to counter and resist the stigma and discrimination they experienced.

Within Stage One, it can be seen that participants' early experiences – especially from family members, friends and other significant others – were crucial in how participants understood and interacted with their bodies and weight. These experiences were a harsh stimulant for many to engage with the constant and overwhelming weight loss attempts participants undertook in order to be accepted, transform their lives and meet the aesthetic standard set by

the 'thin ideal'. Furthermore, participants felt that in doing so, they would also enhance the opportunities available to them and achieve dreams that they could not attain within their current bodily state.

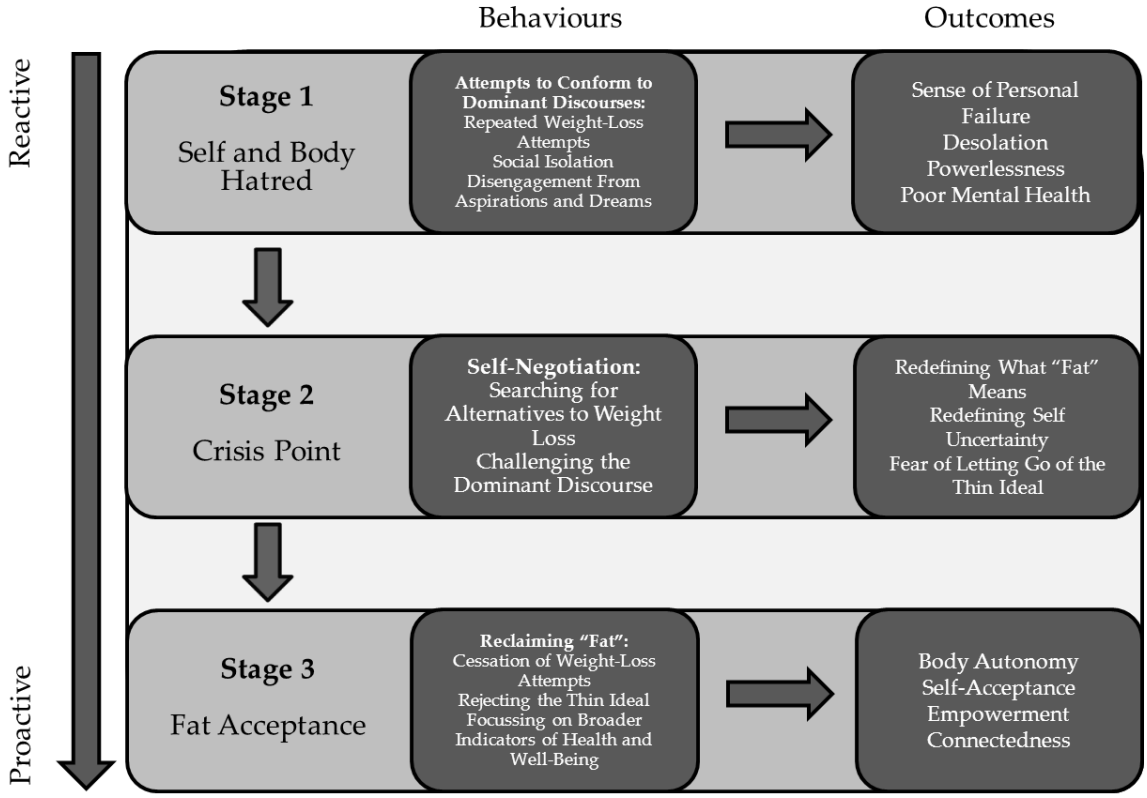

Figure 14. A proposed model of the stages to fat acceptance as a way of resisting stigmatising obesity discourses

The stigma and discrimination that participants experienced from external sources in turn influenced the body dissatisfaction and sense of failure that internally. These factors affected the strategies that they employed to then combat and eliminate the weight-related stigma that they were experiencing. This had a marked similarity to the discussions of Murray (2008a), who described how cultural knowledges are utilised by fat individuals in order to make meaning of themselves, as they are *"embodied by us and deployed constantly in our interactions, observances and understandings of others"*(p.33).

As can also be seen in Stage One, participants perceived that the only way in which they would be able to eliminate their continual experience of weight-related stigma was to remove the excess weight through purposive weight loss attempts. This finding is similar to a number of other studies examining the strategies employed by fat individuals as a response to weight-related stigma (Lewis, Thomas, Blood, et al., 2010; Puhl & Heuer, 2009; Puhl, Moss-Racusin, &

Schwartz, 2007). This overall response to weight-related stigma can be seen as a reactive response to the stigma that they experienced, which was generally characterised by strict, continual regimens of diet and exercise. Additionally, engagement in these responsible behaviours was a signal to those around them that they were not only attempting to control their (fat) bodies, but that they could overcome their primary character flaw – a weak will. Murray (2008a) provides further illumination on these concepts of *"control"* through the *"public gaze"* and her own lived experience;

> *I am aware that my body is visibly marked in our society as a symbol of abject lack of control. However, my life has been mapped by control for as long as I can remember. From measuring food portions to measuring my waistline, from weighing out my meals, to weighing up myself, I have been brought into being by these rigorous processes.* (p. 4)

However, participants eventually came to a 'crisis point' at which they were either no longer willing or able to continue upon this path. This crisis point can be seen within Stage Two. Within this Stage, participants began to distance themselves from the dominant discourse surrounding weight, and approach their past and present experiences in a new manner. The more participants began to challenge the dominant rhetoric that fat was always and inherently 'bad,' participants' perceptions of the dominant discourse changed. This took place through many avenues, including the intentional action of changing one's behaviours and beliefs, or through collective action and/or engagement with the Fatosphere.

While participants often inherently agreed with the concepts of fat acceptance as promoted by the Fatosphere, participants often found it hard to overcome their previous belief structures and apply them within their own lives. This became a slow process of self-negotiation for some as they experienced an internal struggle between what they believed would be in their best interests (fat acceptance) and what they were constant told would improve their health (the biomedical, public health and societal perspectives of adiposity). The Fatosphere within this process of negotiation was invaluable, as it became a forum by which individuals could discuss these issues with like-minded others in a receptive environment. Additionally, the asynchronous nature of the internet and blogging in particular combined with the anonymity and dissociative nature of communicating via computer allowed participants the time and space to allow participants to think through the challenging concepts of the Fatosphere at

their own pace, and in a way that was suitable for them (a finding similar to others in online health information research; see Cline & Haynes, 2001).

When participants reached Stage Three, they perceived themselves to be more empowered, connected, and self-accepting. The sense of acceptance and belongingness that came with being part of a community in which they could identify with others with similar experiences was a key factor in this change in participants. It has previously been stated that group identification is an essential factor in assisting in the proactive response to stigma, which is achieved through examination of societal assumptions and self-negotiation (Friedman et al., 2005; Rissel, 1994; van Zomeren, Postmes, & Spears, 2008). Participants experienced an increased sense of solidarity and empowerment, improved self-perception, and found that they had improved mental health outcomes. This was achieved through the sense of inclusion, sharing of experiences, social support and the common goals that were offered within the Fatosphere. These findings are similar to that of other research that has been conducted with other stigmatised populations and experimental settings (Latrofa, Vaes, Pastore, & Cadinu, 2009; LeBel, 2008; Lowe et al., 2009; Wong, Sands, & Solomon, 2010).

Reclamation of the word *fat* from a negative to a positive descriptor was a vital process that allowed participants to reframe not only their relationship with their own body, but with the world around them by modifying the power situation in which they allowed stigma to exist (Link & Phelan, 2001). This process removed the discriminatory connotations that were frequently associated with the word *fat*, and therefore the subsequent deleterious impact that on participants (Brontsema, 2004). This shift was not simply about coming to terms with a new word to describe themselves, but symbolised participants' triumph over their previous way of thinking, negative experiences, and weight loss attempts. It was described as an empowering process for participants, and allowed them to carve out a new sense of personal identity – one that was positive and optimistic.

Tensions in the Fatosphere

While the positive aspects of the Fatosphere were well covered within participants' narratives, a number of tensions arose through the narratives, both in relation to the integration of online and offline relationships and ideas, to the relationships within the Fatosphere. Participants found that a number of debates would arise through the discourse that took place within the Fatosphere community, but the rule indicting the cessation of diet and weight loss talk, and

the good fatty/bad fatty debate were the primary tensions put forth within the community itself. Participants' newly-regained sense of body autonomy was at the core of both these debates, and deeply held beliefs sparked disagreement from those in the community. However, because many participants had fought so hard for their own body autonomy, it was a common and firm belief within many participants that they would leave the views of others alone.

In becoming a part of the Fatosphere, participants found that they opened themselves up for further stigmatisation and discrimination, both through the trolls that contacted their blogs, and through the broader community if or when they attempted to merge their offline and online lives. Because of this potential, participants found that they protected themselves and others further through the gradual and deliberate disclosure of their newfound beliefs and opinions, and through moderation on their blog. This strategy to maintain the acceptance of those around them originated from participants' impression that they may be excluded as a result of an impression of difference and reluctance to disclose their new ideals and beliefs (McKenna & Bargh, 1998). Therefore, disclosure relating to the Fatosphere was often limited to those individuals who it was perceived would react in a positive manner, and often separated almost completely from the participants' offline environments. It is important to note that this kind of nondisclosure, along with concealment and separation of lives may also generate negative physical and mental health outcomes (Major & Eccleston, 2005). These possible negative ramifications of nondisclosure must be balanced with the possible ramifications or consequences disclosure in the offline environment may engender, and the benefits of continued involvement with the community. Additionally, because of the fundamental dissonance between participants' perceptions of the Fatosphere and that of society's, participants were under the belief that their ideal world of weight neutrality and separation of weight and health were long-term goals to aim for in the distant future.

Conclusion

In this chapter, I have examined the experiences and narratives of individuals involved in the online fat acceptance community known as the Fatosphere. Participants engaged in a long journey from engagement in the biomedical, public health and societal perspectives of obesity, to engagement in the alternative, health-centred perspective. While this pathway was by no means easy, participants described how this alternate pathway allowed them to move from

reactive to proactive strategies in relation to the stigma and discrimination that they experienced. Additionally, participants in this study experienced a marked perception of exclusion within the wider society, which was ameliorated through the sense of support, protection and inclusion that they found within the Fatosphere.

Through the manner in which they conveyed themselves within the online environment, participants disclosed information and experiences to others in order to assist them in challenging their own perceptions and experiences relating to the (fat) body. The location of this community within an online medium has allowed many individuals from geographically disparate locations to come together and create a community that would be unlikely in the current offline environment. In addition, the disinhibition and anonymity found within the internet allowed participants to move past their self-consciousness and engage with others of a like mind. Furthermore, it provided support and protection to individuals who would not previously had access to such collaborative coping responses.

It must be noted, however, that while the Fatosphere may not be suitable for all fat individuals, it provides an important alternative that may be worthwhile for some individuals to pursue. In addition, this approach may also be useful in moving away from the current 'blame' rhetoric prevalent within the current response to fatness and adiposity within today's society, and towards a more constructive, supportive and compassionate approach to adiposity, weight and health. I will now discuss the third study that forms my thesis – an examination of an internet-based campaign aimed at challenging common perceptions about adiposity.

Chapter Six

Study Three: I Stand

Chapter Six Overview

Introduction

In this chapter I will examine the third sub-question of my thesis, "*How can the internet be utilised as a medium to challenge common attitudes towards adiposity?*" This aim is achieved through the examination of internet- based campaign called 'I Stand' that aspires to challenge the common perceptions of obese individuals, through countering a public health campaign called 'Strong4Life' run within the state of Georgia in the USA during 2011. Both campaigns will be examined in detail, investigating the compositional, visual and textual elements that serve to combine and present a version of reality for the viewer. To begin with, however, I will recap briefly the relevant literature concerning the media and visual depictions of the fat body within today's society and explain the methods specific to this study.

Background – The (Fat) Body and the Media

As previously discussed in Chapter Two, the literature surrounding fat, overweight and obesity has demonstrated a number of different findings in relation to the visualisation and depiction of corpulent individuals within the public sphere. Within the growing literature examining the corpulent body and the media, there is a tendency to portray those individuals considered to be fat, overweight, or obese in a negative manner and for an emphasis to be placed on individual personal responsibility in weight management and control (Heuer et al., 2011; Kim & Willis, 2007; Saguy & Almeling, 2008). Within visual representations in particular, the corpulent body is often either ignored, or highlighted as the character's or individual's most salient characteristic (Ata & Thompson, 2010; Fikkan & Rothblum, 2012; Greenberg & Worrell, 2005; Weston & Bliss, 2005). In addition, it has been shown that corpulent individuals are less likely to be portrayed fully clothed, as experts, or shown exercising and are more likely to be depicted consuming food or drink (Heuer et al., 2011).

These (particularly visual) media portrayals reinforce the utilisation of *'lipoliteracy'* (the act of reading the fat body for what we believe it can tell us about an individual's moral character and health; Graham, 2005) and the understanding that one only needs to view the individual briefly to know that they conform to the common view of the corpulent individual as 'dumb,' 'lazy,' 'deviant,' 'immoral,' 'unattractive,' 'disgusting,' 'repulsive,' 'weak,' 'greedy' and 'lazy' (Cooper, 2008; Graham, 2005; Murray, 2004, 2005a, 2005b, 2007, 2008b, 2008c; Tischner & Malson, 2012). Additionally, this approach emphasises that those individuals who do not

attempt to remove themselves from the stigmatised identity of fat, overweight or obese deserve the treatment that they receive at the hands of others (often including stigmatisation, rejection, exclusion and discrimination; Crandall, 1994; Halse, 2008; Puhl & Brownell, 2006; Thomas, Hyde, Karunaratne, Herbert, et al., 2008). Furthermore, suggestions not only by academics, but public health and medical professionals have been made within the literature and public discourse that this kind of harsh treatment may aid individuals in engaging in what are seen to be 'healthy behaviours' (i.e. diet and exercise). However this approach has been discredited by a number of recent studies (Carels et al., 2009; Puhl et al., Advanced Access; Schvey et al., 2011; Vartanian & Shaprow, 2008).

The manner in which (fat) individuals are portrayed within the media is important as the media is an influential means of socialisation and not only serves to influence social norms surrounding attitudes and beliefs about weight, but also serves to promote and/or reflect shifts in the cultural landscape (Thompson, Herbozo, Himes, & Yamamiya, 2005; Weston & Bliss, 2005). The media affects the strength, presence, dissemination and perpetuation of weight-related stigmatising attitudes within the general population (Geier et al., 2003; Paquette & Raine, 2004),and how the media portrays individuals (particularly through visual mediums) influences not only opinions of others, but also their opinion of themselves and their body (Abraham & Appiah, 2006; Gibson & Zillmann, 2000; Zillmann et al., 1999). This influence may amplify the unexpressed negative attitudes that may be present towards corpulent individuals (Pearl et al., 2012). A study by Lobstein and Dibb (2005), examined the association between advertisements during children's television programming and found that when children's advertising increased so did body weight. This association was especially salient when examining advertising of sweet and fatty foods, however, the advertising of healthier foods appeared to have a mild protective factor against excess body weight (Lobstein & Dibb, 2005).

Public health campaigns often use what is called a 'fear appeal' framework in order to convey messages surrounding health risks (Hale & Dillard, 1995; Soames Job, 1988). Hale and Dillard (1995) describes a fear appeals approach as one which emphasises the negative physical and/or social consequences of inaction or compliance with the message presented through the campaign. However, Soames Jobb (1988) has stated that within public health the use of a fear

appeals approach is generally rather simplistic, in that campaigns *"get behind people with a big stick (lots of threat and fear) in the hope that this will drive them in the desired direction"* (p.163).

Witte and Allen (2000) conducted a meta-analysis of fear appeal campaigns, and concluded that fear appeals have a fairly weak, but reliable effect on behaviours, attitudes and intentions, and that the stronger the fear elicited by a campaign, the more persuasive it is. However, they also found that in order for a fear appeal based public health campaign to be effective, it must have two components; (a) depict a significant relevant threat to the target audience, and (b) outline effective responses that are seen to be achievable (Witte & Allen, 2000). The first component is designed to increase the target audiences' perceptions of susceptibility and severity, while the second is designed to increase perceptions of response- and self-efficacy (Witte & Allen, 2000). While fear appeals do have potential in engaging individuals in public health messages promoting behaviour change, their effectiveness depends on their compliance with this structure (Hale & Dillard, 1995; Witte & Allen, 2000).

Examples of fear appeal public health campaigns that can be found in the literature are illustrated in Figure 15, and include campaigns relating to drug use (e.g. *"this is your brain on drugs"* – image A; Hale & Dillard, 1995); AIDS (Acquired Immune Deficiency Syndrome) education (e.g. The Grim Reaper; *"AIDS prevention is all we've got"* – image B; Rigby, Brown, Anagnostou, Ross, & Rosser, 1989), tobacco (e.g. *"every cigarette is doing you damage"* – image C; Hill, Chapman, & Donovan, 1998) and road safety (e.g. "if you drink and drive, you're a bloody idiot" – image D; Elder et al., 2004). More recently, however the use of a fear appeal approach has been used to combat obesity (Puhl et al., Advanced Access).

Image A*	Image B†
	
This is your brain on drugs	*AIDS prevention is all we've got*

Image C[#]	Image D[^]
	
Every cigarette is doing you damage	*If you drink and drive, you're a bloody idiot*

Figure 15. Campaigns Using a Fear Appeals Approach
Sources: *Partnership for a Drug-Free America, n.d.; [†]Rigby, et al., 1989; [#]Quitline, 2012; [^]TAC, n.d.

In one recent study, Puhl and colleagues (Advanced Access), examined the slogans of a number of public health campaigns from the US, UK and Australia – including three from the Strong4Life campaign – *"Being fat takes the fun out of being a kid," "Chubby kids may not outlive their parents,"* and *"Fat kids become fat adults."* These three slogans were ranked as being the second, third and fourth most stigmatising messages respectively out of the 29 slogans examined within the study. Additionally, the first slogan (*"Being fat takes the fun out of being a kid"*) was considered to be least favourable and least motivating, while second (*"Fat kids become fat adults"*) was considered to be more stigmatising and less motivating by obese participants when compared to nonobese participants. Furthermore, within their discussion Puhl and colleagues (Advanced Access) singled out the Strong4Life campaign as an example of a campaign that aimed to assist corpulent individuals in losing weight through stigmatisation;

> *As an example, in 2011 the Children's Health Care of Atlanta Campaign to address childhood obesity in Georgia publicized billboards and commercials portraying obese youth with captions such as 'Stocky, Chubby, and Chunky are Still Fat' and 'Fat Kids Become Fat Adults'. Despite being the target of public criticism for promoting shame and stigma towards families struggling with obesity, the spokesperson of the campaign stated, "We felt like we needed a very arresting, abrupt campaign that said: 'Hey, Georgia! Wake up. This is a problem'". Although this perception may be common…public health campaigns that communicate stigmatizing, shameful messages could inadvertently make*

> *the problem worse and harm those most in need of help* (Puhl et al., Advanced Access, p. 6)

This position was supported by the overall findings of the study which stated that those campaigns which were considered most stigmatising received the most negative ratings, along with the significantly lower intentions to comply with the messages included. In addition, the messages perceived to be the most motivating and positive did not mention the word 'obesity,' focussing instead on positive behavioural changes that did not reference body weight in any way and provided specific behavioural strategies for individuals to follow (Puhl et al., Advanced Access). In addition, the messages considered to be the most stigmatising by the sample were those that focussed on the weight of children, with the authors concluding that *"it may be that adults are more sympathetic and opposed to the stigmatisation of obese children than obese adults"* (Puhl et al., Advanced Access, p. 7).

Design, Sampling and Analysis

Design

This study aimed to examine a method by which antifat attitudes could be ameliorated using the medium of blogs. In order to achieve this aim, a discourse analysis was conducted on the 'I Stand' campaign published online using the microblogging site tumblr. Tumblr is a microblogging site that allows its users to *"share anything. Post text, photos, quotes, links, music, and videos, from your browser, phone, desktop, email, or wherever you happen to be"* (Tumblr, 2012, para. 1). Over 19 billion entries have been posted on Tumblr since its inception in 2007 (Tumblr, 2012). Recently, Tumblr has begun to build momentum, with a 218% increase in unique visitors occurring within the USA between July 2010 and July 2011 (Lipsman, 2011).

This study also takes a case study approach, examining the unique and complex events and characteristics of the specific social phenomena under examination (Stake, 1995; Thomas, 2003; Willis & Anderson, 2010). As a case study *"typically consists of a description of an entity and the entity's actions"* (Murray Thomas, 2003, p. 33), it attempts to offer explanations of why an organisation, individual, group, or event acts or occurs in the manner that it does (Murray Thomas, 2003; Patton, 2002). As stated previously, a case study is not a methodological choice but rather a choice of what is to be studied within a research project, and can utilise a number

of different methods or methodologies in order to examine the phenomenon in question in an effective manner (Flyvbjerg, 2011; Gobo, 2011).

Sampling & Data Collection

Images were sampled from the I Stand Tumblr webpage (I Stand Against Weight Bullying, n.d.). All images posted between the beginning of the feed on January 22nd, 2012 and one month later on February 21st, 2012 were collected, resulting in 310 images being sampled. In addition, all available comparable images from the Strong4Life campaign were also collected to allow comparison between the campaigns to take place. Images that were considered to be duplicates (i.e. with identical image and caption) were excluded from analysis. Information including date uploaded, any extra text accompanying the image and the image itself were also recorded and analysed.

Analysis

The method of discourse analysis presented by Weintraub (2009) was chosen as a framework for analysis within this study. While discourse analysis was originally conceived to examine spoken dialogue, it has been modified to examine other forms such as written text and photography (Weintraub, 2009). When images such as photographs and written text are designed to work in tandem to convey a message, Weintraub states that this combination is labelled as a 'discourse' and can be examined in combination (Weintraub, 2009). This method was chosen because it allows for the examination of both text and image in tandem, as opposed to other methods which focus on either text or image as separate entities. Three different stages have been delineated and applied to this type of discourse analysis;

1. *Description of the content of the image and the accompanying texts.*
   A rich description of each image's content and composition along with any accompanying text and its relation to the image is provided.
2. *Analysis of the content for the production and reception of the image and accompanying texts.*
   The historical, social and cultural details of the image(s) are analysed along with details of production, distribution and reception of the image and its accompanying text.
3. *Explanation of how the images and accompanying texts construct a particular social reality.*
   The construction of the social is explicated, alongside explanations of how ideologies are created, exemplified, reinforced or contradicted by the image and accompanying text.

In carrying out stage one, the images and accompanying text were described qualitatively in great detail. These descriptions were thematically analysed in order to compare them against common perceptions of corpulent individuals within western society, first deductively based on previous literature, and then inductively based on other categories that emerged from the data.

In order to capture compositional attributes of the images within stage one, a quantitative content analysis was also conducted. Characteristics such as the number of individuals, gender, age, and weight of each individual depicted in the images was recorded. Furthermore, characteristics such as *social distance*, *gaze*, *camera position*, *focal point* and *visual modality* of the images were also recorded quantitatively. A proforma was created in order to record this information in an effective manner – see Appendix C for the proforma used in analysis of this data. All qualitative data was analysed using NVivo (Version 9; QSR International, 2011) and quantitative data with SPSS (Version 19; IBM, n.d.).

Social distance refers to the perceived proximity of the subject within the image to the individual who is viewing it (Bell, 2004; Kress & Van Leeuwen, 1996; Rodriguez & Dimitrova, 2011). Social distance within day-to-day interaction is seen through the figurative and literal distance that individuals keep with one another, with smaller social distance indicating familiarity and closeness to the individual in question (Kress & Van Leeuwen, 1996). Within this research process, this sense of social distance corresponds to different fields of vision, and Bell (2004) has operationalized these fields of vision into six values; (1) intimate social distance – face or head, (2) close personal distance – head and shoulders, (3) far personal distance – waist up, (4) close social distance – whole figure, (5) far social distance – whole figure, and (6) public distance – torso of four-five people.

An individual's *gaze* refers to where the subject is looking in an image (Coleman, 2010). A direct gaze at the viewer creates contact between the subject and the viewer, while gazes towards others, objects or out of frame can convey other meaning that is image dependent (Bell, 2004). The *camera position* refers to whether the camera is above, level with or below the subject, creating a power relationship between the viewer and the subject. Those individuals who are below the camera, looking up, are seen to be in a subordinate position of power, and those above it, looking down, are seen to have power over the relationship between viewer

and subject (Coleman, 2010). Those individuals level with the camera, however, are seen to be equal with the viewer and no uneven power relationship is seen to exist (Coleman, 2010).

The *focal point* is important when examining an image as a whole with different meanings conveyed when the subject is the focus of the image, as opposed to another object or action. *Visual modality* was also assessed, which refers to how 'real' the image appears to be (Kress & Van Leeuwen, 1996). This involved examining the colour and tonal shades in the image (Kress & Van Leeuwen, 1996), and was done on an aggregate level towards the end of the analysis stage as these factors were generally consistent throughout the sample.

In order to carry out the stage two analysis, the method by which the images were produced and distributed are examined, as well as their reception through media sources. Furthermore, the historical, social and cultural details are examined through the use of previous research conducted both myself and others examined in the light of the themes and messages portrayed in the images and accompanying text.

For stage three, the method of production, distribution and reception of the images and their accompanying text are examined in tandem with the historical, social and cultural details following their publication. In the reporting of these varying steps and elements within the results, however, each of these three stages may not be presented in a linear fashion (i.e. they may be integrated or appear in a different order than presented here).

Terminology used in Study Three

As in Chapter Four, the conventional terminology utilised within academic writing such as participant were not appropriate within this study, as the data were sourced directly from the microblog itself. There are a number of different components that can be referred to within these posters, which have been delineated for clearer understanding in a visual manner within Figure 16;

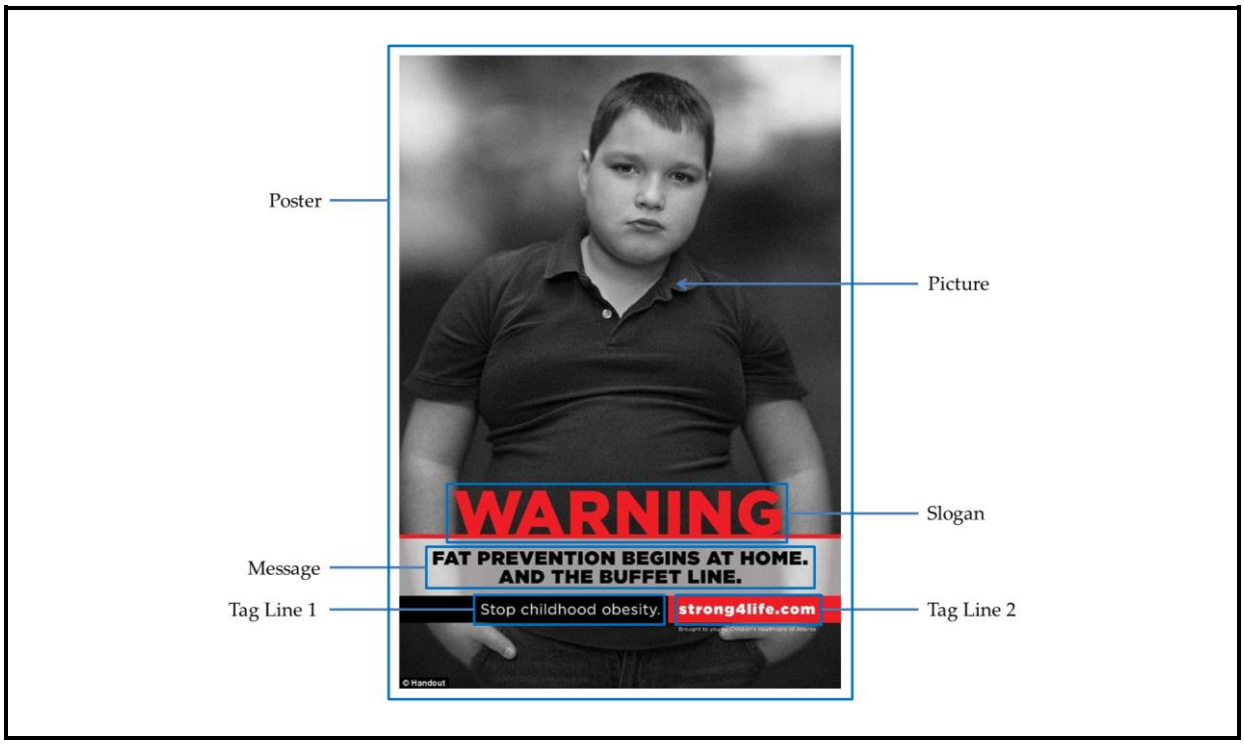

Figure 16. Visual Representation of Terminology Definitions

In addition to the visual depiction outlined above, Table 14 provides an account of the various terminology utilised throughout this chapter, including not only of the posters but also referring to those persons who posted them online.

Table 14. Terminology Definitions

Term	Definition
Poster	The visual and textual elements combined to create the entire advertisement or STANDard.
Picture	The visual portion of the poster.
Slogan	The phrase written in colour and capitals superimposed over the picture. (e.g. "WARNING" or "I STAND").
Message	The phrase written under the slogan which conveys the message behind the picture (e.g. "It's hard to be a little girl if you're not" or "against harming fat children. Hate ≠ health").
Tag Line 1	The first text box after the message.
Tag Line 2	The second text box after the message.
Individual	A person depicted within a picture.
Activist	The individual who submitted the image and text to be combined into a poster.

In addition to the terminology outlined above, analysis of the pictures was undertaken on two levels; the first level – the 'pictorial' level – examines the overall picture as a whole, while the second – the 'individual' level – examines the characteristics of individual/s that are depicted within a picture.

Production and Reception of the Strong4Life and I Stand Campaigns

Strong4Life

The Strong4Life campaign commenced in August of 2011 in the American state of Georgia, and contained a number of different campaign strategies including billboards, television campaigns and advertisements. The campaign – run by Children's Healthcare of Atlanta (CHOA) – was in response to a report which stated that Georgia had the second highest childhood obesity rates in America (21.3%; Levi, Segal, St. Laurent, & Kohn, 2011). The campaign aimed to *"increase awareness of this medical crisis"* and prompt *"a new discussion"* to *"get Georgia talking"* (Hertz, 2012; para. 3, 4 & 6). These multiple campaign strategies were complemented by a website that reinforced the messages within the campaign (CHOA, 2011). Initially, the website mirrored the campaign being shown within the broader media, however in February of 2012, the website changed to portray a 'happier' and 'healthier' version of the children portrayed within their campaign, and included information and tips on assisting children in losing weight (See Figure 17 for images of the website). A CHOA representative stated that this *"awareness"* phase was only the first in the "*Strong4Life movement,"* and that the *"initial phase* [would be followed with] *additional education and information"* (Hertz, 2012; para. 7). However, whether the change in the website was a designed component of the campaign or a response to the criticism levelled by the public is unable to be determined.

Figure 17. Strong4Life Website Versions. Source: CHOA, 2011

In response to the campaign, a number of criticisms were levelled at CHOA and Strong4Life. The primary criticism was that the advertisements stigmatised fat, overweight and obese children and adults. In a letter written to an activist working against the Strong4Life campaign, the Director of the National Institute of Child Health and Human Development (NICHHD) stated that *"this campaign carries a great risk of increasing stigma for those children who are overweight or obese"* and that *"it is important…that public messages about obesity address* [the complexities of obesity] *whenever possible."* (Guttmacher, 2012; para. 2 & 3). In addition, a number of academics and associations were reported to be in opposition to the campaign, including; The Rudd Centre for Food Policy and Obesity (Yale University), National Eating Disorder Association (NEDA), Academy of Eating Disorders (AED), Obesity Action Coalition (OAC), Binge Eating Disorder Association (BEDA), Association for Size Diversity and Health (ASDAH), the National Association to Advance Fat Acceptance (NAAFA), and Kaiser Permanente (About-Face, 2012; AlabamaNews, 2012; Goodyear, 2012).

Further criticism was levelled at CHOA and Strong4Life when it was revealed that none of the children depicted within the campaign suffered from the health problems referred to within the billboards, commercials and advertisements, and that the children were in fact healthy actors and models (Dark, 2012). However, CHOA responded to criticism stating that their research showed that *"more than 80 percent of Atlantans* [sic] *who have seen the ads agree with the approach"* and that while *"eleven percent do not like the ads"* they understood *"their reservations,"* but felt that *"discomfort can lead to change"* (Hertz, 2012; para. 4).

I Stand

The "I Stand Against Weight Bullying" tumblr site was created by Marilyn Wann as *"a response to Georgia's misguided and harmful Strong4Life campaign against childhood obesity"* (I Stand Against Weight Bullying, n.d.) which took place in Georgia, USA in 2011 and 2012 (CHOA, 2011). While the Strong4Life campaign consisted of billboards, videos and other multimedia, the I Stand campaign replicated poster advertisements (which they termed STANDards) that consisted of images combined with a warning toward the bottom of the image. Consequently, the I Stand campaign comprises of images with a slogan beginning with 'I Stand' and finishing with individual messages against the Strong4Life campaign or the treatment of corpulent individuals in general (see Figure 18 for an example).

Figure 18. Examples of the Strong4Life and I Stand campaigns

An individual could submit a picture and caption via the I Stand microblogging (tumblr) page, which was then edited so that it resembled the Strong4Life campaign, and posted by those running the tumblr site.

The I Stand campaign received a mixed reception, with some applauding the *"powerful statements"* (Dark, 2012, para. 4) that raise *"an important point in the way society views bigger people"* (Kissack, 2012, para. 13). However, others felt that the campaign failed to acknowledge the dangers surrounding obesity at all ages, such as cardiovascular disease, diabetes and high blood pressure (Galvin, 2012; Hill, 2012). In addition, one commentator suggested that the I Stand campaign *"had nothing to do with helping children"* and instead was *"about fat activists congratulating each other on their appearance"* (Hill, 2012, para. 23).

Results

Here I will present the results of the analysis of the Strong4Life and I Stand campaigns. See Table 15 for a summary of the themes arising from this analysis.

Strong4Life Campaign Analysis

Sample Characteristics

In analysing the Strong4Life Campaign, only those posters on which the I Stand Campaign were based were included in order to allow for direct comparison between the two campaigns. The available posters from this campaign strategy included three single shots and two posters

Table 15. Summary of Chapter Six Themes

	Themes	Sub-Themes	Characteristics
Strong4Life Campaign	Sample Characteristics	Characteristics of the Individuals Depicted	All individuals depicted alone, all were children, and considered to be fat. The sample consisted of three boys and two girls, two of Caucasian appearance, two of African-American appearance, and one of Hispanic appearance.
		Compositional Characteristics	All individuals were level with the camera, looking straight at the camera from a far personal distance. All children were the focal point of the image and monochromatic colour scheme was utilised with a red highlight. Most images utilised a mottled blank background and used the WARNING slogan combined with the tag line *"Stop childhood obesity"*. One image utilised the same slogan but utilised the tag line *"you can stop your child's obesity."*
	Visual	Reinforcing Dominant Expectations	Children are depicted as unhappy, hurt or upset to the camera.
		Highlighting the (fat) body	Arms held at sides in order for the (fat) body to be seen; clothing chosen is ill-fitting and unflattering.
	Text	Parents are at fault	Food is primary method by which children become and stay fat; suggestions of (certain) illness are designed to scare parents.
		Difficulty of living as a (fat) child	Suggests that all fat children are miserable and unhappy.
I Stand Campaign	Sample Characteristics	Characteristics of the Individuals Depicted	The majority of individuals depicted were considered to be adults, female, fat, and depicted alone or with one other individual.
		Compositional Characteristics	The majority of individuals were level with the camera, as the focal point of the image, gazing straight at the camera, and at a far personal to far social distance away from the camera. In addition, all but two images utilised a monochromatic colour scheme with pink highlights. The majority of images utilised a mottled blank background, and used the I STAND slogan combined with the tag line Stop Weight Bigotry. A second tag line of Health at Every Size was also used.
	Visual	Parenting and Children	Images of happy children engaging with food and exercise Parents and children of all sizes enjoying each other's company and engaging in a number of different activities including movement, exercise and sport.
		Subverting Dominant Expectations	Images in which corpulent individuals are portrayed as happy and cheerful; in poses that suggest strength; engaging in movement or exercise; in a stylish and fashionable manner; in a sexually suggestive manner; in a manner that suggests intelligence.
		Solidarity	Images of those with other disabilities, gay and lesbian individuals, and 'normal weight' individuals posted to support fat children and adults.
	Text	Stigma	Stigma does not help (fat) individuals lose weight. Weight-related stigma teaches children and adults alike to hate and change their bodies. There is a need to bring an end to weight-related stigma and discrimination, and a hate-free childhood for fat children.
		Acceptance and Respect	Acceptance of the self, the body, and even further to self and body love. Respect for children, corpulent individuals – everyone you meet. Respect for your own body.
		Body Diversity and Autonomy	Bodies come in all shapes and sizes and should be celebrated. The body is responsibility of the individual – no one else; diversity, autonomy, beauty, health, equality, confidence, dreams, happiness, movement, desirability, intelligence should happen at every/any size.
		Health, Movement and Food	Size is not a determinant of health. Everyone should engage in fun and enjoyable movement. No more dieting, everyone should eat well, in moderation, and taught to love and enjoy their food, not fear it.
		Identification and Credibility	Prominent academics, activists and public figures alongside everyday individuals were either identifiable or identified either through prominent public personas (identifiable) or through the printing of their name at the bottom of the poster, adding credibility to the I Stand campaign.

created by digitally combining three or more of the individual pictures together. A total of five children were depicted in this arm of the campaign strategy; three boys and two girls. All of the children depicted in this arm of the campaign were fat, depicted at far personal distance (from the waist up) and were photographed on the same level, looking straight at the camera. The child was the focal point of all pictures. The children were from a range of different racial backgrounds, including two Caucasian children, two African-American children, and one Hispanic child.

Four out of the five campaign posters included a black and white photograph on a fairly plain background, the slogan of *"WARNING"* superimposed onto the image in capitals and the colour red. The use of monochromatic colours juxtaposed with the red of the warning is designed to suggest a sense of danger and risk to the viewer. The warning was followed by a message alerting individuals to different aspects surrounding the topic of childhood obesity. One poster contained a tag line stating *"you can stop your child's obesity"*, while three others contained the tag line *"stop childhood obesity."* One poster did not contain a tag line. Four posters followed this tag line with second one comprising of a red block with white letters that contained the web address for the campaign (strong4life.com), the final poster included a different web address (stopchildhoodobesity.com) which redirected to the Strong4Life website. See Figure 19 for the posters included in this arm of the Strong4Life campaign.

Visual Analysis

As can be seen in Figure 19, all of the children depicted within these pictures are portrayed as being unhappy and upset. This is expressed through the children frowning at the camera with sad or hurt expressions on their faces. While the majority of the children held their arms at their sides – allowing for their (large) bodies to be seen clearly by the camera – one girl folded her arms across her belly. This stance could indicate a number of emotions such as displeasure, anger or defiance, which are supposedly directed toward the state of her body. In addition, the clothing chosen for these children is unflattering and ill fitting – highlighting their (unacceptable) bodies for the viewer.

Textual Analysis

In the messages superimposed onto the poster, the principal suggestion is that parents are at primary fault for their child's size. Parents are pushed to admit their child has a problem, and it suggested that food is the most fundamental way in which children become and stay fat,

Figure 19. Strong4Life Campaign Posters

overweight or obese; *"Fat prevention begins at home. And the buffet line."* In addition, it is suggested within these messages that the common excuses made by those of larger sizes are erroneous and inaccurate; *"Big bones didn't make me his way, big meals did."* Furthermore, the campaign aims to scare parents and their children through the suggestion of illness and death as a result of their child's weight. Messages raising the issue of diabetes (*"He has his father's eyes, his laugh and maybe even his diabetes"*) and death (*"My fat may be funny to you but it's killing me"* and *"Chubby kids may not outlive their parents"*) were designed to scare parents into acting on their child's weight, whether or not it was indicated for their child or not. The difficulties of living as an overweight child are also highlighted within these messages, through the use of humour at the child's expense; *"It's hard to be a little girl if you're not."* Only one message gave the impression that there was hope for the children in question; *"Admit the problem and you can help him change."*

Construction of a Social Reality

The construction of reality depicted by these Strong4Life posters support the dominant discourse of obesity presented by the biomedical, public health and societal perspectives of obesity outlined in Chapter Two. The Strong4Life campaign posters construct a social reality in which young children are in danger from something that is perceived to have a solution, and obesity is seen not only as a disease, but also as the *cause* of disease, morbidity and mortality. It is reinforced that those individuals who are seen to be fat, overweight, and obese are statistically and morally deviant, and it is their own (or their parents') fault for allowing themselves to engage in the deviant behaviours (i.e. eating too much and remaining sedentary) that allowed them to become that way. Essentially, the problem (the child's fatness) and the solution (their weight loss) are placed firmly in the hands of the parents.

The posters additionally perpetuate the myth that all corpulent individuals are automatically dissatisfied with their bodies (and by extension, themselves), and engage in what are seen to be the common behaviours of the corpulent individual – eating badly and not engaging in exercise or movement. Implications are also made that most (if not all) fat children are unwell, and that their fatness will automatically lead to certain morbidity and mortality. It is implied through the textual component of the posters that through engagement with the common methods of 'transformation' available to corpulent individuals – i.e. diet and exercise – they can also inhabit the 'thin ideal' and become satisfied with their bodies (and themselves), and remove themselves from certain disease.

As outlined in Chapter Two and the Background to this chapter, there are two manners in which corpulent individuals are depicted within the visual avenues of popular culture; as absent or as their most prominent attribute. These posters take the second path by depicting the children's size as their most salient characteristic – as the one characteristic that you see and the one characteristic that cannot be overlooked. Through the use of ill-fitting clothes and prominent bellies, the child's size becomes the most important distinguishing feature about the child and the only one which is seen by the viewer. It is suggested through the surly and despondent expressions on the children's faces combined with the messages accompanying those images that all fat children are unhappy with their bodies, which they are expressing to the viewer through their direct gaze and the personal distance utilised within the pictures. It is also further implied by the use of these images that highlight the unhappiness of the corpulent child and the need for them to change that the use of stigmatisation and discrimination will assist them in engaging in better health behaviours in order to achieve their goal. By emphasising the problem (the fat child) it is suggested that individuals will become more aware, and therefore change their behaviour or that of their child.

I Stand Campaign Analysis

Sample Characteristics

This sample was gathered from the I Stand tumblr webpage (I Stand Against Weight Bullying, n.d.) for one month between January 22 and February 21, 2012. Within this time, 310 Posters were downloaded; however four were excluded as they were considered to be duplicates (i.e. they contained the exact same picture and text as another poster within the sample). As you can see in Figure 20, just over half the posters were posted within the first eight days of the microblog. It is important to note that activists were not able to upload their own posters to the site, but were required to submit them to the webmaster who formatted them in a coherent manner and uploaded them to the site – therefore posters were uploaded in batches when the webmaster was able to spend the time on the website.

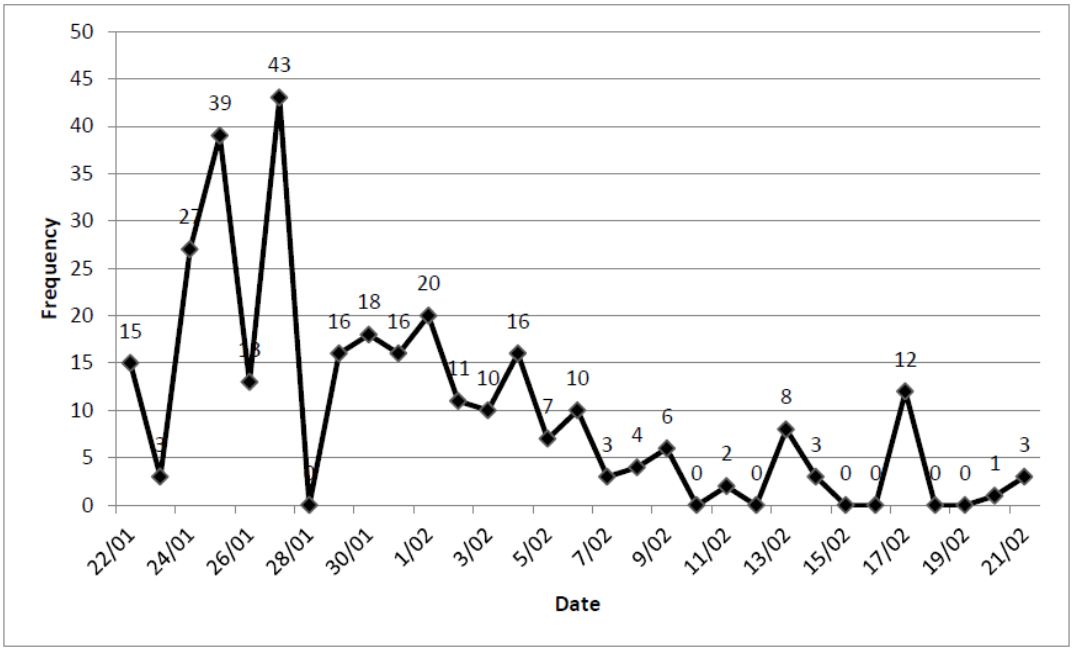

Figure 20. Frequency of STANDards uploaded to the I Stand Tumblr Page

As can be seen in Table 16, across the 306 included posters, 430 individuals were depicted. Within the pictures, the vast majority of individuals were depicted either alone or with one other individual. However, up to 11 individuals were depicted within a single picture. At both the pictorial and individual level, the majority of individuals depicted were female, categorised as being adults, and as fat. There was, however, a significant number of individuals who could be termed as 'fat allies' as they were deemed to be 'non-fat' but supporting the I Stand campaign.

Within Table 17, it can be seen that the vast majority of individuals depicted within the pictures were level with the camera, suggesting an equal power relationship between the viewer and the depicted. In addition, the focal point of the poster was overwhelmingly the individual(s) depicted. Other items that were the focus of the picture included animals and sporting or exercise equipment. The gaze utilised at both an individual and pictorial level was predominantly straight at the camera, thereby creating a connection between the viewer and the individual depicted within the picture. A substantial minority of the individuals depicted within the pictures were depicted using a far personal distance (from the waist up). However, these individuals were followed closely by those who were depicted using a close (whole figure) or far (torso or whole figure of a number of individuals) social distance.

Table 16. Characteristics of Individuals Depicted in the I Stand Campaign

Characteristic	Individual Level		Picture Level	
	Frequency	Percent	Frequency	Percent
Age				
Adults	386	89.8%	274	89.5%
Children	40	9.3%	12	3.9%
Mixed	-	-	16	5.2%
Unable to Determine	4	0.9%	4	1.3%
Total	430	100.0%	306	100.0%
Gender				
Female	359	83.5%	256	83.7%
Male	46	10.7%	19	6.2%
Mixed	-	-	21	6.9%
Unable to Determine	25	5.8%	10	3.3%
Total	430	100.0%	306	100.0%
No. of Individuals				
1	-	-	251	82.0%
2	-	-	35	11.4%
3-5	-	-	14	4.6%
6-8	-	-	2	0.7%
9-11	-	-	4	1.3%
Total	-	-	306	100.0%
Weight				
Fat	307	71.4%	227	74.2%
Non-Fat	92	21.4%	45	14.7%
Mixed	-	-	21	6.9%
Unable to Determine	31	7.2%	13	4.2%
Total	430	100.0%	306	100.0%

All but two Posters within the I Stand sample replicated a similar colour scheme to the Strong4Life campaign, however instead of the colour red the colour pink was utilised for the slogan and associated tag lines. The majority of the backgrounds utilised within the sample also replicated the mottled background utilised in the Strong4Life campaign. However, a substantial minority of the pictures held backgrounds such as landscapes, interiors of houses and other common backgrounds. Five of the Posters (1.6%) contained what were deemed to be meaningful backgrounds, such as an individual standing in front of a blackboard with content relating to the (fat) body, an individual surrounded by diet books, art challenging perceptions of the (fat) body, or an individual standing or in front of a NAAFA poster (see Figure 21 for examples).

Table 17. Compositional Characteristics of I Stand Posters

Characteristic	Individual Level		Picture Level	
	Frequency	Percent	Frequency	Percent
Camera Position				
Below Camera	-	-	16	5.2%
Level with Camera	-	-	276	90.2%
Above Camera	-	-	14	4.6%
Total	-	-	306	100.0%
Focal Point				
The Individual/s	-	-	286	93.5%
Other	-	-	20	6.5%
Total	-	-	306	100.0%
Gaze				
Straight On	335	77.9%	246	80.4%
Out of Frame	62	14.4%	36	11.8%
Toward Each Other/ Object in Frame	26	6.0%	7	2.3%
Mixed	-	-	14	4.6%
Unable to Determine	7	1.6%	3	1.0%
Total	430	100.0%	306	100.0%
Social Distance				
Intimate	-	-	5	1.6%
Close Personal	-	-	48	15.7%
Far Personal	-	-	108	35.3%
Close Social	-	-	66	21.6%
Far Social	-	-	79	25.8%
Total	-	-	306	100%
Colouring				
Monochromatic with Pink			304	99.3%
Additional Colour(s)			2	0.7%
Total			306	100.0%
Background				
Mottled Blank Background			221	72.2%
Other Backgrounds			80	26.1%
Meaningful Backgrounds			5	1.6%
Total			306	100.0%
Slogan				
I Stand			263	85.9%
I Roll			2	0.7%
I Stood			1	0.3%
We Stand			40	13.1%
Total			306	100.0%
Tag Line				
HAES			1	0.3%
Stop Weight Bigotry			305	99.7%
Total			306	100.0%
Tag Line 2/Website				
Stop Weight Bigotry			1	0.3%
Health At Every Size			305	99.7%
Total			306	100.0%

Figure 21. Examples of Meaningful Backgrounds in the I Stand Sample

The majority of activists used the slogan *"I STAND"* in their posters; however a number of Posters included a plural message *"WE STAND."* In addition, there were Posters that included the slogan *"I ROLL"* or *"I STOOD"* instead. Below the message that activists wrote to accompany their Poster, the tag line *"Stop weight bigotry"* was printed in pink on a black background. Next to this tag line the acronym *"Health at Every Size®"* was printed in place of the Strong4Life website. There was one Poster, however where these two tag lines had been switched.

Visual Analysis

A number of different themes were identified during the visual analysis of the I Stand campaign. First and foremost were the depictions of children and parenting within the campaign, followed by the images which challenged the common views of the corpulent individuals, and finally solidarity from those not considered to inhabit the stigmatised identity of 'fat'.

Children and Parenting

The two primary ways in which the Strong4Life campaign was countered through the theme of children and parenting was the portrayal of a) children on their own, or b) children enjoying the company of their parents. These pictures were designed to show how children can still be happy enjoying food, have strength and enjoy the relationships that they have with their families – and especially their parents, no matter what their size.

Children posted alone in an image often took on a number of different stances. Children were portrayed as being happy, strong, and enjoying food, and they ranged in size, shape and race. In addition, children were often portrayed having fun and playing games – including sports and physical activities. In short, images were posted of children of all shapes and sizes enjoying themselves in a range of different activities and behaviours, contradicting the suggestion by the Strong4Life campaign that all corpulent children are unhappy and upset. See Figure 22 for examples of positive depictions of children.

Figure 22. Positive Depictions of Children

As another method of countering the Strong4Life campaign, activists posted pictures of themselves with their children, often smiling, having fun and enjoying each other's company. While a number of 'normal weight' activists posted pictures in this category, the majority of activists were those generally considered to be fat, overweight or obese. These images emphasised the happy relationships that took place between children and their parents, particularly when (at least) one parent or child was considered to be fat, overweight or obese. See Figure 23 for examples positive parent-child relationships.

Figure 23. Positive Parent-Child Relationships

Subverting Dominant Expectations

Within the images of the I Stand posters, a number of themes emerged that countered the pervasive view that is offered of corpulent individuals within today's media. The four most prominent themes include depictions of happiness, strength, mobility and fashion. With the addition of other, less prominent themes such as desirability and intelligence, the presence of these themes served to counter not only the unhappiness shown in the Strong4Life pictures, but also the pervasive attitudes and opinions about corpulent individuals that are present within today's modern society. In addition, the presence of fat activists in love is lacking from the modern discourse (with notable exceptions – see depictions of Mike & Molly in Appendix A for an example).

Activists often utilised a picture in which they looked happy. While the convention within western societies is to smile at the camera when taking a photograph, within the public social discourse it is rare to find a picture of a happy corpulent individual – especially within professional or marketing imagery. While some of these pictures were normal captions of smiling individuals being photographed, a number of them showed individuals who seemed joyful – smiling broadly at the camera or laughing. In addition, it was common for happy (larger) children to be depicted within these photographs to counter the images put forth by the Strong4Life campaign. See Figure 24 for examples of the happy pictures posted by I Stand.

Figure 24. Examples of Happy I Stand Pictures

Strength was another common theme within the pictures displayed on the I Stand tumblr microblog. The use of strength within the pictures was begun by Marilyn Wann (the founder of the tumblr site) where she crossed her hands over her chest, not only to signify displeasure and strength, but to replicate one Strong4Life poster almost completely (see Figure 19, above and Figure 25, below for these posters). Common ways in which individuals conveyed strength and disappointment through the picture included folding the arms, hands on hips, stern or angry expressions, or holding their fists in front of the body.

Figure 25. Examples of Strong I Stand Pictures

The high incidence of activists choosing pictures of themselves that depicted them as mobile (i.e. engaged in movement or exercise) allowed participants to counter the 'lazy' and

'unhealthy' stereotypes that are common attitudes to corpulent individuals in today's society in addition to being prominent within the Strong4Life campaign. Individuals were depicted engaging in a number of different types of movement and exercise, including dance, fire twirling, athletics (including marathons), yoga, weightlifting, acrobatics, hockey, swimming & snorkelling, cycling, gridiron (American) football, and boxing. See Figure 26 for examples of mobile I Stand pictures.

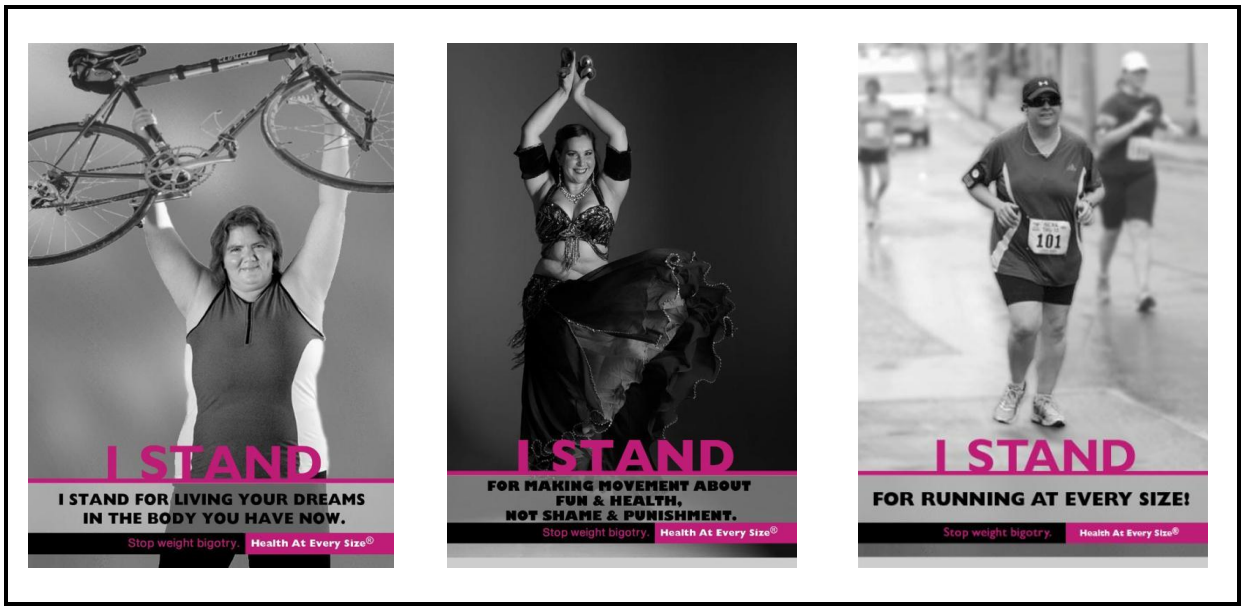

Figure 26. Examples of Mobile I Stand Pictures

In order to counter the publicly held perception that corpulent individuals are not attractive or fashionable, a number of activists included photographs in which they were dressed in a highly fashionable manner. While many of these were simply activists who had taken photographs of themselves, a number of the photographs contained professional portraits or professional-level modelling pictures. These pictures allowed activists to reinforce the point that corpulent individuals can be seen as attractive and fashionable in spite of the views held by society. See Figure 27 for an example of Fashionable I Stand Pictures.

Figure 27. Examples of Fashionable I Stand Pictures

In addition to the fashionable pictures that were posted as part of the I Stand campaign, a number of activists submitted pictures which suggested sexual attractiveness or sensuality. These pictures were design to push the viewer into regarding the corpulent individual as a sexual being; attractive and desired. This concept is one that is very much shied away from in popular media, with very few portrayals of corpulent individuals alluding to sexual attractiveness or appeal. See Figure 28 for examples of sexually suggestive I Stand pictures.

Figure 28. Examples of Sexually Suggestive I Stand Pictures

In addition to the beliefs that corpulent individuals are unhappy, weak, lazy, and unattractive, corpulent individuals are also often considered to be unintelligent. While this category was much less common, a number of activists posted either themselves or others graduating from

university as a way to show that they were intelligent – with one individual obtaining a first class honours. Additionally, this achievement also allowed these individuals to counter the perception that corpulent individuals are lazy through the hard work and effort required to obtain a degree. See Figure 29 for examples of I Stand pictures suggesting intelligence.

Figure 29. Examples of Intelligent I Stand Pictures

Solidarity

A number of activists posted pictures in solidarity with the corpulent individuals organising and contributing to the I Stand campaign. These gestures of solidarity generally came in three forms – through those from a disability standpoint, the gay and lesbian standpoint, and the 'normal weight' standpoint. Within the fat acceptance community, these individuals are often termed 'fat allies,' as they are those who are championing the causes of corpulent individuals without undergoing suffering that is associated with inhabiting the stigmatising identity of fat. Those coming from a disability or homosexual/gay standpoint, however, inhabit other stigmatised identities which may push them to take part in the protection of others who are experiencing the act of stigmatisation or discrimination.

A number of activists from the disability community posted pictures in solidarity with the fat community. The majority of these individuals were those who used a wheelchair, some smiling to the camera and others campaigning for their rights. In addition to the suggestion of disability provided by the use of wheelchairs, a number of these individuals could also be

considered as fat, overweight or obese, further emphasising the association between the two stigmatised identities. See Figure 30 for examples of these pictures.

Figure 30. Examples of Disability Pictures Posted in Solidarity

The pictures posted by the gay and lesbian community in support of the I Stand campaign were more difficult to ascertain. The ones categorised in this fashion were primarily same sex couples, some of whom contained one (or both) partners who were fat. In addition, a number of these pictures contained same-sex couples who were parents. See Figure 31 for pictures portraying gay and lesbian couples posted in solidarity.

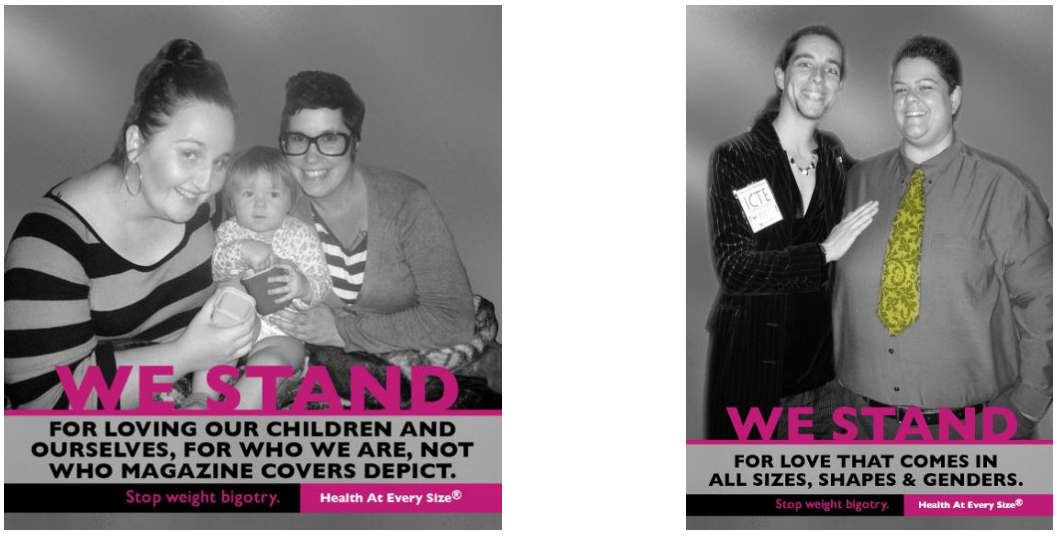

Figure 31. Examples of Gay and Lesbian Pictures Posted in Solidarity

The inclusion of what can be seen as 'normal weight' individuals in the I Stand campaign allowed those who were not viewed as corpulent to air their views on the issue in a public manner. These gestures of solidarity were portrayed in a number of different ways, from 'slim' or 'normal weight' individuals posting pictures of themselves smiling at the camera or choosing pictures in which they stand in 'strong' poses (similar to those described above), to pictures in which a number of women are grouped together for a picture with the camera. In these pictures it a range of body sizes were often present, ranging from thin, to 'normal weight' and often including alongside the 'normal weight' individuals others who would be considered fat, overweight or obese. See Figure 32 for pictures of normal weight individuals posted in solidarity.

Figure 32. Examples of Normal Weight Pictures Posted in Solidarity

Textual Analysis

The textual components of the I Stand posters contained a greater diversity of arguments than that of the pictures. A number of major themes emerged from the analysis of the textual data, including stigma, acceptance and respect, body diversity and autonomy, and health, movement and food.

Stigma

The perception of stigma within the Strong4Life posters was the motivating force behind the creation of the I Stand campaign. One theme that was highly prominent within the textual data in the I Stand discourse was the connection between stigma, discrimination and health.

Marilyn Wann was the first to make this argument in the first poster that she created in response to the Strong4Life campaign, which stated;

> *I Stand against harming fat children. Hate ≠ health*

Within this slogan she utilised an equation-like argument in which each side does not equal the other, creating a short and simple way to convey her message. This format was utilised by many others, both utilising the *"hate ≠ health"* and other arguments in order to convey the overall message or argument.

At the forefront of the argument around health and stigma or discrimination was the concept that stigmatising (fat) individuals would help them to engage in healthy behaviours that would assist them in their goal to lose weight. The arguments were made, however, that this approach has other deleterious effects not only on mental health but on an individual's other health behaviours and physical health;

> *I Stand against shaming people "for their own good." Hate ≠ health*
> *I Stand against the lie that shame is good for health. Stigma wounds at any age*
> *I Stand for healthy children of all sizes. Fat shaming is bad for health*

In addition, it is important to note that in Marilyn Wann's statement (above), she also goes further to state that not only does hate not equal health, but that stigma and discrimination (as exhibited by the Strong4Life campaign) also *harms* the children which it is intending to help. This idea was then taken up by a number of other activists, some of whom also closely mirrored the Strong4Life campaign;

> *I Stand. It's hard to be a little girl when people think it's okay to shame you for your body size or shape*
> *I Stand against shaming & shunning*

Additionally, a number of the activists attempting to impart this argument through their Poster, a number of 'formulas' were utilised such as *"shame ≠ love," "shame ≠ self-care" "shame ≠ helping"* and *"public shame ≠ public health."*

The most prominent way by which activists felt that this harmed not only corpulent individuals but those of every size was through the reinforcement that the (fat) body was unacceptable, therefore imparting self and body hate on those who felt as though they did not

live up to the ideal set forth by society. This sense of body hate would manifest itself in many avenues, such as dieting and engagement in extreme weight loss and exercise regimens. This led to the argument that there was a need to bring an end to the stigma and discrimination of the (fat) body. This was often linked specifically to the Strong4Life campaign by referring specifically to children in the need to remove the stigma and discrimination that is a part of the lived experience of fatness, overweight and obesity at this point in time;

> *I Stand for ending body shame, for bodies of all shapes and sizes*
>
> *I Stand for an end to size discrimination. Being fat is not the worst thing a person can be*
>
> *I Stand for the health of my child & childhood free of bullying*
>
> *I Stand for a life free of shame for all little girls*

Acceptance & Respect

Acceptance and respect took a number of different forms within the I Stand campaign. Acceptance in general related to two different concepts – the concepts of self-acceptance, and body-acceptance. Furthermore, activists extended these concepts, taking them one step further – introducing the concepts of self- and body-love. Body acceptance was a popular issue for those taking part in the I Stand campaign. Often this was related to ideas of health, and discussed repeatedly within the rhetoric around the discourse of body hate prevalent – especially among women – within western societies. In addition, this discourse around body weight was often linked to the experiences of prejudice, stigma and discrimination often felt by those who are considered to be fat, overweight and obese by society in general;

> *I Stand for a world where body hatred is no longer a rite of passage for girls*
>
> *I Stand for everybody feeling good about themselves regardless of weight. Shame, hatred and discrimination are not healthy*
>
> *I Stand for looking beyond the scale and reclaiming our right to health and well being, regardless of our size*
>
> *I Stand for teaching that fatness is not something to fear, but something to accept and embrace*

Self-acceptance was another construct often written about by activists. Self-acceptance generally called for individuals to be themselves, and accept themselves – both inside and out

– for who they are at this point in time. Examples of encouragement to engage with self-acceptance included;

> *I Stand for being yourself, whatever the hell that means*
> *I Stand because no one should feel uncomfortable in their skin. Just be healthy and comfortable with you*
> *I Stand for I'm okay as I am & so are you*
> *I Stand for being awesome at any size*

A number of activists, however, seized this issue of acceptance and took it further – suggesting that it was not only self- and body-acceptance that was required, but self- and body-*love*. This was labelled a *"revolution"* and a *"right"*, which stood on an individual's *"freedom"* to be themselves no matter their size or shape;

> *I Stand for everyone's right to love and enjoy their bodies*
> *I Stand for a body-love revolution for our daughters and sons*
> *I Stand for waves of self-love and the freedom to be me*

In addition to these *"rights"* that everyone is entitled to, activists wrote of loving the self and body *"unconditionally,"* not only for those who were considered fat, overweight and obese, but for every individual. This shows an awareness that not only do those who are considered fat, overweight and obese struggle with issues surrounding healthy lifestyle and body acceptance, but those of all sizes and shapes;

> *I Stand for unconditional self-love*
> *We Stand for loving who you are no matter what size you are*
> *We Stand for self-love for all people*

Furthermore, a concept of *"honoring"* the body by *"listening"* to it was also prominent in the discourse surrounding self and body love. Finding the beauty in every body was also a prominent theme within this discourse, accepting what were seen as 'flaws' and accepting them as part of the self and the body you have was also an important message activists chose to make within their campaign;

> *I Stand for honoring and loving your body. Lumps, bumps, boney knees, jiggly arms and all*

I Stand for confidence, self-love, and acceptance of every curve, because every body is beautiful

I Stand for learning to listen to your body with love and respect

Respect was another issue prominent within activists' arguments. The importance of respect was argued in relation to a number of different avenues, including children, corpulent individuals, the body, and humanity in general. The concept of respect was often linked to issues such as tolerance, kindness, and dignity and called for not only treating each of these individuals with respect, but for teaching it to the next generation;

I Stand for teaching children self-respect for more confident & tolerant generations going forward

I Stand for treating people with respect, regardless of their age or size

I Stand for respectful treatment of fat kids & adults. Disrespect = wrong

I Stand for kindness toward all bodies and respect for size diversity

Body Diversity and Autonomy

A number of different issues surrounding body diversity and autonomy were raised by activists within this discourse. For those who put forth the argument of body diversity, a number of issues were important. First and foremost, however, was the acknowledgement that bodies were made in *"all shapes and sizes"* and that no two individuals were made the same. It was important for activists that this difference was celebrated, and that the fact that those children, adults and families who were considered to deviate from what was considered the 'norm' were celebrated, accepted, and not discriminated against;

I Stand for body diversity, because humans come in all shapes and sizes

I Stand for a world that celebrates families of all shapes and sizes

I Stand for teaching kids to see the beauty of body diversity!

Diversity in size ≠ discrimination in treatment

This concept of body diversity was very important to participants and the phrases *"at every size"* or *"at any size"* were exceptionally common across many of the themes presented here. While the most well-known is the concept of Health at Every Size (HAES), this concept was broadened out to encompass a number of other areas, including beauty, equality, confidence, living life, happiness, intelligence and sexuality;

I Stand for health at every size - nutritious (and delicious) food, joyful movement, and a life lived to the full!

I Stand for being beautiful and having a wonderful life at any size

I Stand for equality at every size

I Stand for having confidence to achieve anything I believe in at any size

I Stand for following your dreams at any size

I Stand for happiness and joy at any size

I Stand for the fact that a woman can be smart & sexy at any age & size

Related to the concept of body diversity was the concept of body autonomy. As previously described, body autonomy is seen as the individual's prerogative to take responsibility for their body, and act in whatever way they saw fit – including engaging in 'unhealthy' behaviours if that is what they chose to do. For these activists, however, they felt that this prerogative was not recognised within many communities, and that others tend to take it on themselves to release them of their body autonomy because for one reason or another they knew *"better"*;

I Stand for the acknowledgement of body autonomy in all communities

I Stand for taking responsibility for my body and health. I release everyone else of this job, thank you

Health, Movement and Food

The concepts of health, movement and food are highly intertwined and instilled with much meaning and significance – especially when discussing the issue of weight. For these activists a number of issues were raised within these themes, the foremost being the link between size and health. While the principal argument was that assumptions of health based on appearance characteristics such as weight are premature, some went further to argue that not only does fatness not necessarily indicate ill health, but that thinness does not necessarily indicate good health either. These arguments were often backed up with a slogan modelled on the one used in the first poster posted by Marilyn Wann simulating an equation where the two elements do not equal each other– in this case variations on "*Health ≠ weight"*, including *"Size ≠ health"* and *"Thinness ≠ health."*. Full arguments that argued the above themes included;

I Stand against the practice of presuming health & fitness based on appearance

We Stand for healthy not skinny.

Food for a number of individuals is a highly sensitive and delicate subject imbued with emotion and morality. Activists called for the end of dieting and dangerous weight loss strategies, and reinforced the tenets of HAES – eating well, intuitively, nutritiously, in moderation and enjoying the food that is consumed. Intertwined with the messages relating to consumption of food was that of movement. For activists, these concepts were so highly intertwined that they did not often appear without each other. The messages relating to movement often spoke of *"joyful," "authentic"* or *"fun"* movement rather that movement designed only to reduce one's size;

I Stand for healthy food & authentic movement for all bodies. Size ≠ health

I Stand for loving myself as I am by eating well and moving joyfully

I Stand for tasty food in moderation & playing outside with your friends

I Stand for teaching children that healthy habits include loving food, not fearing it

Identification and Credibility

Finally, a substantial minority of the activists (n=55, 21.6%) identified themselves in the space left under the tag lines. A number of prominent academics both in the fat studies field and elsewhere utilised this opportunity to include their name alongside their picture and message, therefore adding weight and credibility to the arguments being made through the I Stand campaign. While there were a few well known academics in this field who did not identify themselves (such as Marilyn Wann (Wann, 1998, 2003) and Linda Bacon (Bacon, 2003, 2008; Bacon & Aphramor, 2011; Bacon et al., 2002; Bacon et al., 2005; Robinson et al., 1993)), a number of academics identified themselves throughout the posters, which included; Paul Campos (Campos, 2011; Campos et al., 2006; Campos, 2004; Saguy & Campos, 2011), Pattie Thomas (Burgard, Dykewomon, Rothblum, & Thomas, 2009; Thomas & Wilkerson, 2005), Cat Pausé (Pausé, 2007) and Lesleigh Owen (Owen, 2008) among others. In addition, a number of nutritionists, counsellors and dietitians also identified themselves through this avenue.

There were also numerous activists (both on their own or identifying themselves from organisations such as NAAFA) and bloggers who identified themselves through this avenue, including Substantia Jones (http://www.adipositivity.com/), JenInCanada (http://fatandnotafraid.jigsy.com/), and Kristina (http://cruiserdolly.blogspot.com.au/). Those

individuals who posted within a group often identified the name of the group, including those from dance troupes (Big Moves Bay Area/Phat Fly Girls, R. A. I. D. (Random Acts of Irreverent Dance)), exercise groups (Green Mountain at Fox Run) and body image support groups (Boulder Youth Body Alliance). A number of public figures including actresses (Jennifer Jonassen), artists (Molly Marie Nuzzo), models (Velvet D'Amour), fashion designers (Deb Malkin), film-makers (Jo Nemoyten) and authors (Beth Spencer, Susan Stinson and Pat Ballard) also lent their name to the I Stand campaign.

Construction of a Social Reality

The posters submitted through the I Stand tumblr webpage primary constructed a social reality in which the corpulent individual is *visible*. Not only did the images portray the corpulent body in a prominent manner, but they did so with a positive approach. Images primarily depicted the (fat) individual without engaging in the 'headless fatty' phenomenon, and only a few posters did not show the face(s) of the individual(s) involved. Furthermore, corpulent activists constructed themselves in ways that often subverted or challenged the dominant view of the corpulent individual described in both Chapter Two and the Background to this chapter. Through the use of language and visual representations used to convey strength and action (in particular the I STAND slogan) the activists constructed a reality in which the stigmatisation of the corpulent individual is unacceptable and must be changed, and in which the corpulent individual is prepared to engage in acts of activism not only for themselves, but others considered to inhabit the same stigmatised identity of 'fat.' While this is a recent development, the addition of others not of the aforementioned stigmatised identity allows the corpulent individuals to rely on the support of others – not just themselves – in order to convey their message and shift to a new construction of reality.

The posters also serve to challenge the social reality in which weight is a fool-proof indicator of health in which individuals can 'read' another's body to ascertain not only their health status, but their adherence to the ethical and moral morays that govern acceptable (health) behaviour within modern society. Depictions of individuals engaging in exercise and movement are combined with descriptions of HAES and discussions of health predictors. In addition, the posters serve to challenge the social reality that stigma and discrimination are acceptable methods to utilise in order to force the (fat) body to conform to the social ideal of thinness that is equated with health and happiness. Instead, these individuals depict and

describe themselves as happy and healthy at their current size and refusing to wait for a magical number on the scale that will allow them to live their lives.

Moreover, the concepts of body diversity (shown in part by the inclusion of disabled, thin and corpulent individuals – sometimes in the same image) highlight the reality where the 'thin ideal' is not an appropriate goal for all – and that this is acceptable. Activists' portrayals of themselves as happy and confident combined with descriptions not only of body- and self-acceptance but self- and body-love constructed a reality in which it is suitable not only to accept the body and the self, but to love it unconditionally. Body diversity and body autonomy were presented as important concepts that constructed a reality in which bodies came in all shapes and sizes and in which individuals could make decisions that were right for their own bodies rather than those considered to be appropriate and applied at a population level.

Furthermore, common perceptions of the corpulent individual as repulsive and stupid are also countered not only by the depictions of the corpulent individual as being desirable and fashionable, but engaging in behaviour such as graduating from college (sometimes with honours). These visual depictions are also accompanied by descriptions within the message of the poster suggesting that not only can one be desirable but intelligent, no matter the size of the body.

Through the use of the compositional aspects of the images, activists constructed a reality in which the corpulent individuals were generally placed on equal footing (rather than being subordinate), and created what is seen to be a relationship between themselves and the viewer through the use of personal social distance and direct gaze. This was especially the case with the most common social distance of far personal, which challenged them to accept a closer relationship with the (fat) individual than is generally accepted within wider society – especially with individuals with whom one does not have a previous relationship with. In addition, the use of the colour pink is often associated with femininity, and as fat is often seen as a 'feminist issue', this highlighted further the gendered nature of the body and adiposity.

Discussion

The Strong4Life campaign was produced in 2011 in response to the apparent childhood obesity crisis in the State of Georgia in the USA. The campaign consisted of a multiple-

pronged strategy including billboards and a website. The campaign was not received well, with many criticisms that the methods utilised for the campaign stigmatised, rather than assisted fat children and the misrepresentation of the illness of the children involved.

All of the individuals depicted in this arm of the Strong4Life campaign were children perceived to be fat. They were from a number of different racial backgrounds. All children were depicted as level with and gazing straight at the camera, utilising a monochromatic colour scheme with red highlights. All images utilised a red *"WARNING"* slogan and tag lines suggesting that childhood obesity can be stopped. The images themselves reinforced the dominant expectations of the (fat) child by depicting them as unhappy, hurt, and upset, while highlighting the (fat) body through the utilisation of ill-fitting and unflattering clothing. Within the textual element of the posters the parents were placed firmly at fault as primary provider of food and nutrition, further reinforcing the perceived role of personal responsibility within the current framework of obesity (Heuer et al., 2011; Kim & Willis, 2007; Saguy & Almeling, 2008). In addition, elements of the textual component further perpetuated the perception that all corpulent individuals (in this case, children) are unhappy and miserable (Blaine & McElroy, 2002; Tiggemann & Wilson-Barrett, 1998).

The Strong4Life campaign constructed and perpetuated the realities put forth through the biomedical, public health, and societal perspectives of obesity, where corpulent individuals are perceived as statistically and morally deviant, destined for illness and dissatisfied with their bodies and themselves. Furthermore, a reality was constructed in which all corpulent individuals engaged in the deviant behaviours– eating too much and moving too little, and that in the case of the corpulent child that the responsibility for this oversight was directly at the hands of the parents. This construction of reality closely mirrored the primary discourse and construction of the corpulent individual presented within society and reflected the literature (Cooper, 2008; Graham, 2005; Murray, 2005a, 2007, 2008c; Tischner & Malson, 2012). The child's weight was presented as their most prominent feature, highlighted by the ill-fitting and unflattering clothes chosen for the children to wear, conforming to the common presentation of the corpulent individual within society with their body size presented as their primary characteristic (Fikkan & Rothblum, 2012). In addition, the Strong4Life campaign constructed a reality in which all fat children are unhappy and miserable, and keen to partake

in any activity which may transform themselves into an identity that is more socially acceptable.

The I Stand campaign was produced at the beginning of 2012 in response to the Strong4Life campaign. The campaign consisted of posters closely mirroring the Strong4Life billboard posters and termed STANDards which were received well by a number of media outlets. However, the STANDards were also criticised for their apparent failure to acknowledge the dangers which have been associated with obesity such as ill health, and their suggestion that acceptance is the path towards ameliorating the 'obesity epidemic.'

The majority of the individuals depicted within the I Stand campaign were considered to be fat, adults, female, and depicted either alone or with one other individual. The majority of individuals were depicted as being level with and staring straight at the camera at a far personal distance. All but two images utilised a similar monochromatic colour scheme to the Strong4Life campaign images – those that did not only utilised a single other highlighting colour. The majority utilised the *"I STAND"* slogan or a derivative thereof written using bright pink. The tag lines *"Stop Weight Bigotry"* and *"Health at Every Size®"* were utilised in every poster. The initial image submitted to the I Stand campaign almost exactly emulated the Strong4Life campaign images. However activists who submitted posters branched out from this message in favour of subverting the dominant visual rhetoric in a number of different ways, including being happy, strong, mobile, fashionable, desirable and intelligent. Positive visual depictions of parenting, happy (fat) children and images that offered solidarity through the depiction of gay and lesbian, disabled and thin individuals were also included within this visual component of the I Stand images. The textual component highlighted the adverse effects of stigma and discrimination, and the need for acceptance and respect (for every body) and highlighted the concepts of body diversity and autonomy. Finally, the issues of health, movement and food were prominent themes within the textual element of the poster, stressing the importance of overall health, joyful movement and enjoyment of food over weight loss and the thin body.

The I Stand campaign created a social reality in which the corpulent individual was visible, strong and at peace not only with themselves, but their bodies. This portrayal of the corpulent individual challenges the current dominant view of those who inhabit the stigmatised identity of fat (as 'deviant,' 'disgusting,' 'weak' and 'lazy'; Cooper, 2008; Gard & Wright, 2005; Kwan,

2009; Murray, 2005a) through both visual and textual representations, while additionally constructing a social reality in which weight is not necessarily an indication of health, and that stigma and discrimination do not serve as effective methods of improving health behaviours in any population. As opposed to constructions of the corpulent body as repulsive and stupid, the I Stand campaign depicts corpulent individuals not only as desirable but as competent in other areas as well – such as academia. Compositionally, the images require the viewer to engage in a relationship with the depicted, through the straightforward gaze and personal social distance, while positioning the issue of adiposity firmly as a female issue through the utilisation of bright pink as the highlight colour.

The congruence between the visual and the textual data within the Strong4Life campaign was very high. Within the visual analysis we can see that the children are depicted as unhappy and upset, with their bodies set at the forefront for the viewer. The textual component of the Strong4Life campaign emulates this unhappiness and distress one step further – suggesting that not only are these children unhappy and upset, but that they are unacceptable and in need of transformation in order to be socially acceptable within society. Using health as a method for legitimising and justifying these claims, the Strong4Life campaign additionally places the onus for the children's adiposity and their necessary transformation firmly at the hands of the parents. In this way, we can see that the textual and visual analysis of the Strong4Life campaign creates a coherent and clear argument for the viewer to absorb.

Within the visual analysis of the I Stand campaign, more diversity was present within the visual and textual elements of the posters. The corpulent individual is depicted as the happy parent and child, subverting dominant expectations through displays of happiness, strength, mobility, desirability and intelligence. The textual component, while discussing issues such as happiness and strength focussed more on more complex concepts not easily conveyed within a visual medium such as stigmatisation, acceptance, respect and autonomy. However, issues such as movement were often highlighted in both the visual and textual portion of the posters. Furthermore, diversity was shown through the use of solidarity and the depiction of a range of different bodies – able, disabled, thin, fat and everywhere in between. These depictions of diversity accompanied messages conveying the importance of body diversity and solidarity in the acceptance of all individuals and their bodies.

It is well accepted that the media plays an important role in socialisation and has a strong influence over cultural attitudes and beliefs (Thompson et al., 2005; Weston & Bliss, 2005), the singular (and stigmatising) approach taken by the Strong4Life campaign may negatively affect individuals of all weights by intensifying the pressure placed on them to achieve and/or maintain the societally constructed thin ideal (Lewis, Thomas, Blood, et al., 2010; Puhl & Heuer, 2009; Puhl, Moss-Racusin, & Schwartz, 2007). However, should the I Stand campaign reach more than those who view the tumblr page (as the reception of the campaign indicates, it was published in a number of different news avenues; see D'Arcy, 2012; Dailey, 2012a, 2012b; Galvin, 2012) this may allow individuals to be exposed to a view of the corpulent body that they may have seen very little of – if at all, allowing for a shift in the (self or external) view of the corpulent individual to take place (Weston & Bliss, 2005). Furthermore, it may also allow for a possible amelioration of the strength of discriminatory attitudes directed at those considered to be fat, overweight, or obese by themselves, and others to take place (Paquette & Raine, 2004).

As intended, the social reality constructed by the I Stand campaign directly opposed the Strong4Life campaign, branching out to include further concepts to support their primary argument. Where the Strong4Life campaign constructed a reality in which all fat children are depicted alone and unhappy, the I Stand campaign depicted happy children and adults, presenting their bodies for the world as they are – whatever their size. While the Strong4Life campaign suggested almost certain impending danger, the I Stand campaign suggested that health can happen at any size and that the most important message was to engage in healthful eating and joyful exercise where possible. Furthermore, while the Strong4Life campaign presented the child primarily as a corpulent individual, the I Stand campaign depicted the corpulent individual in a number of different situations – engaging in movement, graduating or even just engaging with others (of all sizes). These kinds of images allow the viewer to see the corpulent individual as more than just fat – as beautiful, as a dancer, as a friend, or as a partner.

The images portrayed within the I Stand campaign bring the corpulent individual out from the realm of the 'headless fatty' and firmly into a relatable and identifiable individual with whom one may have interests and characteristics in common. Conversely, the images portrayed in the Strong4Life campaign may push individuals to disengage with the message

being presented if only because their experience may not resonate with that portrayed within the poster, image and message being presented to them (Major & Schmader, 1998). In addition, the reaction of those who constructed the I Stand campaign reinforces the concept that stigmatisation and discrimination do not serve to encourage individuals to engage in what are seen to be 'healthy behaviours' such as dieting and weight loss, as previously reported in a number of previous studies (Carels et al., 2009; Puhl et al., Advanced Access; Schvey et al., 2011; Vartanian & Shaprow, 2008).

The use of a fear appeal framework for the Strong4Life campaign is one that has been utilised by many public health campaigns – including those relating to obesity – in recent years (Hale & Dillard, 1995; Puhl et al., Advanced Access; Soames Job, 1988; Witte & Allen, 2000). However, according to Witte and Allen, in order for a fear appeal to engage effectively with its target audience it must *"depict a significant and relevant threat (to increase perceptions of severity and susceptibility) and* ***when they outline effective responses*** **[they]** ***appear easy to accomplish*** *(to increase perceptions of response efficacy and self-efficacy)"* (Witte & Allen, 2000, p. 604, emphasis added). While the Strong4Life campaign achieved its goal of instilling fear into its target audience and eliciting a strong public response to the campaign, it failed to provide an effective strategy for its target audience to engage with in order for individuals to change their behaviour and circumstance. Putting aside the documented inadequacies of the current 'cures' for overweight and obesity (namely diet and purposive weight loss; Cogan & Ernsberger, 1999; Mann et al., 2007; Miller, 1999; Rosenbaum & Leibel, 2010), the Strong4Life campaign failed even to put forward *any* solutions for those exposed to the campaign to follow, such as the more favourable slogans included in Puhl and colleagues' (Advanced Access) study (e.g. *"Learn the facts, eat healthy, get active, take action"*).

Hale and Dillard's (1995) caution against the use of fear appeals for all issues, in particular warning others to be *"mindful of the age of the target audience"* when utilising a fear appeal approach (p.78). Given that this campaign was aimed at combatting *childhood* obesity in particular, perhaps the utilisation of a fear appeals approach was misguided in this case. The I Stand campaign, however, while not attempting to attain a fear appeals approach, generally did not provide tactics for countering stigma, engaging in acceptance, gaining respect, or achieving health. While there were exceptions to this rule (such as *"I Stand for loving myself as I am by eating well and moving joyfully"*) for the most part messages possessed the same issue as

the Strong4Life campaign in that they put forward a message to be followed but did not put forward a method or solution. However, given that the aim of the I Stand campaign was to counter the messages present within the Strong4Life campaign, and not necessarily create behaviour change, this lack of solution provision may not be problematic in this instance.

As indicated within the textual analysis, a number of individuals indicated their identity within their poster, thereby relinquishing any anonymity that they could have controlled through the use of the internet as a method of collecting and disseminating the images. However, the majority of the individuals who posted an I Stand poster did not relinquish this sense of anonymity in submitting and disseminating the posters. This type of anonymity falls under the umbrella of *discursive* or *technical* anonymity through the removal of information which may render the individual identifiable such as location, email or name (Qian & Scott, 2007). In this way, activists managed their anonymity through the presentation of themselves in their image and the message which they chose to portray. While this kind of posting cannot fall under the umbrella of total anonymity (as activists could be recognised from the image itself), it would be difficult for an ordinary individual to ascertain an activist's identity from an image alone unless the activist engages in a well-known public persona (Chester & Bretherton, 2007).

Furthermore, facilitation of the *online disinhibition effect* (Suler, 2004) may have taken place within the I Stand tumblr campaign, allowing activists to post sentiments that they would not say in 'real life'. This *online disinhibition effect* may have allowed activists to put their image toward an ideology and/or opinion that they would not have allowed themselves to connect with on a public level within the offline world. While the purpose of the campaign was to counter the stigmatising views of the Strong4Life campaign, the manner in which it was done highlighted the support that activists had for the target of the Strong4Life campaign – the corpulent child – but also for those along the entire weight spectrum, including each other. In supporting corpulent children and each other, activists engaged in what is known as *benign disinhibition* (as opposed to the *toxic inhibition* that takes place when individuals are blunt, aggressive and hostile) in a manner that they would not conduct themselves in within an offline environment. It is possible that the fact that the target of perceived stigmatisation is the corpulent child may partly explain the lack of *toxic inhibition* on the part of the activists.

The messages – both visual and textual – that activists made when submitting to the I Stand campaign closely resembled a relatively new concept within psychology entitled 'self-compassion.' As stated in Chapter Two, self-compassion, as defined by Neff (2003a), encompasses three main components; (a) self-kindness – replacing harsh self-criticism with understanding toward the self in occasions of failure or pain, (b) common humanity – acknowledgement of the overall human experience rather than perceiving one's experience as distinct and discrete from the experiences of others, and (c) mindfulness – balancing one's awareness of painful emotions and thoughts instead of over-associating with them. In contrast with the well-known concept of self-esteem, however, the concept of self-compassion removes the self-evaluation process and asks the individual to acknowledge the fact that all individuals (including oneself) are worthy of compassion (Neff, 2003a).

The first component of self-kindness can be most obviously seen in the self- and body-acceptance and –love that is portrayed within the textual component of the I Stand posters. However, the concept of self-kindness was also shown through each activist's willingness to accept themselves and put their face (and body) in a space where it represented what they believed was a worthy cause that countered the dominant discourse. This, coupled with the suggestions of HAES-like constructs such as healthy and moderate food intake, in conjunction with joyful movement showed that at least some of these individuals had engaged in self-kindness and self-compassion through their refusal to continually engage in the often harmful and extreme behaviours which accompany the cyclical weight loss attempts often engaged by individuals who do not conform to the socially endorsed 'thin ideal'. The second component of common humanity can be seen in the acceptance of body diversity and the use of the common phrase 'at any/every size'. The constant use of this phrase highlighted activists' belief in body diversity and acknowledged that it was not only those who were considered to be fat, overweight or obese suffering at the hands of this weight-related stigmatisation, but that those all along the weight spectrum were affected by it. The third component of mindfulness is less demonstrable within this sample, however, the lack of *toxic inhibition* within this sample shows that participants are aware of their negative reaction towards the Strong4Life campaign but chose to act on them in a productive manner rather than dramatising or suppressing their reaction.

When examining the findings of this study through the lens of Stigma, those engaging in the I Stand campaign are aiming to humanise corpulent individuals in the eyes of others. In addition, they challenge the concept that adiposity is a proven (as opposed to virtual) social identity that is immediately discredited and stigmatised within society. Activists play on the visibility of their bodies, also challenging the negative aesthetic connotations associated with the corpulent body. Additionally, they challenge their position as being subordinate in the power relationship that allows stigma and discrimination to occur through the use of direct gaze and camera positioning on equal footing for the subject and the viewer. The Strong4Life campaign, however, highlights the view that adiposity is a proven social identity and the characteristics of the children seen to be undesirable. Furthermore, the Strong4Life campaign emphasises the negative emotions associated with being considered fat, overweight or obese and the methods of transformation such as diet and exercise thought to remove oneself from this stigmatised identity. The Strong4Life campaign also accentuates the corpulent nature of the subject's bodies, but does so in a way which is unflattering and negatively framed, furthering the thought that the corpulent body is undesirable and must be changed at all costs.

Conclusion

In conclusion, this chapter examined the Strong4Life and I Stand poster campaigns and the respective realities which each campaign constructed for the viewer. While neither approach is without flaws, the need for an alternative approach and perspective on obesity, fatness and adiposity within the dominant discourse is important in changing the responses and outcomes that corpulent individuals experience. The Strong4Life campaign served to depict a one-dimensional portrayal of the corpulent child, which stigmatised the child and placed blame firmly on the parent for the perceived moral failure to provide avenues for movement and healthy food consumption. The I Stand campaign, however, spread this one-dimensional portrayal into a multi-dimensional one, presenting the corpulent individual in ways not often viewed within popular culture and society. In doing this they also acknowledged that the stigmatisation and discrimination of the corpulent individual hurt not only themselves but all individuals in the pursuit of social acceptance and loss of deviance. I will now present my final chapter – an integrated discussion of the results from this thesis.

Chapter Seven

General Discussion and Conclusions

Chapter Seven Overview

Introduction

In this final chapter I will provide a summary of results for each of the three studies presented within this thesis. Following this summary I will then provide the five overarching findings that contribute to the body of knowledge surrounding obesity, stigma and technology. Furthermore, I present the strengths and limitations of this thesis, and discuss further implications for research, policy and practice based on these findings. However, before continuing with the summary of results I will first reiterate the aims of this thesis as presented previously (See Chapter One).

As previously established, the overall aim pertaining to this thesis was to *examine how individuals utilise the internet in mediating, navigating, and changing experiences of weight-related stigma*. In addition to this overall aim, three questions were posed to further focus the research, namely;

1. *How do individuals react to stigmatising weight-related discourses online?* (Study One, Chapter Four)
2. *How do corpulent individuals utilise the internet as a tool to help them reframe and mediate the stigma that they experience?* (Study Two, Chapter Five)
3. *How can the internet be utilised as a medium to challenge common attitudes towards adiposity?* (Study Three, Chapter Six)

In order to fulfil the overall aim and answer the three sub questions outlined above, a complementary component design utilising the concept of methodological triangulation was implemented. This strategy allowed for the most appropriate methods to be utilised and the overall issue of adiposity, stigma and technology to be examined in its complexity. Furthermore, as suggested by Markham (2011), the internet was used as phenomena, environment and research tool within this thesis, allowing the internet to not only be the focus of the research, but the method by which data was gathered and an environment in which other interrelated sociocultural phenomena take place.

Given the methodological approach taken within this thesis, I incorporated three distinct qualitative studies, each aiming to examine the issue of adiposity and weight-related stigma through the internet from different perspectives. Furthermore, the use of a qualitative methodology allowed the research to look at this issue from the perspectives of those experiencing it, with naturalistic data drawn from the internet allowing for observation to be conducted without imposing on the phenomena under examination. This multifaceted

approach provides a more comprehensive picture than that which might be drawn from the data than any one approach used alone.

The table below (Table 18) highlights the terminology, labels, classifications and method as presented within each chapter of this thesis. This table has been provided in order to facilitate a clear understanding of the research method, results and findings presented within this chapter.

Table 18. Terminology, Labels, Classifications and Method

	Study One	**Study Two**	**Study Three**
Chapter	Four	Five	Six
Study Name	Marie Claire	The Fatosphere	I Stand
Examined	An episode of weight-related stigma	An online fat acceptance community	A public health campaign from the USA and its online counter-campaign.
Sample	Comments made in response to a blog.	Interviews with individuals who engage within the community	Images relating to the I Stand and Strong4Life campaigns
Analysis	Thematic Analysis	Informed by Grounded Theory	Discourse Analysis
Individuals Called	Commenters, Author	Participants	Activists

Summary of Results

What follows is a summary of results for each of the research studies/chapters that I have presented within this thesis.

Research Question One: Study One - Marie Claire

In examining how individuals react to stigmatising weight-related discourses within the online setting of blogs, this study found that commenters responding to the act of weight-related stigma overwhelmingly disapproved of the stigmatisation and discrimination that took place within the blog post. Opinions regarding the blog post were polarised, however, with very few commenters taking a measured stance towards the blog content and author. In addition to this polarisation, a large proportion of the individual reactions to the blog were particularly visceral, engaging in often unconstructive and discriminatory discourse directed not only toward the author, but each other. This resulted in further stigmatisation towards individuals of all weights. Furthermore, as a result of this blog post many commenters called the consistency and authenticity of Marie Claire and Hearst Publishing into question.

Many commenters of all body sizes utilised personal narratives in order to convey their point, and semantic utilisation was used by those of differing opinions to describe the corpulent body in differing ways, or as a weapon to discriminate against individuals spanning the entire weight spectrum. Within these personal narratives, it was common practice for commenters to identify their weight status; however this was done in many varying ways. The majority of commenters who identified their weight status through their narratives, however, considered themselves to be fat, overweight or obese. The blog post and subsequent online reactions created a discourse of interaction that was conducted in both a supportive and argumentative manner.

Along with the visceral and polarising nature of the reaction to this particular blog post, examples of both *benign* and *toxic* disinhibition can be seen within the comments to this blog post. While some commenters engaged in often unconstructive negative, argumentative and discriminating discourse with those with whom they disagreed, others found themselves supporting others' arguments and assisting them through the emotional distress elicited by the blog post and subsequent discourse.

In order to engage in the discourse surrounding this blog post, commenters engaged in processes of justification and rationalisation in order to argue for their opinions and beliefs. Commenters who identified themselves or a close friend or family member as fat, overweight or obese commonly engaged in justification through presenting socially acceptable reasons for their weight, indicating superior health status or behaviours, or indicating proudness of their (fat) bodies. Those who agreed with the author, however, used the process of justification to distance themselves from the individuals with whom they were discriminating against. These practices of rationalisation and justification exhibited internalisation of the tenets of the biomedical, public health and societal perspectives of obesity – emphasising personal responsibility and a belief in the simplistic calories in/calories out model of weight loss and gain. Even those who expressed vehement disagreement of the blog post, therefore, often reinforced the dominant discourses surrounding fat, overweight and obesity. This demonstration of internalisation can be considered an attempt at *responsible citizenship* (Elliott, 2007) on the part of those commenters considered to be fat, overweight, and obese. In addition to the use of *responsible citizenship* and justification, a number of other proactive, non-assertive, assertive and psychological coping responses can be seen within the data.

While this internalisation of the dominant perspectives of obesity is common within society, the act of standing up for one's beliefs – even online – is less common. While there may be many reasons for this lack of action – including the perception that inhabiting the stigmatised identity of 'fat' is transient – one key finding of this study shows that this process may be beginning to change, and that the anonymity and disinhibition that is provided by technology such as the internet may be able to facilitate this change in a positive manner. In addition, the status of fat, overweight and obesity as the 'last acceptable prejudice' may also be beginning to shift, with the overwhelmingly negative response to the author's blog an example of how this may be beginning to happen – even if only in an online environment.

Research Question Two: Study Two - The Fatosphere

In examining how participants used the Fatosphere to assist them in reframing and mediating the stigma and discrimination that they experienced not only from others, but from themselves, it was found in Study Two that participants used the Fatosphere to facilitate a move from a reactive to a proactive method of dealing with the stigma and discrimination that they experienced within their day-to-day lives. Participants described the overwhelming knowledge that their bodies were unacceptable, and how their identity became dominated by body dissatisfaction and hatred. This feeling of inadequacy was compounded by a sense of frustration and failure, leading to increasingly more extreme weight loss attempts. As a result of this, disengagement from everyday life was common, and internalisation of dominant discourses almost universal.

Through a crisis point, however, participants came to see that it was not their body, but society's view of their body (i.e. how their body was 'read') that was the issue. In looking back, it was common for participant to see that they were not really fat, but perceived that they were given the reactions of those around them. They believed that the Fatosphere was a safe place to counter the dominant discourses presented through the biomedical, public health and societal perspectives of obesity, and reclaim their bodies.

Participants used the Fatosphere as a way to counter an existence where they experienced an overwhelming sense of exclusion, which was reinforced by many agencies around them – including those close to them such as friends, family, and teachers, who were in turn influenced by the media, health and diet industries. This resulted in an almost constant negative commentary surrounding their bodies, coinciding with a lack of agency to alter their

stigmatised identity, or dispute those who persisted in excluding them. This treatment can be seen to be considered *civilised oppression* of those individuals inhabiting the stigmatised identity of fat, overweight or obese. While it is acknowledged that many of the individuals and agencies that served to exclude them believed they were assisting them on the path of better health, participants believed that these well-intentioned negative experiences did not serve to help them to achieve better health or slimmer bodies.

In utilising the Fatosphere, participants used the community in two distinct ways – as an avenue for gathering new (and sometimes challenging) health information, and as a method for garnering and cultivating social support and acceptance. In order to achieve this social support and acceptance in particular, participants created a highly policed 'safe space' that was primarily free of the dominant rhetoric surrounding adiposity present within the biomedical, public health and societal perspectives of obesity. Factors including discursive and visual anonymity; benign disinhibition; intellectual, social/emotional and tangible support; and the protection and protectiveness that the Fatosphere provided facilitated participants' entrance and continued engagement with the community. Given the challenging nature of the concepts put forth by the community, these factors also assisted participants in their internalisation of new values and ideas in relation to their bodies and the bodies of others. Positive ramifications included perceived improvements in both mental and physical health, in addition to the perception of being better equipped to deal with stigma and discrimination when it was directed to both themselves and others. However, disclosure to participants' offline networks was carefully thought through, and often handled in a strategic manner in order to preserve offline relationships.

As indicated above, perceived improvements in both physical and psychological wellbeing was commonly reported by participants within this study. This improvement in physical and psychological wellbeing may be explained by participants' inadvertent utilisation of self-compassion. The three components of self-compassion (self-kindness, common humanity and mindfulness) can be seen within the data presented. Participants engaged in self-kindness by acknowledging the role of society in their view of the (fat) body, moving to a health rather than weight-focussed approach through Health at Every Size (HAES), and allowing oneself to work through issues relating to the body, food and exercise by forgiving the self when 'healthy' food and exercise behaviours are not adhered to for whatever reason. Common

humanity was exhibited in participants' acknowledgement that the pain associated with being considered fat, overweight or obese in today's society does not only affect them, but those around them – such as their friends, spouses and children. Mindfulness was displayed in participants' awareness of their past and present experiences of discrimination, and in how sharing these experiences and methods of coping with others within the community has assisted them to move forward within their day-to-day lives. Not only has this concept of self-compassion assisted each individual in their relationship with their body, but also in interacting with others within their day-to-day lives.

Research Question Three: Study Three - I Stand

In examining how blogs can be utilised as a medium to challenge the commonly held attitudes about adiposity and corpulent individuals, it was established that the I Stand campaign constructed a reality in which the corpulent individual engaged in meaningful and happy relationships (as parent, child, lover and friend), and challenged the common expectations and views of the corpulent individual through both the textual and visual elements of the posters. Concepts such as health, happiness, and movement at any size were common, as was the idea that the thin ideal is not an appropriate goal for everyone to pursue. This reality was contrasted by the one constructed by the Strong4Life campaign which maintained and perpetuated the common beliefs depicted by the biomedical, public health and societal perspectives of obesity. These beliefs maintained that adiposity represents statistical and moral deviance and that health and happiness can only be attained by achievement of the thin ideal. The children are depicted as unhappy, and parents placed firmly at fault. The common methods of transformation are alluded to as the only solution to the 'problem' of childhood obesity.

Within the I Stand campaign the corpulent individual is presented in many different ways, and with many different identities. This multiplicity forces the viewer to reevaluate their perception of the corpulent individual, which is assisted by the compositional aspects of the image that place the corpulent individual as equal with the viewer and creates relationships through the use of eye contact and personal social distance. However, while the compositional characteristics of the Strong4Life campaign are closely mirrored by the I Stand campaign, the children are presented with their adiposity as their primary characteristic, which is furthermore depicted as a characteristic which they are unhappy with and wish to change.

While adiposity was a prominent characteristic in the I Stand campaign, activists ensured that it was not the only one presented to the viewer.

Because of the visual nature of the campaigns, visual anonymity within these campaigns was unable to be utilised (apart from the few cases in which activists do not present their face(s) within the images). However, discursive anonymity was often afforded to activists within the campaigns as the likelihood of being recognised from a picture alone is very low unless one is known to others in the group or the image is purposively shared by the activists. This, however, is unlikely given the primary dissemination point of the I Stand campaign. The support that is given not only to the children that are perceived as being stigmatised by the Strong4Life campaign is facilitated by *benign* disinhibition, and the lack of *toxic* disinhibition within the I Stand campaign is to be commended given the highly negative reaction to the Strong4Life campaign in general.

The concepts of self- and body-love and -acceptance put forth by the posters were designed to challenge the viewer's perceptions of how they should view their bodies and the bodies of others. These concepts can be interpreted under the purview of self-compassion, along with activists' ideas relating to healthful eating and joyful exercise. In addition, the acknowledgement of body diversity and acceptance recognises that the issue of adiposity presented in this manner affects not only corpulent individuals but individuals of all weights, shapes and sizes. As such, these concepts challenge the viewer into examining their own health behaviours and conceivably the efficacy and benefits in continuing behaviours such as purposive weight loss and diets.

Given the fear appeals framework utilised for the Strong4Life campaign, the lack of solutions presented within the campaign are problematic in allowing for positive behaviour change to take place. In addition, this approach in the context of adiposity calls into question not only the appropriateness of a fear appeals approach, but also the efficacy of engaging in stigma and discrimination in order to bring around behaviour change. Given these conclusions and the fact that the media is known to be an important method of socialisation and information dissemination, the negative approach taken by the Strong4Life campaign may adversely affect individuals of all weights in a number of different ways, and lacks the components needed in order to successfully encourage positive health behaviours.

Thesis Findings

In examining the overall findings of this thesis and investigating how corpulent individuals utilise the internet in order to mediate, navigate and change their experiences of weight-related stigma, five key overall findings were identified that were represented in the findings of each study within this thesis. Despite the different approaches taken within the three studies presented, each of the studies demonstrate that in mediating, navigating and changing their experience of weight related stigma individuals;

1. utilise methods of justification and suppression (whether their stance is to justify compliance or resistance to the dominant discourse),
2. utilise and capitalise on the anonymity that the internet provides, characterised by the *Online Disinhibition Effect* (Suler, 2004),
3. challenge the beliefs, expectations and views of those who follow the dominant discourse,
4. challenge the utilisation of stigma as a method of behaviour change, and
5. emphasise an argument that places overall wellbeing over weight loss.

I will now examine these five findings in more detail.

Utilisation of Justification and Suppression Methods

As previously described in Chapter One, the Justification-Suppression Model of stigmatisation indicates that the expression and experience of prejudice is mediated by a process of suppression and justification that allows the individual to reveal their true attitudes and opinions without experiencing sanction either through external or internal means (Crandall & Eshleman, 2003). Within each of the three studies, methods of justification and suppression are utilised not only by those who sought to justify their *compliance* with the dominant discourse, but also their *resistance*. A number of different factors may affect an individual's ability to suppress an expression of prejudice, including anonymity. Within the context of the studies, anonymity was a highly important factor in commenters', participants' and activists' ability to engage in these discourses through the online medium of blogs.

This factor is most keenly seen in Study One, in which individuals held virtually no identifiable information about those with whom they were interacting unless an individual chose to disclose such information. As can be seen within the quotes used within this study, this anonymity often facilitated significant toxic disinhibition and argumentative stances.

Furthermore, justification methods such as believing an individual has inflicted the negative treatment on themselves (e.g. belief in personal responsibility in maintaining an 'acceptable weight' Study Two and Study One in particular) and that their own negative treatment may assist them (e.g. that stigma and discrimination push individuals to engage in healthier behaviours, particularly seen in Study Two) are common within the current discourse. Engaging in justification, however, is more likely to result in further negative behaviour and outcomes than those linked to the obesity that these methods are supposedly intended to eradicate.

Justification methods when engaging in stigmatising discourses can be seen in each of the three studies presented within this thesis. All three studies indicate that individuals engage in discriminatory discourse because they are of the belief that it will assist the corpulent individual in becoming healthier (i.e. slimmer). This 'help' however, primarily served to make participants, commenters and activists hyper-aware of their bodies, and engage in justification practices of their own. Additional and unique justification methods are evident in Study One in particular, with commenters engaging in justification based on degree of corpulence – in other words they were engaging in discourse around those they considered to be *morbidly obese*, not those who were just *overweight* or *fat*. Additionally, justifications were made based on the perceived view of the corpulent individual as 'lazy' and the provision of 'excuses' when justifying their existence as a corpulent individual.

Within the studies presented in this thesis, however, justification and rationalisation are not only utilised by those individuals who are attempting to force corpulent individuals to comply with the biomedical, public health and societal perspectives on obesity. Individuals who resist the stigmatisation and discrimination of corpulent individuals also engage in practices of justification while simultaneously complying with the tenets of these perspectives. Within the crisis point of participants discussed in Study Two, to the rationalisation of being 'fat and fit' or having a medically valid reason for inhabiting a corpulent body presented in Study One, these participants and commenters justified their reason for being the size they were through what were seen to be (more) socially acceptable methods.

The justification-suppression model can additionally assist us in understanding the actions of corpulent individuals and the suppression and justification that takes place when (fat) individuals experience prejudice and discrimination. Within this framework, participants

often internalised the views, beliefs and opinions of those enacting discrimination and stigmatisation on them, and suppress their instinctual reaction to fight back. Furthermore, they justify the treatment that they receive on the basis that they deserve it for inflicting the stigmatised identity of 'fat' on themselves. The results of this research indicate that this method of justification, however, slowly changes as individuals change their beliefs about their bodies, and the bodies of others. This change is most keenly illustrated in Study Two within their move from reactive to proactive methods of dealing with stigma and discrimination.

Further justification methods are illustrated in Study Two where it is evident that participants not only engaged in justification and suppression practices when internalising the beliefs of others, but that they also engaged in justification practices that ultimately influenced their choice to speak out, or, remain silent regarding their newfound beliefs. This process was particularly salient when participants discussed their choices regarding to disclosure to those in their offline environment. While some individuals readily disclosed their newfound beliefs and behaviours, most participants engaged in a careful negotiation, only telling those who they believed would not react in a negative manner. This decision was justified through the desire to maintain important relationships that they believed either would not survive or would be severely compromised by the disclosure.

Utilisation of Anonymity and the Online Disinhibition Effect

Within each of the three studies, another key finding concerns the concepts of anonymity and disinhibition and their emergence as important factors. Primarily, the provision (or option) of anonymity for users within these studies has shown that it assists individuals to engage in behaviour that would be unlikely or difficult within the offline environment. The use of CMC was an important component of this thesis, as previous research indicates individuals are able to disclose more about themselves and manage the impressions of others within online settings (Chester & Bretherton, 2007; Joinson, 2001). This is achieved through the asynchronicity, anonymity and disinhibition that takes place online (Chester & Bretherton, 2007; Christopherson, 2007; Qian & Scott, 2007; Suler, 2004).

The asynchronicity facilitated through the online nature of blogs allowed commenters, participants and activists the opportunity to think through their reactions and opinions relating to the concepts presented (whether they be positive or negative) in a manner that is

unachievable within face-to-face or 'real time' interaction in the offline world. In engaging with others with similar or disparate viewpoints regarding issues relating to adiposity, corpulence and stigmatisation, the asynchronicity provided allowed for prolonged discussions spanning time, and the introduction of new or challenging concepts, ideas and views to be presented slowly and absorbed at one's own pace. Alternatively, the asynchronicity provided by the blogs allowed individuals within each of the three studies to disengage when needed or if they believed that continued engagement would not assist their health and wellbeing.

Commenters, participants and activists utilised anonymity in varying ways, depending on the medium and issue presented. Within each study, different types of anonymity were managed by individuals in order to meet their privacy needs. Discursive (*textual*) anonymity was utilised by participants in Study Two in order to withhold identifying information from those who they are interacting with, while *visual* anonymity was utilised in order to withhold any images of the individual so that they cannot be recognised outside of the online space (Christopherson, 2007; Qian & Scott, 2007). As suggested by Chester and Bretherton (2007), the majority of commenters, participants and activists within this thesis engaged in a kind of managed anonymity, either removing or withholding visual or textual elements that would render them recognisable to others within the offline world when deemed necessary.

However, most commenters, participants and activists appeared along a continuum of anonymity that ranged from complete anonymity to complete identifiability according to their preferences and intentions. Within Study Two in particular, participants described their reasons for utilising differing concealment techniques, which included retaining the ability to remain truthful within the online environment, or to protect the privacy and strength of relationships between themselves, their families and friends. Decisions relating to anonymity sometimes changed over time, however the provision of the choice of anonymity allowed commenters, participants and activists to engage in behaviour that may have been unlikely within the offline world.

This engagement with unlikely or improbable behaviour can be further described within each of the three studies through the *Online Disinhibition Effect* (Suler, 2004). Commenters, participants and activists' restraint and inhibitions were lowered in both positive (*benign*) and negative (*toxic*) manners within the particular online environments examined in this thesis.

There are indications within each study that individuals in some instances become more open, kind, supportive, caring and generous through their disclosure of often difficult feelings, behaviours and thoughts. In addition, there are indications that the support of those around them, as well as the time invested in building relationships and connections (primarily within Study Two) facilitated this benign disinhibition. In supporting, providing protection and assisting those around them (whether as a commenter, participant or activist), individuals showed the positive nature of online environments, and helped other individuals through what can be difficult and problematic times.

The negative nature of the internet, however, was also displayed within these studies as – particularly the commenters of Study One – commenters engaged in blunt, hostile and aggressive behaviour in defending their perspectives and opinions (i.e. toxic disinhibition). These behaviours were often not only directed at the original source for displeasure (the author), but also at others within the comments, creating hostile and negative discourse between commenters and which sometimes escalated as time went on. This negative side displayed in Study One was moderated by participants in Study Two so that this negative (or toxic) side of disinhibition did not affect their reader's experience within the community.

Through the asynchronicity, anonymity and disinhibition that the internet provided, commenters, participants and activists were able to engage in these discourses without disclosing their engagement and arguments to their wider offline relationships if that was their choice. This is important when engaging with dialogue that is different to the discourse primarily accepted within day-to-day interaction, which allows individuals to explore not only themselves but possible alternate self-concepts in a manner that poses little threat to their offline lives and relationships (McKenna & Bargh, 1998). While this kind of self-exploration can occur with negative behaviours and impulses (which, as indicated in Chapter Two is an argument for those who oppose the Fatosphere), in this case it is an important step for some individuals to be exposed to and offered the option of engaging with alternative behaviours that may possibly improve their physical and/or psychological health and wellbeing.

Challenging Beliefs, Expectations and Views

As outlined in Chapter Two, there are four different perspectives from which fat, overweight and obesity can be viewed, which were categorised from the literature as the biomedical, public health, societal, and health-centred perspectives. Within today's society the first three

perspectives combine to create the dominant rhetoric the surrounds adiposity. While these three perspectives vary on how they view adiposity and the cause(s) at the centre of the issue, all result in similar expectations of the corpulent individual – that that individual will control their body by engaging in the prescribed method(s) of transformation until they reach an 'acceptable weight'. It is through these methods of transformation that individuals therefore lose their stigmatised identity and conform to the socially prescribed 'thin ideal'.

It is these beliefs, views and expectations which the fourth perspective of adiposity – the health-centred perspective – aims to counter, and this perspective in which the three studies presented aim to engage with. The beliefs countered throughout this thesis include the belief that fatness is inherently 'bad,' that corpulent individuals are all unhappy, that the stigmatisation of corpulent individuals is acceptable, and that corpulent individuals are – and should remain – invisible within society. Each study approaches these beliefs, expectations and views in a different manner, placing different emphasis on each belief based on the purpose and content of the study.

Each of the three studies presented within this thesis begins with reinforcement of the biomedical, public health and societal perspectives of adiposity either through an event that discriminates against the (fat) body (Studies One and Three), or through descriptions of constant negative experiences and internalisation of the 'thin ideal' (Study Two). Furthermore, each study commences with presentation of the prescribed methods of transformation that 'must' be engaged with in order to achieve happiness through the 'thin ideal', and the belief that stigma is a viable alternative in getting individuals to engage with these methods of transformation. If these methods of transformation are not adhered to, the blame falls squarely on the individual in question, and they are deemed statistically, morally and socially deviant, and invisible within the dominant discourse unless it is to reinforce these perceptions.

The idea that fat is always inherently 'bad' is disputed through each of the three studies presented within this thesis in a number of different ways. Commenters within Study One engaged in this act by overwhelmingly refuting the stigmatising discourse present within the author's entry, while participants within Study Two engaged in internal (sometimes moving to external) countering of this view. Activists in Study Three, however, present this idea most forcefully through the positive visual and textual depictions of corpulent individuals and messages of hope and support for those experiencing stigma and discrimination based on

their weight. This behaviour can be seen along a continuum, as while commenters, participants and activists challenge this reinforcement and internalisation in both themselves and/or others, there are indications that it is common for individuals to refute the negative treatment of corpulent individuals while also displaying internalisation of the dominant discourse.

In contesting the assertion that all corpulent individuals are unhappy, evidence can be drawn from each of the three studies presented. The changes and reactions that take place by activists, participants and commenters display how happiness can be achieved at any weight through the acceptance of the body and removal of oneself from the weight loss rhetoric. This is done both pictorially through Study Three, or textually through Study Two and Study One. Commenters, participants and activists challenge the assumption that in order to become happy, individuals must engage in methods of transformation and achieve the thin ideal, when in their experience happiness, love and acceptance can be found at any size.

In challenging and confronting the acts of weight-related stigma described and depicted within this thesis, the stigmatisation of corpulent individuals is shown to be an act that is unacceptable and objectionable. In rejecting the dominant discourses, countering acts of weight-related stigma and campaigning against the negative treatment of corpulent individuals of all ages and sizes, commenters, activists and participants engaged in a new type of discourse around the acceptability of the stigmatisation of corpulent individuals. While it has been previously stated that this kind of opposition is unlikely within the current climate relating to obesity (Myers & Rothblum, 2010; Ojerholm & Rothblum, 1999), these examples show that this likelihood is beginning to change – at least within these online environments.

Finally, the convention that corpulent individuals are (and should remain) invisible within society is challenged in a number of ways throughout this thesis. While this is primarily done through the positive pictorial depictions of corpulent individuals presented during the I Stand campaign of Study Three, the participants and commenters of Study Two and Study One also display this through their engagement with the media, depicting themselves visually online, and their refusal to stay silent in the face of the stigmatisation of corpulent individuals.

In challenging these four beliefs, expectations and views about the corpulent body we can see that the lipoliteracy that is characteristic of the stigma and discrimination that corpulent

individuals experience may be beginning to shift. Previous research has shown that we engage in a *"collective knowingness"* about obesity (Murray, 2005b, p. 154), and that through 'reading' the corpulent body we can deduce that they are *failed citizens* who are *morally* and *socially deviant*, in addition to being 'gluttonous,' 'unhygienic,' 'greedy,' 'ugly,' 'disgusting,' 'pathetic,' 'worthless,' 'repulsive,' 'immoral' and 'diseased' (Cooper, 2008; Dion et al., 1972; Herbozo et al., 2004; Jutel, 2005, 2006, 2008; Murray, 2004, 2005a, 2005b; Rice, 2007). This research, however, demonstrates that individuals are beginning to reject some of the 'knowingness' surrounding obesity. Through challenging these beliefs, commenters, participants and activists are primarily refuting the societal perspective of obesity, and are convincing either themselves or others that the corpulent individual must not be viewed as the *failed* and *deviant* citizen, but as an individual deserving of respect regardless of their size.

While it was not uncommon for individuals to additionally refute the biomedical and public health perspectives in addition to the societal perspective, internalisation of the premise of the corpulent body as disease and reflective of the environment (the biomedical and environmental perspectives) was also present in many of the narratives that showed evidence of refuting the societal perspective. In addition, within those who refuted the societal perspectives indications were also present that the primary cures for each of the biomedical, public health and societal perspectives of obesity – primarily personal responsibility through purposive diet and exercise – were also present in these narratives, indicating some internalisation of these perspectives.

Challenging Stigma as a Method of Behaviour Change

It is acknowledged that weight-related stigma is part of day-to-day life within western societies, is difficult to change, and impacts negatively on the quality of life for corpulent individuals (Myers & Rothblum, 2010; Puhl & Brownell, 2003a; Puhl & Heuer, 2009; Puhl, Moss-Racusin, Schwartz, et al., 2007; Schwartz & Puhl, 2005). Furthermore, it is acknowledged that as the 'obesity epidemic' has occurred, so has an 'epidemic of weight-related stigma' (Andreyeva et al., 2008; Solovay, 2005). In experiencing this inescapable and constant stigma and discrimination, the three studies presented within this thesis show that corpulent individuals frequently internalise socially embedded attitudes prevalent within society, which push them to engage in often dangerous behaviours in order to achieve the socially accepted 'thin ideal' – a finding present in other research examining stigma and the corpulent

individual (Crandall & Biernat, 1990; Lewis et al., 2011b; Murray, 2005b, 2008a; Wang et al., 2004).

While previous research has suggested that the experience of stigma and discrimination may assist individuals in achieving better health (through engagement with purposive weight loss strategies), each of the three studies presented within this thesis challenge this idea that stigma and discrimination lead to better physical and mental health outcomes through weight loss (Kassirer & Angell, 1998; McMichael, 2006; Puhl et al., Advanced Access). The idea that subjecting an entire group of individuals to constant negative and discriminatory treatment under the guise of 'assisting' them to engage with a solution that fails more than it succeeds is contradictory and irrational – a finding supported by a number of previous studies (Carels et al., 2009; Schvey et al., 2011; Vartanian & Shaprow, 2008).

Findings from all three studies suggest the reality for these individuals may be the opposite – that the experience of stigma and discrimination not only has a negative impact on mental health, but also on physical health. It is unsurprising, then, that commenters, participants and activists within these studies often removed themselves from this framework in favour of one which supports them in achieving health as opposed to thinness. It is important to note also that the utilisation of this discrimination and stigmatisation as a solution for obesity does not only affect those considered to be fat, overweight and obese, but affects individuals of all weights – as evidenced by the near constant engagement with diet practices (particularly by women) and the increasing prevalence of eating disorders within today's society (Greenberg & Worrell, 2005).

In addition to the simplistic 'solution' presented above (that the experience of weight-related stigma can improve health), there are suggestions not only within the literature, but within the studies presented within this thesis, that propose that it has the opposite effect by creating a barrier that corpulent individuals must overcome in order to engage in what are considered to be healthy behaviours (Carels et al., 2009; Schvey et al., 2011; Vartanian & Shaprow, 2008). As highlighted in Study Three, the concept that *"hate ≠ health"* is a logical one, but one which is overlooked in the current context of adiposity. Given the emphasis on personal responsibility in the face of mounting evidence that an individual's weight is reliant on many physiological, environmental and psychological factors (Schwartz & Puhl, 2005; Vartanian & Shaprow, 2008), stigma as a method to encourage behaviour change must be stopped in order

to address the true issue at stake – the physical and psychological health of those who are considered to be fat, overweight and obese within our society today, without placing undue blame on the individual(s) in question.

However, in working towards this outcome another barrier presents itself – the perception of individuals who engage in stigmatising behaviour that they are 'helping' the individual in question. As outlined above, this is a justification method that is highly ingrained in individual understandings regarding weight and health, and is an obstacle which must be dealt with before the use of stigma as assistance is eradicated. Indeed, there is evidence particularly within Study Two to suggest that this kind of 'help' pushes individuals to more radical methods of weight loss in order to conform to the thin ideal and obtain all the advantages it offers, which places them at further risk in the long term.

Emphasis of Wellbeing over Weight Loss

The fourth key finding of this thesis is the presence of an emphasis on wellbeing over weight loss when considering the health and happiness of corpulent individuals. As outlined within Chapter Two, a number of flaws are outlined in the continual transformations that are prescribed to corpulent individuals in order to achieve the 'thin ideal' and, as a consequence, become happy and successful. While interventions designed to reduce the corpulent body are being continually implemented, with the exception of the few (e.g. FLVS, Romon et al., 2008), achievements of meaningful weight loss (either clinically or otherwise) maintained over extended periods are few and far between (Gard & Wright, 2005; Rich & Evans, 2005). As also indicated in Chapter Two, the general level of weight loss achieved by interventions examined in Cochrane reviews was less than five kilograms (in particular with pharmacological and diet and exercise interventions), with weight loss past this level seen as the exception, not the rule (Padwal et al., 2009; Shaw et al., 2009). In addition, the evidence is seemingly beginning to point to the improvement of health outcomes regardless of weight loss, suggesting a change in our thinking is in order (Bacon, 2008; Campos, 2004; Kelly, Yang, Chen, Reynolds, & He, 2008; Mann et al., 2007).

In response to these continual process of transformation (i.e. diet, exercise, surgery and pharmacology), however, each of the three studies presented highlight the concepts of HAES. While more prominent in some studies than others (i.e. Study Two and Three as opposed to Study One), the concepts of healthful and intuitive eating, joyful movement and removal of

oneself from a weight-loss framework are highly important within the transformations that take place, particularly considering those participants from Study Two. Furthermore, Study Two in particular adds evidence to the growing number of studies examining the positive effects of HAES in relation to health and adiposity. Given the perceived improvements in participants health and wellbeing, these concur with the reports of improvements in mental health indicators such as body dissatisfaction/preoccupation, eating disorders, depression, anxiety, and self-acceptance, while also improving physical health indicators with little to no change in weight (Bacon et al., 2002; Bacon et al., 2005; Carrier & Steinhardt, 1994; Provencher et al., 2009; Rapoport, Clark, & Wardle, 2000; Tanco, Linden, & Earle, 1998).

The focus on wellbeing as opposed to weight loss presented throughout this thesis allowed commenters, participants and activists to move away from the harmful framework that – in many cases – had dominated their lives, and allowed them to engage in behaviours they enjoyed rather than ones performed only for the purpose of weight loss. Given the inability of the biomedical and public health perspectives in particular to produce a 'solution' that proves safe and enduring results (outlined above), this approach is refreshingly 'rational' when faced with the negative psychological and physical health outcomes that are experienced by corpulent individuals within today's society (Bacon, 2008; Foreyt & Goodrick, 1993; Lewis et al., 2011b; O'Hara & Gregg, 2010; Puhl & Heuer, 2010; Puhl, Moss-Racusin, Schwartz, et al., 2007; Robison, 2003b; Schwartz & Puhl, 2005; Vartanian & Shaprow, 2008). Furthermore, it removes the corpulent individual from the negative psychological and physiological health effects that occur when individuals engage in weight cycling which takes place in almost all individuals who participate within the dominant weight-loss framework (Brownell & Rodin, 1994; Ernsberger & Koletsky, 1999; Germov & Williams, 1996; Robison et al., 2007a; Robison, 1999).

In shifting from the biomedical, public health and societal perspective of obesity to the health-centred perspective, commenters, participants and activists can be seen to be engaging in what is known as self-compassion (Neff, 2003a). In engaging in self-kindness through the cessation of purposive weight loss and forced movement, acknowledgement of the shared human experience relating to body size and weight loss attempts for individuals of all sizes, and awareness and mindfulness of one's negative emotions and the emotions of others, commenters, participants and activists are engaging in a process that has been shown to

improve psychological function and wellbeing (Neff, 2003a; Neff, 2003b; Neff, Kirkpatrick, et al., 2007; Neff et al., 2008; Neff, Rude, et al., 2007). The findings of this thesis indicate that that self-compassion may be a key factor in how the HAES/health-centred framework assists individuals in improving not only their psychological but also their physical wellbeing.

Summary of Thesis Findings

It is clear from the findings of this thesis that those individuals considered to be fat, overweight and obese within the three studies presented in this thesis perceive and experience weight-related stigmatisation and discrimination within their day-to-day lives. Individuals perceived that they had been diminished from a *"from a whole and usual person to a tainted, discounted one"* and were considered *"not quite human"* by those who (whether they intend to or not) stigmatised and discriminated against them based on their weight (Goffman, 1963, p. 3 & p. 6). We can see throughout the results of these studies that commenters', participants' and activists' actual social identity (i.e. 'proven') that they are solely responsible for their weight is misguided – at least in some cases. In Study Two, participants recounted increasingly extreme attempts to lose weight without success, and in Study One participants indicated health issues and diseases that caused their weight to be out of control. It is important that we shift the public consciousness around adiposity away from the perception that it is an *actual* (proven) *social identity*.

Because of the blatant visibility of adiposity, commenters, participants and activists found themselves immediately discredited within their everyday life. One of the major benefits of interacting in an online fashion was the anonymity that was provided, removing this immediately discreditable attribute from their social interactions online. Furthermore, commenters, participants and activists indicated the experience of *direct* and *indirect* discrimination in their day-to-day lives. This is most keenly seen in the narratives presented in Study Two where participants discussed their experiences of stigmatisation and discrimination at the hands of parents, friends and families, which – while often not meant to be harmful –resulted in rejection and an acute awareness of the label that was placed on them and the continual understanding of being judged in a negative manner. While the presence of *structural* discrimination has been shown to take place for individuals considered to be fat, overweight or obese (see Lewis et al., 2011b), evidence relating to this element of discrimination was not prominent within any of the studies included in this thesis.

Throughout each of the three studies, it can be seen that commenters, participants and activists attempted to alter the power situation of the stigma and discrimination they experienced by engaging in processes of justification and challenging the premises on which their visibly discredited identity were based. Furthermore, they challenged the idea that removing the discredited identity of 'fat' (i.e. losing weight) would automatically assist them in leading happier and healthier lives. This can be seen in the arguments of Study One, the removal from a diet and weight-loss mindset in Study Two and the subversion of dominant expectations seen in Study Three. This is a very important step that must continue to take place in order for the stigmatisation and discrimination of individuals considered to be fat, overweight or obese to cease.

Indeed, when examining Jones and colleagues' (1984) six dimensions of stigma (concealability, course, disruptiveness, aesthetic qualities, origin and peril), the only one which remains unchallenged within at least one of the studies of this thesis is that of concealability. The extent to which adiposity can change over time, effects interaction with day-to-day-life, is considered aesthetically displeasing, is at the responsibility of the individual and the extent to which it poses a serious and immediate threat are all concepts challenged at one point or another by commenters, participants or activists within this thesis. Therefore, it is in the ways presented above that commenters, participants and activists challenge the stigma of adiposity within online spaces.

Thesis Strengths and Limitations

There are a number of strengths that can be discussed in the context of this thesis. Within this thesis I have taken a novel approach to an issue that is affecting a significant proportion of individuals within society today. Stigma, discrimination and negative treatment of individuals considered to be fat, overweight and obese does not only affect those considered to be corpulent, but individuals all along the weight spectrum. In using multiple methods to examine this phenomena, a broader and more comprehensive understanding of how the internet is used in mediating, navigating, and ameliorating the stigma and discrimination that they experience within their day-to-day lives is achieved.

The use of naturalistic data drawn straight from the source itself without interfering with the phenomena under examination is also a strength of the approach taken within this thesis.

Furthermore, the use of qualitative semi-structured interviews as a framework for talking with those individuals engaging with this medium allows for understandings of this phenomenon to be derived directly from their experiences. These methods are useful for describing complex phenomena, which this examination of adiposity and stigma most certainly is.

The data presented within each study is based on individuals' classifications and meaning, allowing for inductive and data driven findings to emerge that reflect the event or community under examination as opposed to deductive understandings brought in by the researcher. Moreover, given the sensitive nature of adiposity, it was incredibly important to be able to act in a responsive manner when engaging with participants and data in order to understand the issue fully and completely from the commenter's, participant's, or activist's perspective.

However, given the strengths outlined above there are a number of limitations that can be taken from each of the studies presented. Overall, it must be noted that it is those individuals who are highly invested and/or have the most extreme reactions to an issue who will react to or engage with an issue online. In addition, within each of the studies presented the primary venue in which the event/community resides may not be the only place in which an individual can react or discuss an idea, event or concept. Thus, the reactions, communities and events that have been examined may not encompass the entire discourse surrounding an issue or phenomenon. Additionally, the findings of these studies and the overall interpretations are based on a snapshot of qualitative data described in these three studies that represent a point in time in relation to these events and communities.

In order to engage with any of these avenues, however, individuals must have access to a number of different technologies, not the least of which is the internet. For some, constant access is needed in order to maintain the level of engagement required, however for others, only transient access is needed. In addition to internet access, access and knowledge of other technologies such as computers, digital cameras or scanners and other technologies are required for successful participation and involvement.

In addition to those limitations outlined above, some study-specific limitations must also be noted. Within Study One, the fact that those individuals posting in support of the author were often targeted in a negative manner may account for some of the discrepancy in numbers between those who agreed with the author and those who did not. However it is unlikely that

this discrepancy would account for the entire difference in numbers given the differing proportions of individuals who disagreed and agreed with the author. Furthermore, the barrier of having to go through the process of signing up for the website and activating a user account may have discouraged individuals from engaging in such a forum, instead forcing individuals to move to other forums to register their reactions to the blog post or resulting in no online engagement at all. Additionally, this barrier may have ensured that those with the most visceral reactions were the only ones who responded via this website and blog.

Within Study Two, it is important to recognise that those individuals who participated in the study were a very specific group of individuals who had chosen to be actively involved in the Fatosphere community and engaged regularly in blogging about these ideas and values. Furthermore, these participants indicated pasts littered with often extreme experiences relating to their bodies, weight and experiences of weight loss. This is important as individuals who had not undergone these experiences or do not see their body size as an issue may react to the community and inherent ideas and ideals in varying ways.

Participants within Study Two were generally women, under the age of 40, who resided in developed nations (in particular the USA and Australia) around the world. While the geographic distribution of participants reflected the community under examination, the ability to generalise to other cultures and geographic locations is limited without further investigation. Furthermore, the ability to generalise the findings of this study to other fat, overweight or obese individuals is limited, even if they follow or support the concepts inherent in fat acceptance and/or the Fatosphere.

While participants described how the identity of 'fat' became a dominant identity for them both in negative (before) and positive (after) manners, the identity of fat was by no means the only one in which they inhabited, with examples of participants inhabiting other identities such as mother, father, student and professional within the data presented. Moreover, those individuals who have engaged in the movement in a more peripheral manner (through reading and/or commenting on blogs only), or those who have subsequently disengaged with the movement were also not examined within this study.

Within Study Three – I Stand it must be understood that activists were required to submit images and slogans to the website in order for the image to be created in a coherent manner. This process of submission may also have acted as a process of moderation, and while no

evidence of rejected posters has been recorded, it may be that photos and/or slogans may have been rejected and/or edited within the process of creating the poster. Furthermore, it is unknown how individuals became aware of the campaign and therefore the depictions included may represent a very narrow group of individuals who engage in certain communities and online mediums.

Thesis Implications

There are a number of implications that can be drawn from the findings of this thesis. These implications fall under the categories of policy and practice, and future research.

Implications for Policy and Practice

There is an important role moving forward for the internet in assisting individuals in dealing with the stigma and discrimination that they experience within both offline and online environments. It is incumbent on policy makers to reflect on the place of technology and its capacity to aid behaviour change through the facilitation of positive uses of technology in order to assist individuals in receiving help and assistance no matter their issue, geographical location or the time of day.

The results presented within this thesis, together with other research examining these new and innovative ways of engaging with others on the internet show that there are new and exciting strategies that are opening to those within the health promotion field that utilise social media, blogging and the internet in innovative and unobtrusive manners. The current methods used by many health promotion organisations in the quickly evolving world of social media are now becoming out of touch and out dated. These new methods should be utilised in the health promotion field in order to convey complex and multifaceted issues in a forum where discussion and discourse can take place with the community. Furthermore, targeted and/or directed assistance can be provided if adequate spaces are provided for individuals to engage online.

One advantage of utilising online spaces is the relatively low implementation costs for organisations. For those in health promotion and public health the use of the internet more broadly and social media in particular allows for health promotion messages to be conveyed with relatively little cost as those organisations which provide health promotion messages to the public generally have access to the required resources (i.e. computers, internet connections,

and other technologies such as cameras and scanners). For those aiming to provide or facilitate online assistance for individuals the cost of providing online support when compared to face-to-face or telephone support can be significantly smaller amount. This is particularly the case when communities are involved as support can be found within this avenue without the direct and constant intervention of professional staff.

The continued facilitation of the provision of affordable and reliable access to internet services across the population is important as it will allow all individuals to engage not only with the positive outcomes outlined within this thesis, but the broader positive ramifications of having access to the internet on a day-to-day basis within work, educational and social environments.

In addition, given the tenuous link demonstrated within the literature, and reinforced by the thesis findings between weight loss and improved health, policy and practice should move away from a weight loss focus to one which focuses on health and wellbeing. As demonstrated within the studies presented in this thesis, I have shown that while this avenue may not be accepted by or helpful for everyone, the constant presence of weight loss messages and their concurrent pressure to conform to the thin ideal are not assisting overall in improving the health and wellbeing of the population as a whole. Therefore, a shift from a weight-centred to a health-centred approach would facilitate the improvement of not only the community's psychological but physical health as well. This may be achieved through many different avenues (and actually may require a multi-pronged approach) but the removal of stigmatising messages and images from all interventions aimed at improving weight and weight-related illnesses in particular is a good beginning.

Implications and Directions for Future Research

Given the new and comparatively under-researched nature of this area, there are a number of directions that future research can take. An interesting and timely study would be a further examination of not only online communities but the way in which individuals engage in online discourse around stigma, health and wellbeing. These forums can further inform our offline practice and policy, and become a way in which new ideas, perspectives and viewpoints can be brought into the mainstream discourse around health. Future research in this area may examine the discourse surrounding adiposity and stigma on a broader platform, bringing in other social media such as Twitter, Facebook, YouTube and other sites as ways to view and analyse discourse. Additionally, discussion with and examination of those who took

part in discourses such as the one that took place in Study One may assist our understanding about whether or not this type of discourse has a positive or negative effect overall on those who engage with it, and whether or not it provokes a reconsideration of their personal beliefs, values and expectations regarding adiposity, health and purposive weight loss.

In regards to Study Two, examining other online communities with similar or different issues may assist us in our knowledge as to how these online communities assist individuals in their reaction to stigma and discrimination in their day-to-day life in similar or disparate ways to the findings of this thesis. Research that took this perspective would be useful in furthering the knowledge and understanding of how the internet possibly facilitates improvements in the health and wellbeing of its users. In addition, examination of individuals who do not engage in communities like the Fatosphere to the point of writing blogs (i.e. who read and/or respond via the comments) may also serve to assist our understanding of the importance of these communities. Another avenue that may be considered is the examination of those individuals who disengage from the community, their reasons for doing so and their view on the community post-engagement. Finally, reception studies could assist us in our understanding of how both the I Stand and Strong4Life campaigns were received by a diverse range of individuals, and whether or not either campaign achieved its goals and why.

Central to the findings of this thesis was an understanding and consideration of the concept of self-compassion. While past research has indicated that engaging a self-compassionate perspective assists individuals in engaging with healthy eating and exercise behaviours (Adams & Leary, 2007), this research has indicated that it may have an important role in assisting individuals to replace a weight-centric perspective with a health-centric one. Further examination of self-compassion within weight- and health-centric environments may bring new understanding of this concept in relation to the improved health and wellbeing of not only corpulent individuals but many others in today's society. In addition, further qualitative research would add to the understanding of the lived experience of individuals considered to be fat, overweight and obese within today's society. Given the rich source of qualitative online data, and its potential to facilitate research recruitment and participation as demonstrated within this thesis, the internet is the perfect medium in order to examine the issue of adiposity, stigma and discrimination further.

Conclusion

This thesis sought to understand how the internet (and specifically blogs) assisted fat, overweight and obese individuals in mediating, navigating, and ameliorating the weight-related stigma that they experienced in their day-to-day lives. The findings of this thesis invite an assessment of the role of the internet and its role in the health and wellbeing of its users.

The overall findings of the thesis indicate that individuals engage in a number of distinct methods in order to achieve this goal. These methods utilised by these online individuals gave them tools – such as justification, suppression, asynchronicity, anonymity, and disinhibition – that assisted them in achieving their goals, and allowed them to engage with ideas and ideals that may not be present within their offline environment. These tools, in turn, facilitate their confrontation and opposition to a number of concepts fundamental to the dominant discourse of obesity (i.e. the biomedical, public health and societal perspectives), and the idea that stigma is a necessary and important method for facilitating weight loss and health. Their confrontation and opposition to these ideas subsequently allowed for their shift to an emphasis on health and wellbeing over weight – and facilitates their dissemination of this concept within online and offline environments.

Given the increasing public consciousness of obesity, along with the increase in the prevalence of internet usage and weight-related stigma, this thesis is a timely examination of the possible positive and negative ramifications of utilising online methods in responding to the weight-related stigma that pervades individuals' daily lives. As the findings suggest, while there are a number of negative outcomes that arise from the utilisation of this medium in order to achieve this goal, the positive outcomes by far outweigh the negative.

While the health-centred approach may not be suitable for everyone, facilitation and dissemination of the health-centred perspective of adiposity will allow fat, overweight and obese individuals to choose for themselves the path that they tread, rather than only being exposed to the biomedical, public health and societal perspectives of obesity. Furthermore, this exposure – especially when coupled with the community support available within the online environment – seems to facilitate improved perceptions of health and wellbeing that are not present within the current weight-focussed model. This is an important step forward in ensuring the health and wellbeing of individuals considered to be fat, overweight and obese in today's society.

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Appendices

Appendix A. Marie Claire Blog (Kelly, 2010)

marie claire

Enter Search Here

TRY: *spring beauty* *hair don'ts* *lose weight*

fashion | hair+beauty | health+fitness | lifestyle+celebrity | mc@work | love+sex | news+features | games+giveaways

Home » Love & Sex » Living Flirtatiously Dating Blog

connect with *marie claire:*

Search this blog SEARCH

See all Marie Claire blogs

+1 Share Pin it Tweet 9

« 10 Tips For Avoiding Holiday Dating Disasters

living flirtatiously dating blog home

How To Decide If He's Right For You »

Should "Fatties" Get a Room? (Even on TV?)

October 25, 2010 9:00 AM by Maura Kelly

The other day, my editor asked me, "Do you really think people feel uncomfortable when they see overweight people making out on television?"

Because I can be kind of clueless — I'm not much of a TV person — I had no idea what she was talking about, so she steered me to this CNN article, about the CBS sitcom *Mike & Molly*. As CNN explains, "the show centers around a couple who meet at an Overeaters Anonymous group [and] has drawn complaints for its abundance of fat jokes [as well as] cries from some viewers who aren't comfortable watching intimacy between two plus-sized actors."

My initial response was: *Hmm, being overweight is one thing — those people are downright obese!* And while I think our country's obsession with physical perfection is unhealthy, I also think it's at least equally crazy, albeit in the other direction, to be implicitly promoting obesity! Yes, anorexia is sick, but at least some slim models are simply naturally skinny. No one who is as fat as Mike and Molly can be healthy. And obesity is costing our country *far* more in terms of all the related health problems we are paying for, by way of our insurance, than any other health problem, even cancer.

So anyway, yes, I think I'd be grossed out if I had to watch two characters with rolls and rolls of fat kissing each other ... because I'd be grossed out if I had to watch them doing anything. To be brutally honest, even in real life, I find it aesthetically displeasing to watch a very, very fat person simply walk across a room — just like I'd find it distressing if I saw a very drunk person stumbling across a bar or a heroine addict slumping in a chair.

Now, don't go getting the wrong impression: I have a few friends who could be called plump. I'm not some size-ist jerk. And I also know how tough it can be for truly heavy people to psych themselves up for the long process of slimming down. (For instance, the overweight maintenance guy at my gym has talked to me a little bit about how it seems worthless for him to even *try* working out, because he's been heavy for as long as he can remember.)

But ... I think obesity is something that most people have a ton of control over. It's something they can change, if only they put their minds to it.

(I'm happy to give you some nutrition and fitness suggestions if you need them — but long story short, eat more fresh and unprocessed foods, read labels and avoid foods with any kind of processed sweetener in them whether it's cane sugar or high fructose corn syrup, increase the amount of fiber you're getting, get some kind of exercise for 30 minutes at least five times a week, and do everything you can to stand up more — even while using your computer — and walk more. I admit that there's plenty that makes slimming down tough, but YOU CAN DO IT! Trust me. It will take some time, but you'll also feel so good, physically and emotionally. A nutritionist or personal trainer will help — and if you can't afford one, visit your local YMCA for some advice.)

Then again, I guess these characters *are* in Overeaters Anonymous. So ... points for trying?

Then again, I tend to think most television shows are a kind of junk food for the mind and body. The boob tube gives us an excuse to turn off both our brains and our bodies and probably does a helluva lot to contribute to the obesity problem, over all. So ... I don't know.

What do you guys think? Fat people making out on TV — are you cool with it? Do you think I'm being an insensitive jerk?

about this blog

Although she's in her thirties, she's never been in love before — and has started to wonder if she ever will be. She's decided to start making dating her job if it's ever going to happen. Hence, this blog.

▸ Read more

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about the author

MAURA

Maura Kelly is a freelance writer who is working on a novel. She rides her vintage Raleigh as often as possible — usually wearing heels, and always wearing her helmet. (She will not be a fashion victim!) Follow her on Twitter.

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4 Things You Should Know About Expired Condoms
How to Decide If He's Right For You
Top 5 Coolest New Dating Sites to Try

archive

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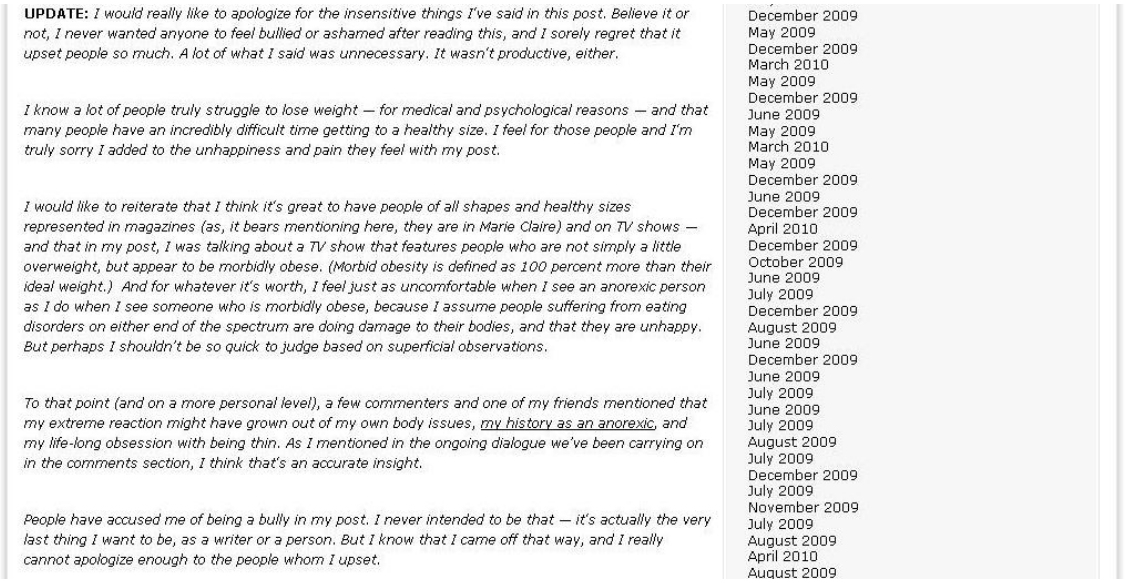

UPDATE: *I would really like to apologize for the insensitive things I've said in this post. Believe it or not, I never wanted anyone to feel bullied or ashamed after reading this, and I sorely regret that it upset people so much. A lot of what I said was unnecessary. It wasn't productive, either.*

I know a lot of people truly struggle to lose weight — for medical and psychological reasons — and that many people have an incredibly difficult time getting to a healthy size. I feel for those people and I'm truly sorry I added to the unhappiness and pain they feel with my post.

I would like to reiterate that I think it's great to have people of all shapes and healthy sizes represented in magazines (as, it bears mentioning here, they are in Marie Claire) and on TV shows — and that in my post, I was talking about a TV show that features people who are not simply a little overweight, but appear to be morbidly obese. (Morbid obesity is defined as 100 percent more than their ideal weight.) And for whatever it's worth, I feel just as uncomfortable when I see an anorexic person as I do when I see someone who is morbidly obese, because I assume people suffering from eating disorders on either end of the spectrum are doing damage to their bodies, and that they are unhappy. But perhaps I shouldn't be so quick to judge based on superficial observations.

To that point (and on a more personal level), a few commenters and one of my friends mentioned that my extreme reaction might have grown out of my own body issues, my history as an anorexic, and my life-long obsession with being thin. As I mentioned in the ongoing dialogue we've been carrying on in the comments section, I think that's an accurate insight.

People have accused me of being a bully in my post. I never intended to be that — it's actually the very last thing I want to be, as a writer or a person. But I know that I came off that way, and I really cannot apologize enough to the people whom I upset.

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COMMENTS

Time: 06:16:33 PM, Date: 25/10/2010
Subject: (no subject)
Two more things:
1) Part of what fueled [sic] this post: I have a friend who was morbidly obese, who went to see a doctor a few years ago about getting his stomach stapled. He'd struggled for years with his weight and had tried crash diets of all sorts. The doctor said insurance would not cover the operation until after my friend tried a medically-supervised diet with a nutrition and exercise plan. My friend said he was happy to try it; he said he was sort of looking forward to proving the doctor wrong. But lo and behold, to my friend's great surprise, he started losing weight. He learned about how many calories are in different things (sodas, muffins, smoothies, coffee drinks, etc.) and was shocked to find out how many extra calories he was consuming each day without realizing it. He is now in fantastic shape--seriously handsome and sexy. ... So I think people really CAN change themselves, though I know it's very difficult to overcome a lifetime of feeling at odds with your body and to believe you can change if you've been frustrated by other (often fad) diets.

Time: 06:19:37 PM, Date: 25/10/2010
Subject: (no subject)
2) To UKJulia, JLFritschie and others who have mentioned that I've brought my own (body-related/beauty-related) issues to this post without realizing it:
That's an interesting and accurate insight--I think you're right. Though I don't think of myself as anorexic any more, being freaked out by obesity to the insensitive, even cruel, point that I was is certainly a vestige of the anorexic mindset; maybe so was being righteous about how easy it is to lose weight. (Because once I lost an extreme amount of weight, of course--about half my body weight--etc.) A friend with whom I was emailing this morning made the same point about this post--that part of my extreme reaction might have to do with how much I've internalized cultural standards of beauty.
And
3) to Kitty:
I also gained a lot of weight about a year ago, after going on anti-depressants (SSRIs). I switched to Wellbutrin + 5-HTP and that has been great for me--I lost all the weight I'd put on about two weeks after switching and have been sleeping well and feeling a lot less anxiety and depression. Not counting the self-induced anxiety and depression after I write insensitive blog posts.

Time: 11:35:23 AM, Date: 26/10/2010
Subject: (no subject)
I've apologized in the comments section already, but I do want to apologize again for being so insensitive; when I re-read this post, after it went up, I felt like I'd been really cruel, flippantly, and I feel terrible about that. I know that many obese people have difficult losing weight, some for medical reasons, others for psychological reasons that are hard to overcome, and I truly regret my lack of empathy and thoughtfulness.

Appendix B. Study Two Interview Schedule

Verbal Informed Consent

Can I ask you to confirm that you

- Have read the information sheet
- Are happy to participate in the interview
- Are happy to have the interview recorded?

Demographic Questions

Can I ask what age you are?

And what gender do you identify with?

Interview Questions

Which term would you prefer us to use when talking about weight? Would you like us to use 'fat', 'obesity' 'overweight' or something else?

Prompt: Why is this?

Can you tell me a little bit about your experiences with your weight?

How do you think these experiences have shaped your views around society's attitudes towards fat?

So now, I'm really interested to hear about your blog. Can you tell me a little bit about it?

Prompt: Can you tell me why you decided to start blogging?

Prompt: Did you read other blogs before you started your own?

Prompt: What do you think are the key aim or aims of your blog?

Prompt: Are there any key or specific themes that emerge in the blog?

Prompt: Does the blog title represent anything in particular for you?

Prompt: Do your friends and or family know about your blog? If yes, do they follow it, why/why not. If no, why or why not?

I've noticed that there are places on the blog for people to provide comments. What sort of discussions emerge from some of your postings? Can you think of any specific postings?

Prompt: Is anyone ever critical about what you write? Can you give some examples?

Prompt: Do these critical/troll comments affect you? How do you deal with this?

Prompt: Do you have any restrictions about what people can post in their comments? OR Do

you screen the comments on your blog?

Prompt: IF YES. Some might call this censorship. How would you respond to this?

Prompt: does the content that people post ever affect the content you post on your blog?

How do you think your personal or social context influence what you write about?

Prompt: what things like age and gender?

Do you regularly read and comment on other blogs?

Prompt: If yes why, if no why not?

Prompt: What do other blogs provide you with?

Prompt: For someone who had never heard of the 'Fatosphere' how would you describe it, and its role?

Prompt: Would you say that it is a community?

Prompt: Some might say that the Fatosphere is a place which encourages irresponsible behaviours or that is harmful. What do you think about that?

Do you think being involved in the Fatosphere has improved your mental and/or physical wellbeing? Why?

Prompt: Do you feel less isolated?

Do you think blogging has made you more resilient or able to cope with the public reaction to overweight?

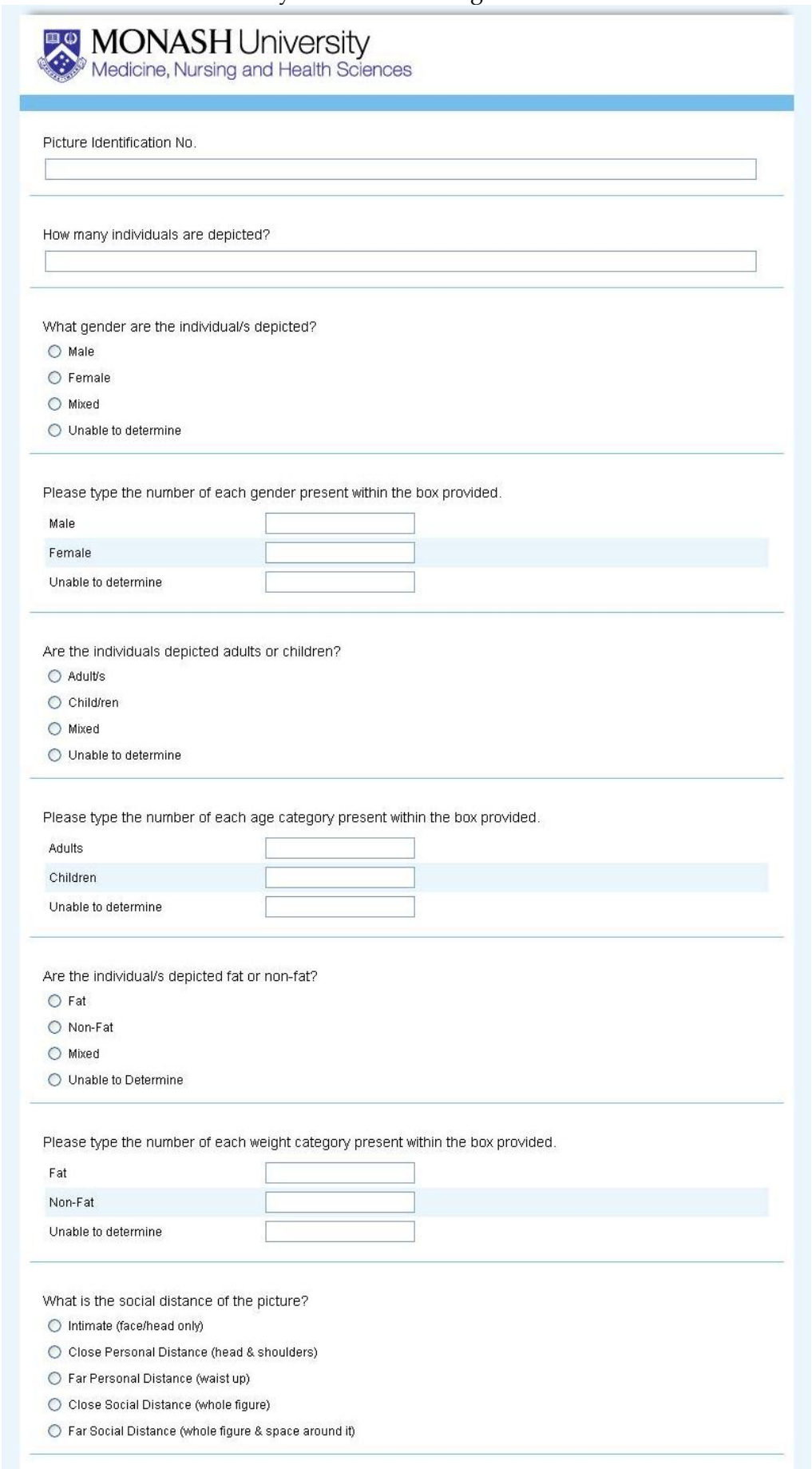
Prompt: Why do you think this is/is not?

Do you think that blogging plays a role in changing the public's impressions around weight and their responses to it?

Prompt: One of the criticisms of the responses to 'the obesity epidemic' (which I know is a controversial concept in itself) is that governments don't consult or connect with those who have actually experienced fat. What do think about this comment?

This brings us to our final question: In an ideal world, what would be the response to issues surrounding weight?

Appendix C. Proforma for Analysis of I Stand Images



MONASH University
Medicine, Nursing and Health Sciences

Picture Identification No.

How many individuals are depicted?

What gender are the individual/s depicted?

- Male
- Female
- Mixed
- Unable to determine

Please type the number of each gender present within the box provided.

Male	
Female	
Unable to determine	

Are the individuals depicted adults or children?

- Adult/s
- Child/ren
- Mixed
- Unable to determine

Please type the number of each age category present within the box provided.

Adults	
Children	
Unable to determine	

Are the individual/s depicted fat or non-fat?

- Fat
- Non-Fat
- Mixed
- Unable to Determine

Please type the number of each weight category present within the box provided.

Fat	
Non-Fat	
Unable to determine	

What is the social distance of the picture?

- Intimate (face/head only)
- Close Personal Distance (head & shoulders)
- Far Personal Distance (waist up)
- Close Social Distance (whole figure)
- Far Social Distance (whole figure & space around it)

What is the gaze of the individual/s?

- ○ Straight On
- ○ Out of frame
- ○ Toward Each other/Object in Frame
- ○ Mixed
- ○ Unable to Determine

Please type the number of each gaze category present within the box provided.

Straight On	
Out of Frame	
Toward Each Other/Object in Frame	
Unable to determine	

What is the camera position?

- ○ Individual/s below camera
- ○ Individual/s level with camera
- ○ Individual/s above camera

What is the focal point of the picture

- ○ The individual/s
- ○ Other (if so, please specify)

Please describe the image and it's accompanying text in detail below.

Does the image and/or text fall into any of these categories?

	Picture	Text
Weak/Strong	☐	☐
Gluttonous/Restrained	☐	☐
Bad or Irresponsible/Caring Parent	☐	☐
Unhealthy/Healthy	☐	☐
Unloved/Loved	☐	☐
Lazy/Energetic or Moving	☐	☐
Sad/Happy	☐	☐
Stupid/Smart	☐	☐
Unfashionable/Fashionable	☐	☐
Other (please specify)	☐	☐

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