

## BODY RELATIONSHIP AND THE FAT FEMALE EXPERIENCE

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By

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## **Abstract**

*Background:* Fat people are subjected to oppression including medical “obesity” rhetoric and fat discrimination which may affect their ability to experience an embodied relationship with their bodies.

*Aims:* The aim of this study was to discover how self-identified fat female-bodied people understand their relationship with their bodies.

*Methods:* Six participants were recruited for semi-structured interviews which were then analyzed in a constant comparative method.

*Findings:* Five themes emerged from the data: dehumanization, acceptance of (the fat) body, empowerment, resistance, and dis $\leftrightarrow$ embodiment. Relationship with (the fat) body was identified by the participants as fraught with tension in a context that involves considering the positionality of “non-normative” bodies, the value and importance of community, and a high degree of effort.

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This thesis is dedicated to anyone who identifies as fat and struggles with their relationship with their body. The world is changing and we have a part in it. Keep fatten' it up!

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## **Chapter 1: Introduction**

Although Fat Studies is now an established academic field, fat oppression gets little attention in social work literature. My primary motivation for doing this research is to contribute to closing this gap. The oppression of fat people requires as much attention from social work education and practice as does every other “ism”. Fat oppression is entrenched in medical systems under the guise of “obesity”<sup>1</sup> as a “disease” that needs to be “treated”. Diet culture and normative beauty ideals help to reinforce this systemic oppression, all of which create social consequences for fat people. In fact, fat oppression has been called one of the last acceptable oppressions (Annis, Cash & Hrabosky, 2004). Although I do not agree with this assessment (racism, ableism, sexism, and lots of other forms of oppression are still entrenched within systems and accepted socially), I believe that fat oppression does not get as much attention as it requires in a field which, according to the Canadian Association of Social Workers’ Code of Ethics (2005), claims to “respect the unique worth and inherent dignity of all people and uphold human rights” (p. 4). Throughout my academic career, fat or body size was not mentioned as a source of oppression in either my undergraduate or graduate courses – with the exception of instances when I broached the topic.

In this research, I understood and made plain in my recruitment materials that fat identity is self-constructed and self-identified. Typically, in Fat Studies literature, “fat” is

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<sup>1</sup> Throughout this thesis double quotations marks of a single word or term indicate critique. I will consistently use double quotation marks around “obesity” and “overweight” as a signal of the rejection of these terms by fat activists.



understood as body size which is larger than what is dominantly considered to be the “norm” (Wann, 2009). Fat people are typically diagnosed with “obesity” and subjected to weight loss rhetoric and judgements, and consequently their relationships with their bodies are fraught with tension. Women as a group have long struggled with body image concerns, a struggle that relates back to patriarchal pressures regarding the governance of women’s bodies. Fat women are particularly susceptible to these pressures because in today’s Western society “thin” is upheld as the ideal in terms of both “beauty” and “health” for women. In the context of patriarchy and these dominant constructions, fat women are left questioning their body’s worth. Fat activists resist these “ideals” and dominant constructions of beauty and health.

My interest lies in the experiences of fat female-identified people who also identify as part of the fat acceptance and/or body positive movement – communities that value “non-normative”<sup>2</sup> bodies. The fat acceptance movement began with the National Association to Advance Fat Acceptance (NAAFA) in the 1960s and the more radical Fat Underground (FU) in the 1970s (Wann, 2009). Fat acceptance aims for the acceptance and celebration of specifically fat bodies, and challenges the dominant idea that fat is bad. Body positivity is an offshoot of fat acceptance, which aims to celebrate a range of body shapes and sizes (Sastre, 2014). Body positivity began as a way to challenge dominant body ideals, but has more recently been criticized for reinforcing upholding the status of “normative” bodies – specifically, thin and white (Sastre, 2014). The focus of these

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<sup>2</sup> Similar to “obesity” and “overweight”, throughout this thesis I will consistently use double quotation marks around “non-normative”, “normal”, or any derivative of this word. Lennard J. Davis (1997) critiques “normal” in that it is “a configuration that arises in a particular historical moment” (p. 26) and does not have an essentialized meaning.

movements on bodies leads me to consider how embodiment may be affected by fat identity.

My research questions are as follows: How do fat female-identified people who are a part of the fat acceptance and/or body positive movement understand their connection to their bodies? How do fat female-identified people develop an engaged connection with their bodies? In asking these questions, I seek to understand how fat women understand their relationship with their bodies. I wanted to explore also how the experience of positive embodiment might occur and benefit fat women. I am also interested in how an improved relationship with one's body may impact a fat woman's self-esteem, and while this query was included in my interviews with participants in this study, inclusion of this aspect of my research has proven to be beyond scope of this thesis. There is limited research that exists about the overlap between embodiment and fat people. The literature used in this thesis pulls from a variety of fields, including social work, feminism, disability studies, dominant "obesity" research, and Fat Studies.

As a self-identified fat woman who struggles with my own relationship with my body, and who has the desire to work with people in reclaiming their relationships with their bodies in the future, this research was very personal and emotionally difficult at times. As an insider to the group I was engaging with in research, I hoped my status would provide the participants with a level of trust and comfort. My experience as an insider to this group also allowed me to have a unique position in the process of data analysis. Qualitative research can never be fully objective, and the findings and discussion that follow are definitely a reflection of my own positionality. Despite my insider status, I was

surprised at the tenuous nature of the participants' relationships with their bodies. Their relationships were not simply embodied or disembodied, or in a place of acceptance or rejection, but were constantly shifting. There was no simple explanation for these shifts, nor for the influencing factors. The research compelled me to question my own beliefs and perceptions regarding body relationship.

In the next chapter of this thesis, I examine and review relevant research and analytical literature in regards to dominant constructions of fat, fat activist responses to "obesity", and an emphasis on health, and embodiment. Chapter Three provides an overview of the epistemological and theoretical frameworks (interpretive/critical and feminist critical disability theory) that I used to guide my research. The following chapter outlines my methodological approach, including the design and analysis of the research, as well as ethical considerations and a note on reflexivity and insider status. In Chapter Five, I present and situate the findings within five themes: dehumanization, acceptance of (the fat) body, empowerment, resistance, and dis←→embodiment. Chapter Six is an analysis and discussion of the findings using three constructs that arose when reviewing the findings: "non-normative" bodies, community, and work. The limitations of this research, possible future research, implications of this research for social work education and practice, and a brief conclusion comprise the final chapter.

## **Chapter 2: Literature Review**

Oppression against fat people is an issue that is not only entrenched and upheld by dominant systems but is lacking in engagement and critical analysis from social work scholars. Medical establishments help to espouse fear in regard to the “obesity epidemic”, which creates “fat panic” (Saguy & Almeling, 2005), threatening both the health and morality of the wider population. Due to multiple factors including diet culture, size oppression, and media influence, fat people may feel a separation from their bodies (Ogden & Clementi, 2010). This literature review aims to present dominant narratives about fat, primarily medical, to reveal why and how fat women are particularly affected by fat oppression. Fat activist responses to these dominant narratives are then considered. The third part is a review of “embodiment” as it relates to fat women, as this research is primarily interested in investigating fat women’s relationship with their bodies. First, I will review the terminology that is used in this thesis to discuss oppression as it relates to fat people.

### **Terminology**

In order to discuss oppression of fat people, I must first define oppression. Donna Baines (2011) indicates that

Oppression takes place when a person acts or a policy is enacted unjustly against an individual (or group) because of their affiliation to a specific group. This includes depriving people of a way to make a fair living, to participate in all aspects of social life, or to experience basic freedoms and human rights. It also includes imposing belief systems, values, laws, and ways of life on other groups through peaceful or violent means. (p. 2)

*Size oppression* refers to the discrimination one feels due to their size; it is not necessarily limited to fat bodies. It has been defined as “bias, exploitation, marginalisation, discrimination, powerlessness, cultural imperialism, harassment or violence against people based on their body image, body size or weight” (O’Hara & Taylor, 2014, p. 276). *Fat oppression*, then, is specific to the discrimination experienced because of being fat. It has been defined by Brown (1989)<sup>3</sup> as “the fear and hatred of fat people, particularly women, and the concomitant presence of oppressive and discriminatory practices aimed toward fat people” (p. 19). What these two definitions fail to explicitly mention is how oppression is enacted through systemic means (i.e.: policy), which takes place for fat people most notably at the level of medical intervention. Bacon, Scheltema and Robinson (2001) describe *fatphobia* as “negative attitudes toward and stereotypes about fat people” (p. 252). *Sizeism* is another term which can refer to discrimination of people based on being both “too thin” and “too fat” as compared to the “norm”, however as Chrisler and Barney (2017) point out, people who are seen as “too thin” are rarely encouraged to feel shame for their condition. *Weight stigma* is another term which is used in the fat acceptance movement in which “stigma” refers to an attribute which is socially discrediting (Goffman, 1963), so therefore weight stigma specifically refers to how attitudes about weight are socially discrediting. Weight stigma is enacted upon fat people to contribute to and justify fat oppression. *Anti-fat bias* refers to prejudices people hold against fat people; anti-fat bias is particularly present in medical settings (Teachman &

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<sup>3</sup> I recognize that I have used some older sources throughout the thesis. This may be either because they are seminal sources or because their definition or theorizing best fit my understanding of the issue or topic.

Brownell, 2001). In this thesis, I use “fatphobia” to refer to the negative attitudes and stereotypes towards fat people, and I use “fat oppression” to refer to systemic injustice that fat people experience. “Weight stigma” and “anti-fat bias” are also used when appropriate. The decision to use terminology that includes “fat” in the name was deliberate in continuing the anti-stigmatizing project fat activists take up surrounding the word “fat” (Wann, 2009).

### **Medicalization of fat**

Fat people are oppressed by various systems due to their fatness. The medical establishment is the primary vehicle through which this oppression occurs. A recent example of this discrimination is Ellen Maude Bennett. Ms. Bennett’s obituary indicates that she sought medical assistance for her health issues but medical professionals attributed her expressed concerns to only her size, thus failing to investigate any other sources and suggesting only weight loss as an intervention. The obituary reveals that her “dying wish was that women of size make her death matter by advocating strongly for their health and not accepting that fat is the only relevant health issue” (Victoria Times Colonist, 2018, para. 1). As Ms. Bennet’s situation demonstrates, people who have been labeled “overweight” or “obese” by medical professionals are subjected to oppressive repercussions, including discrimination and being ostracized, having other health issues ignored, as well as being subjected to prescribed – and often dangerous – weight loss interventions such as restrictive diets and surgery (Bacon & Aphramor, 2011). Fat activists reject these words because they have contributed to the oppression and

marginalization of fat people. The term “obesity” has medicalized and pathologized fat people instead of recognizing that fat is not a disease to be cured, but a variant of human experience such as being short or tall (Wann, 2009).

In 2000, the World Health Organization (WHO) deemed “obesity” to be a health crisis reaching epidemic proportions. Numerous medical studies have been conducted to support this claim (Flegal, Carroll, Ogden & Curtin, 2010; Ogden, Carroll, Curtin, Lamb & Flegal, 2010; Finucane et al., 2011). Interestingly, in 1998, the National Health Institute in the United States lowered the range for the “overweight” category to 25 from 27.8 in men and 27.3 in women to bring it into alignment with the WHO classifications (Nuttall, 2015): this redefinition of what constituted being “overweight” worked to also redefine scores of people as “overweight”, literally overnight. In framing “obesity” as an “epidemic” and citing studies which encourage weight loss as the “solution”, medical researchers have contributed to a cultural belief that not only opposes acceptance of being fat and oppresses fat people but creates a fear of fat in the general population which contributes to body dissatisfaction, poor self-esteem, and a rise in the prevalence of eating disorders (Campos, Saguy, Ernsberger, Oliver & Gaesser, 2006). Assumptions regarding the negative impact of “obesity” on health and the notion that weight loss is necessary for a person’s good health have increasingly been questioned and challenged (Bacon & Aphramor, 2011; Campos et al., 2006).

### **The “obesity epidemic” in Canada**

Health Canada’s stance on “obesity” is derived from the WHO’s (2000) report which frames “obesity” as an “epidemic.” The WHO is influential in creation of national policies because they are considered an international authority on health (Health Canada, 2012). Violent rhetoric has been used to discuss “obesity” in the United States such as the “war on obesity” (Friedman, 2003). Health Canada’s (2006) website states that “Statistics Canada reports that two out of every three adults in Canada are overweight or obese,” (Background section, para. 1) a statement which has the potential to increase anxiety in the population regarding the “dangers” of “obesity”. Health Canada’s website also makes claims regarding the “dangers” of “obesity”, citing certain health risks; however, it is difficult to find a reference on the website to the studies which support these claims.

Health Canada’s (2006) report also indicates that health professionals should use Body Mass Index (BMI) “to help assess [the] risk of developing health problems associated with being overweight and underweight” (Background section, para. 5). Dr. Paul Ernsberger (2012), who has a PhD in neuroscience and postdoctoral training in neurobiology, states the following:

BMI is a valid expression of body size across individuals. It is not an accurate measure of body fatness. BMI is in most cases more closely related to risk factors than is body fatness itself. Thus, overall body size rather than body fatness may be relevant to health. Body size is mainly determined by genetics and childhood environment, and is not altered by the loss of body fat. Reducing the fatness of the body is unlikely to produce the lasting health benefits that are claimed by promoters of weight loss. (Ernsberger, 2012, p. 11)

Despite Ernsberger’s (2012) claim, variations of the following sentence are often found in many medical research articles (see Bray, 2004; De Pergola & Silvestris, 2013; Hruby &



Hu, 2015) about “obesity” as determined by BMI: “Excess weight is a well-recognized risk factor for several common chronic conditions, such as cardiovascular disease, cancer, type 2 diabetes, osteoarthritis and back pain” (CTFPHC, 2015, p. 1). In fact, this particular sentence was lifted from a report in the Canadian Medical Association Journal (CTFPHC, 2015). Due to the negative framing of “obesity” in health discourse, “obesity treatment” has become a priority for many health organizations (Paradis, 2014), while ignoring the negatives effects that this “treatment” may have on a person’s physical, emotional, and mental health. For example, dieting is an indicator of weight gain in the future (Bacon & Aphramor, 2011), and repeated failure to lose weight or lose weight and gain it back may contribute to an individual’s negative view of themselves.

Williams, Mesidor, Winters, Dubbert, & Wyatt (2015), researchers in the faculty of Nursing at University of Mississippi Medical Centre, report that “obesity” is associated with many forms of disease including cardiovascular, hypertension, type 2 diabetes and certain types of cancer. The authors also report that “obesity” is further associated with poor quality of life, poor school performance, and periodontal disease, among other ill health effects (Williams et al., 2015). However, Williams et al. (2015) go on to acknowledge the increased prevalence of psychosocial consequences in “obese” individuals, and state “The experience of weight stigma or perceived weight discrimination is associated with depression, anxiety, bulimia, body dissatisfaction, and low body- and self-esteem” (p. 365). The authors review medical, surgical and behavioural interventions to “prevent or treat obesity” (Williams et al., 2015, p. 368), but do not propose education for medical professionals or the general public regarding

fatphobia or the possibility that the impact of weight stigma might be a possible contributive factor to some of the conditions and diseases that are reportedly caused by “obesity” (Chrisler & Barney, 2017). The only proposed solution to weight stigma is to “cure” or prevent “obesity”, not to work to decrease discrimination.

The attempted regulation and control of “obese” bodies in weight loss discourse reveals a phenomenon at play – what Michel Foucault (1978) terms biopolitics. As previously noted, the term “obesity” medicalizes fat bodies which ignores the reality of the natural diversity of bodies. A culture in which weight loss is expected and encouraged in order that bodies adhere to a “norm” is a culture in which the power associated with this regulation of bodies is upheld. Furthermore, Foucault’s (1978) notions of governmentality and surveillance are revealed in the ways that fat bodies are expected to conform – or attempt to conform – to thin standards, while always being publicly available for scrutiny.

In becoming subjects of surveillance and control, fat people may face dehumanizing experiences. Haslam’s (2006) research reveals two main kinds of dehumanization: animalistic and mechanistic:

... animalistic dehumanization involves the denial of [uniquely human] attributes, typically to essentialized outgroups in the context of a communal representation of the ingroup. It is often accompanied by emotions of contempt and disgust that reflect an implicit vertical comparison and by a tendency to explain others’ behavior in terms of desires and wants rather than cognitive states. Mechanistic dehumanization, in contrast, involves the objectifying denial of essentially human attributes to people toward whom the person feels psychologically distant and socially unrelated. It is often accompanied by indifference, a lack of empathy, an abstract and deindividuated view of others that indicates an implicit horizontal separation from self, and a tendency to explain the other’s behavior in nonintentional, causal terms. (p. 262)

In thinking about Haslam's (2006) conceptualization of dehumanization in relation to fat people, it seems that fat people experience both animalistic and mechanistic dehumanization. Their humanity is denied based on dominant society's belief that they are different from "normative" bodies (i.e.: thin and thus healthy bodies), that they do not belong to the "ingroup". Fat people's marginalized status then makes them seem "psychologically distant" and "unrelated" from those who inhabit "normative" bodies (Haslam, 2006). Taking this further, the association of fat people with "non-normative" and thus subhuman qualities allows for it to be acceptable that fat people are subjected to fatphobia, fat discrimination, and weight stigma.

### **Fat activist response to "obesity" rhetoric**

Fat acceptance as a movement initially emerged from the formation of the National Association to Advance Fat Acceptance (NAAFA), an organization that aims to "protecting the rights and improving the quality of life for fat people" as well as to "eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through advocacy, public education, and support" (NAAFA, About Us, 2016, para. 1). The Fat Underground (FU), a now defunct organization, was developed as a more radical fat activist group which was founded after a local chapter of NAAFA in Los Angeles split from the organization because NAAFA felt they were too "confrontational" (Fishman, 1998, "Prehistory", para. 9). The FU aligned with a more radical stance as they intended to "battle the diet industry" and refused to comply with NAAFA's assimilationist stance (Fishman, 1998, "Prehistory", para. 13). Whereas

NAAFA worked within existing systems to achieve their aims, the FU fought their battles by refusing to accept the dominant status quo. The FU created the Fat Liberation Manifesto, which agrees with NAAFA's stance on being against fat discrimination, but goes further in that instead of seeking a place within existing systems, demands a "reclaiming of power" and overhaul of existing systems. What fat activists (such as NAAFA), radical fat activists (such as the FU), and Health at Every Size (HAES) followers have in common is a belief in the intrinsic value of fat bodies.

Although fat activists exist on a continuum of beliefs, two dominant ideas seem to be emerging: one which adheres to assimilation of healthist beliefs and what LeBesco (2004) terms the "will to innocence" (the "it's not my fault I'm fat" argument), and a more radical fat activism, which rejects health as a determining factor in a person's humanity. HAES, popularized by Linda Bacon (see "Health at Every Size: The Surprising Truth about Your Weight", 2010), is framework of understanding about body size which refutes the assertion that fat is always unhealthy and seeks to support people in finding healthy relationships with their bodies and with food. HAES tenets include: "enhancing health, size and self-acceptance, the pleasure of eating well, the joy of movement, and an end to weight bias" (Burgard, 2009, p. 42-3). Fat activists may or may not identify with this framework, but it does uphold dominant expectations around a person being "healthy". In regards to health, fat acceptance communities and body positivity communities are distinct. Fat acceptance is about acceptance of fat bodies with no caveats attached. Body positivity, which has roots in fat acceptance, began as the desire to accept *all* bodies, but has largely morphed into spaces which reiterate and re-inscribe dominantly held beliefs

about “normative” thin, white bodies (Sastre, 2014), thus aligning with a more assimilationist view of bodies.

Some fat activists take issue with how the HAES paradigm focuses too much on “health” as a determinant of worth (Brady & Gingras, 2016). Healthist assumptions also underpin the expectation that fat bodies conform to a thin “norm”. Healthism significantly contributes to why fat people face discrimination. Crawford (1980) defines healthism as: “the preoccupation with personal health as a primary - often *the* primary - focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles, with or without therapeutic help” (p. 368, emphasis in original). LeBesco’s (2004) work rejects the notion that health determines worth, and seems to be situating herself in a fat acceptance lens which focusing on human rights for fat people, irrespective of health or beauty status.

LeBesco (2004) and other radical fat activists indicate that some less radical fat activists “deploy... a rhetoric of innocence which seeks to relieve them of responsibility for their much aligned condition” (p. 112). Both LeBesco (2004) and Meleo-Erwin (2012) warn of the danger of this rhetoric. Meleo-Erwin (2012) argues that fat activists who focus their activism around becoming part of the “norm” (for example, those who subscribe to the “will to innocence” argument, or those who follow HAES tenets) are assimilating to the dominant culture rather than challenging it. Meleo-Erwin (2012) asserts that to focus on the argument that “individuals can be fit, healthy and fat” (p. 389) leaves out the most marginalized, those who “least measure up, normally speaking” (Kelly in Meleo-Erwin, 2012, p. 395). It leaves out those who are fat and unhealthy.

LeBesco's (2004) viewpoint is similar; she argues that fat people who use the "will to innocence" claim – which means to claim that fat is not a person's fault, it is their genetics, poverty, etc. that caused their fatness – are adhering to the "assimilationist" idea that "seeks to relieve them of responsibility" of their fatness (p. 112). LeBesco (2004) indicates that this kind of argument strips fat people of their agency and upholds the false trope of the fat person as victim. Both LeBesco (2004) and Meleo-Erwin (2012) reveal an alignment with a more radical fat politics, one that seeks to challenge rather than adhere to the cultural status quo about what is or is not considered "healthy".

Radical fat activists reject the "will to innocence" claim that LeBesco (2004) discusses, and aim towards liberation from fat oppression in any space, without the humanity of fat people hinging upon particular ideas of health. Many fat people who have not embraced "fat" as a political identity see their bodies as a source of oppression and wish to change them (i.e.: lose weight). This desire for change can result in medical interventions such as dieting, which is a risk factor for the development of eating disorders (Striegel-Moore & Bulik, 2007). Fat activists argue that fat oppression has the potential to be resisted by seeking to create a more neutral or positive relationship with one's body by coming to an understanding of the social and cultural forces that have resulted in fat oppression such as pressures around "normal" bodies and healthist beliefs regarding fat.

Fat oppression, just like other oppressions, impacts all people regardless of size by constructing expectations around fatness to which people need to adhere to "fit in" and be "normal". Friedman (2012) puts it succinctly: "The fear of fat alone may be enough to

ensure that even people with normative bodies will control their behaviour and eating to avoid experiencing fatness, reminding us that when we talk about fat, we are always also talking about ‘appropriate’ thin bodies” (p. 56). This phenomenon, termed “fat panic” by Saguy and Almeling (2005), serves to uphold the dominant narrative that fat is unhealthy and immoral, which encourages the population to engage in both in surveillance of others and in self-surveillance in the form of diets. Foucault’s (1978) notion of governmentality rings strongly in diet culture, as it provides a way for the general population to self-govern and adhere to dominant expected “ideals”. Furthermore, diet culture is a way that patriarchy subordinates women because “Dieting is the most potent political sedative in women’s history; a quietly mad population is a tractable one” (Wolf, 1991, p. 187). Diet culture profits from the idea that fat is unhealthy and therefore “bad”, so it is perhaps no surprise that medical establishments continue to encourage diets even though 95% of diets fail (Buchanan & Sheffield, 2017).

### **Embodiment in relation to fat bodies**

The word “fat” has historically been used as an insult, having the moral connotations of “laziness, gluttony, poor personal hygiene, and a lack of fortitude” (Murray, 2005, p. 154). Similar to the word “queer”, “fat” has been reclaimed by many as a political identity (Wann, 2009). Fat activists identify as “fat” in hopes of reducing the shame and stigma associated with being labeled as fat (Wann, 2009). Female-identified people are particularly susceptible to feeling shame in regards to their bodies due to pressures around what is considered to be an “acceptable” body in society. Below, I will discuss body image, various conceptualizations of embodiment in

the literature, and my understanding of “embodiment” as it will be used in this thesis.

Body image has been studied by many feminist scholars. Murnen and Smolak (2009) discuss objectification theory which posits that “in a patriarchal culture women are subjected to various means of subordination including the objectification and degradation of their bodies” (p. 186). Fat women are particularly susceptible to this subordination because their bodies deviate extensively from the dominantly expected thin “norm” (Hole, 2003). According to Cash (2004) and Thomas-MacLean and Miedema (2005) the terms body image and embodiment are related and intertwined. Cash (2004) indicates: “Body image refers to the multifaceted psychological experience of embodiment, especially but not exclusively one’s physical appearance...It encompasses one’s body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors” (p. 1-2). In particular, Cash (2004) focuses on *self-perception*, revealing how instrumental an understanding of self is to the concept of one’s body image, whether negative, neutral, or positive. Cash’s (2004) definition goes beyond physical appearance to consider a person’s felt sense of *being in a body*. As Kathy Davis (1997) and Thomas-MacLean and Miedema (2005) reveal, this “felt sense” is impossible to divide from the social and cultural rules by which we live.

Thomas-MacLean and Miedema (2005) draw from various scholars – Merleau-Ponty (1974), Barral (1969), Butler (1988), and O’Loughlin (1998) – to conceptualize embodiment as an experiential concept:

Feminists and other interpretive scholars have suggested that we do not simply have bodies, but we are our bodies. Embodiment may be thought of as the dialectical intersection of various dimensions of experience, such as one’s physical being and the ‘sociological body’. (p. 93-4)



The suggestion that we do not have bodies, but we are our bodies indicates that the body plays a larger role in the nature of what it means to be human than our intellectually-focused culture may suggest. Although Thomas-MacLean and Miedema (2005) do not specifically explain the concept of “sociological body”, my interpretation of this term involves situating the experience of embodiment within larger cultural and social systems and structures. The concept of “sociological body” helps to enforce that situating this research within the field of social work is critical. An individual may have certain thoughts and feelings about their body, but these thoughts and feelings are always situated within the person’s cultural and social milieu. Tarasoff (2018) supports the blending of mind and body when she draws from Einstein and Shildrick’s 2009 work on women’s health to understand embodiment as: “the intertwining of the body and the mind (a rejection of the Cartesian mind/body split), as well as the interplay between the body and the social world” (p. 29). My understanding of “embodiment” aligns with Thomas-MacLean and Miedema’s (2005) and Tarasoff’s (2018) – fat embodiment involves an intermingling of the body and mind situated within a cultural and social context of fat oppression.

Disembodiment, then, is when the body and the mind are separate, and one is able to numb oneself to the realities of existing in a fatphobic society as a fat person. When “connection” and “disconnection” is discussed in this thesis, I am referring to the connection to one’s body one feels when embodiment is present, and the disconnection one feels from one’s body with disembodiment is present. Kathy Davis (1997), drawing on Iris Marion Young’s work regarding the Othering of “subordinated groups” (that is,

seen as different than the “white, Western, bourgeois, professional, m[a]n”) suggests they are viewed as “disembodied subjects” which contributes to their domination (p. 10). The experience of disembodiment does not occur on its own; it is experienced within social systems – through medicalization, biopolitics, and dehumanization – that impact how difference and domination are constructed and experienced.

Annis, Cash, and Hrabosky’s (2004) study reveals that currently “overweight” and formerly “overweight” women had a higher incidence of body dissatisfaction and distress. Due to weight stigma currently present in society, this is perhaps not surprising. Ogden & Clementi’s (2010) study reveals that some “obese” participants felt a kind of disconnection from their bodies: “their weight made them feel dissociated from their body and used terms such as ‘trapped’, ‘not me’, and ‘does not belong to me’ and stated that they felt someone had ‘switched my body’” (p. 4). The feeling of dissociation the authors’ participants describe is similar to the explanation of disembodiment from the previous paragraph. The participants are “Othered” due to their fat bodies, and consequently come to disconnect from identifying with their bodies.

Dominant “obesity prevention” literature would argue that the solution to weight stigma would be to lose weight, but much discrimination suffered by fat people is due to entrenched fatphobia in political, medical, and educational systems (Bacon, Scheltema and Robinson, 2001). As LeBesco (2004) argues, in spite of the health impacts fat may have on a person (and, as noted, the degree of health impacts is much contested in the fat activist movement), a person deserves dignity and respect regardless of their size or appearance. Living day to day in a fat body and directly feeling the effects of oppression

and discrimination results in multiple barriers to fat people having a full sense of self (Chrisler & Barney, 2017). Ultimately, fatphobia and fat oppression increase a person's sense of shame regarding their body, rendering it more difficult to develop and maintain an embodied connection. Further, media can heavily impact a person's experience of body image. Grabe, Ward, and Shibley Hyde's (2008) study demonstrates a link between the exposure to media and internalization of the thin "ideal". Fat people receive the message from multiple sources that their bodies are not good enough and need to be changed.

While the idea of fat as being a natural variation of human experience is not without critique, an understanding of fat as a political identity, as an experience and way of being that is to be valued, is beginning to be espoused not only by fat activists and academics, but also by critical feminist disability scholars (for example, Garland-Thomson, 2005; Wendell, 1989). In this way, their dehumanization is challenged as fat people are understood to be deserving of the same dignity and respect of any human being by virtue of being human. Unapologetic fat bodies (those who are not trying to lose weight and revel in their fatness; Machado, 2017) are political in that they do not adhere to the status quo of what is dominantly considered a "good" body (Wann, 2009). However, achieving this positive embodiment may be challenging. Beyond, or perhaps a part of the conceptualization of body image, lies the idea of an embodied self, an experiential connection with one's body – whether it be negative, neutral, or positive. Marcel Merleau-Ponty conceived the notion of the mind-body connection, positing the intrinsic connection between mind and body (Merleau-Ponty, 1962, cited in Crossley, 1995). Piran

(2016) indicates that “Through active engagement with the world, the body both performs, and shapes, culturally informed practices, blurring the boundaries between body/culture or inner/outer dualisms” (p. 44). In other words, having a body is both an individually unique experience, and one situated within the broader cultural and social landscape.

### **Chapter 3: Epistemology and Theoretical Framework**

#### **Interpretive and critical epistemology**

For my research, both interpretive and critical epistemologies are considered as conceptual frameworks that produce knowledge. A critical lens allows the researcher to account for oppressive systems and structures that impact an individual’s daily life, a point I feel vital considering the experience of oppression a fat female-identified person may face daily. Neuman (1997) indicates that a critical lens believes that social reality has multiple layers and exposing structural issues will provide useful information about social reality. Therefore, meaning is derived by valuing an individual’s interpretation of their own experience (interpretive) while situating those experiences within the broader structures in which they live (critical). Individual experience does not exist in a vacuum, and oppressive systems will impact how a person experiences their day to day (Neuman, 1997). To inform my research from an interpretive and critical perspective I draw on a

combination of feminist theory and critical disability theory: feminist critical disability theory. As an attempt to situate this theory within fat activism and further make it relevant to my research, I suggest a “fattening” of feminist critical disability theory.

### **Postmodern feminist theory**

Feminist theory has a long history with many offshoot theories and thus cannot be lumped into one definition. I am working primarily with postmodern feminism, with attention to standpoint feminism. Over time, divisions between these two methodologies have become less distinct (Doucet & Mauthner, 2006).

Postmodern feminism views marginal groups (in particular, women) as having claim to knowledge that dominant groups cannot access (Harding, 1987). A woman’s knowledge about her own experiences allows for a more complete and less distorted knowledge than a man’s knowledge, and these experiences – or standpoints – “must also be located, and analyzed, within broader relations of ruling and social structures” (Doucet & Mauthner, 2006, p. 37). Although women have been subject to objectification and pressures regarding body image over time (Hole, 2003), fat women suffer a particular kind of systemic oppression specifically targeting their bodies and bringing their health into question. Therefore, fat women have access to a unique kind of knowledge in relation to fat oppression. Although size oppression affects all women in its expectations to conform to a certain body size and image, fat women embody the experience of fat discrimination in their daily lives. Studying the fat female perspective provides me with information regarding experiences that have historically and currently been marginalized.

Recognition of how fatphobia and fat oppression is embedded into structures and systems is vital to gaining an understanding of the impacts of this oppression.

Postmodern feminism critiques the notion of “woman” as a unified object and subject (Doucet & Mauthner, 2006). By using “fat female-identified person” as my criteria for participants, I encourage potential participants to provide their own interpretation(s) of their subjectivity. In postmodern feminism, there is recognition of the plurality of perspectives (Sands & Nuccio, 1992). Objectivity does not exist, as it is not possible to reduce anything to an essentialized meaning; everything is filtered through individual subjectivity. I entered the research knowing that the participants will have their own interpretations of the meaning of “fat”, “female”, and “relationship with body”, filtered through their own experience and identity, and through the social and cultural normative messages they have received.

### **Critical disability theory**

Critical disability theory, with its roots in the social model of disability, locates the causes of disability in society and social organization “in the entrenched assumptions and practices of ‘ableism’,” not in the individual (Fudge Schormans, 2010, p. 53). Drawing on feminist theory, the social model of disability, and critical disability studies, there has been some debate in the Fat Studies literature as to whether fat should be considered a disability (Cooper, 1997; Herndon, 2002). I see strong parallels to disability, as fat identity is based in social systems and structures, rooted in the “entrenched assumptions and practices” (Fudge Schormans, 2010) of fat oppression.

Like postmodern feminism, critical disability studies “demands an analysis of the mechanisms and holders of power” (Fudge Schormans, 2010, p. 53). Oppressive rhetoric and discourse, such as ableism, are foundations upon which society was built. Those who are in power depend on this discourse to support the system, a system which is based upon the production and maintenance of capital. Both ableism and fat oppression support increased capital, through producing ideas about what a “productive citizen” entails. Fat oppression, with support from healthism, reinforces the “need” for fat people to lose weight which is what keeps the diet industry financially viable. Healthism places “healthy” as the state to which humans should aspire which helps to financially sustain the medical industry. Crawford’s (1980) original understanding of health as being the primary focus for the definition of well-being remains relevant. The fatphobic and healthist belief that fat people should engage in intentional weight loss (especially via dieting) is entrenched in systems of power, such as the medical system and government policies.

Critical disability studies goes beyond the social model to understand disability as a political identity (Goodley, 2017), in much the same manner as fat activism understands “fat” as a political identity. Nonetheless, a social model lens provides an important grounding in its critique of the medical model for this research. Fat is medicalized as “obesity”, a “health issue” that can increase the risk of chronic health conditions (PHAC & CIHI, 2011). The label of “obesity” functions two-fold: it places power over individuals in the medical system’s hands, and it blames individuals for their “diseased” circumstances. By simultaneously medicalizing the body and blaming individuals for

their situation, medical establishments take power and agency away from people in fat bodies. The potential for a positive relationship with one's body is not only reduced, but it becomes impossible (according to dominant discourse) without losing weight.

Medicalization of "obesity" reduces the chance that fat people will find meaning in the identity of fat, as it posits fat as a "condition" to be "fixed" by medical "experts".

Goodley (2017) acknowledges the social model to be limiting if disability scholars treat it as an absolute. For scholars who engage in post-colonial and post-structural discourse social model theories are incongruent with the complex nature of disableism (Goodley, 2017). The social model is limiting in that disability is either medically or socially constructed, when in fact it can be both (and on a spectrum) and have positive or negative implications in both cases. Part of what draws me to critical disability theory is that it theorizes the complexity of disability on a spectrum, which has the potential to be applied to the complexity of fat people's relationships with their bodies. I would argue that many, if not all, fat activists I have met do not identify with the label of "obese" due to a rejection of medicalized language that has been used to justify fat people's oppression and prescription of dangerous medications and/or surgeries.

### **Feminist critical disability theory**

Postmodern feminism and critical disability theory inform social and cultural understandings of fat. I draw on feminist critical disability theory for this work as it has developed from each of these theoretical foundations. Rosemarie Garland-Thomson (2005), a leading feminist critical disability scholar, argues that fundamentally feminism



“challenges the belief that femaleness is a natural form of physical and mental deficiency or constitutional unruliness” (p. 1557). Similarly, disability “is a cultural interpretation of human variation rather than an inherent inferiority, a pathology to cure, or an undesirable trait to eliminate” (p. 1557). She goes on to say that both women and disability are viewed as inherently deficient when compared to a male able-bodied “norm”. Similarly, fat is viewed as inherently unhealthy and therefore a fat body is devalued in dominant discourse in the same way that both disability and femininity have been constructed as deficiencies (Garland-Thomson, 2005). By merging these theories I am able to analyze the experience of fat female-identified bodies in a way that is centered on both on corporeal experience and political identity.

Expectations to conform to a “normal” and/or “idealized” version of the body limits everyone from connecting with their body (Wendell, 1989), wherever they are on the dis/ability spectrum, the gender spectrum, or the body size spectrum. However, female-identified people are more susceptible to discrimination because “in patriarchal culture people judge women more by their bodies than they do men” (Wendell, 1989, p. 113), which reveals how power operates to uphold standards regarding female bodies in particular. Wendell (1989) argues for a feminist disability theory because (among other reasons) “feminist thinkers have raised the most radical issues about cultural attitudes to[wards] the body” (p. 105). When a person has both the experience of a disabled body and a female-read body, they are more likely to have an analysis that will provide insight into a unique experience of marginalization. Although not all fat people would consider themselves disabled, I echo Cooper’s (1997) arguments that fat people are disabled by

society in not being able to access spaces (literally and figuratively) that people in thin bodies can access. Co-opting the language of disability is not my intention here, only to assert that as with other marginal identities, fat people lack access to resources and systems simply because they are fat.

### **“Fattening” feminist critical disability theory**

What might be useful in thinking through the importance of fat people’s connection with their body is to investigate the idea of “fattening” a feminist critical disability lens. Similar to “queering” and “cripping”, “fattening a concept means examining it through the lenses of fat studies and the fat justice movement” (Mollow & McRuer, 2015, p. 25). To “fatten” a feminist critical disability studies perspective then, would mean to go beyond assimilationist tactics that seek to gain rights for fat people within a system that is inherently oppressive, and instead seek liberation outside of this oppressive context. Longhurst (2014) asserts that “Research on fatness that is informed by a liberalism, a politics of equality of sorts that focuses on including fat bodies, does not go far enough in explaining fat people’s experiences” (p. 18). While assimilative arguments provide an important starting point for fat activists, to truly effect change they must go beyond assimilation to a more radical rejection of the status quo and a new approach to (fat) liberation.

Feminist critical disability theory supports how I have approached this research; “fattening” it will ensure my approach keeps fat politics at the forefront of the work. Going forward, I use this theoretical framework to guide my data collection process, the

report on my findings, and in my discussion. Both feminist and critical disability perspectives help me to understand the fat experience relayed to me by the participants. Particularly relevant to this research is understanding what it means to live in a body that is not deemed “acceptable” by society’s standards, to be treated as though you are less than human, and the difficulty in the embodied fat experience.

## **Chapter 4: Methods**

### **Methodology**

My approach to methodology was guided by my choice of theoretical framework. From a feminist critical disability perspective, the meaning of a disabled female body is culturally and socially produced (Garland-Thomson, 2005). In this cultural production, the disabled female body is seen as being deficient, or “non-normative” and thus unacceptable and devalued (Garland-Thomson, 2005). Fat female bodies are similarly regarded. The purpose of my research is to learn about, share, and honour the experiences of people who live in “non-normative” bodies, specifically those who identify as living in fat female bodies. As articulated in Chapter Three, feminist critical disability theory recognizes the “non-normative” bodily experience as socially constructed, recognizing (in this case) “fat” as a political identity (Wann, 2009). In recognition of the knowledge that those in fat bodies often have little say in how their bodies are seen or interpreted, I

wanted to provide an opportunity for the participants in this research project to have as much control as possible over what they chose to share within the short time frame with which I had to work. Feminist critical disability theory prioritizes the valuation of lived experience – of women speaking for themselves about issues that matter to them and their lives (Garland-Thomson, 2002). Critical engagement both with women’s experiences of oppression and with the research questions are also important considerations in this framework. All of these considerations are what led me to the decision to use a feminist critical disability framework to inform my methodological approach.

### **Data collection**

As a reminder, the primary research questions being asked in this research were: How do fat female-identified people who are a part of the fat acceptance and/or body positive movement understand their connection to their bodies? How do fat female-identified people develop an engaged connection with their bodies? I was unable to address a third question due to the time and scope of this research: How may an improved relationship with one’s body impact a fat female-identified person’s self-esteem or self-worth? See the future research section in Chapter Seven for more reflection regarding this question. Beyond the thesis research, I would like to use this data to develop ways by which, in future social work practice, to support fat female-identified people to develop an embodied connection or a more positive relationship with their bodies.

Since my interest lay primarily in learning about how fat female-identified people connect with their bodies, I believed the best way to gather that information was

through one-on-one conversations with each participant. DeVault and Gross (2007) indicate that “feminists should develop ways of conceptualizing the interview as an encounter between women with common interests, who would share knowledge” (p. 178). This was the case in the interviews as both myself and the participants identify as fat. A semi-structured interview guide was developed that drew upon the research literature and my own interest in the knowledge of the participants (see Interview Guide, Appendix D). My choice of qualitative one-on-one interviews reflects and facilitates the above goals of the theoretical and methodological frameworks, and also supports the creation of a research space and relationship that attended to and worked toward providing the intimacy and safety required for participants to feel more at ease and respected in this process.

I considered other data collection methods such as body mapping, online surveys, or written responses, but decided that in order to examine the nuances involved in discussing one’s body a one-to-one conversation would be necessary. Further, I believe my personal approach to research is based in valuing experiential data and is grounded in a feminist lens that values participants’ experiences. A one-to-one interview made it possible for me to closely attend to what the participants were saying and afford the participants choice and control over what information they decided to disclose. To further facilitate choice about what participants were comfortable including in the data, I offered the opportunity to review what was written about them before sending the final draft to my supervisor.

## **Recruitment**

I was interested in speaking with self-identified fat females who were a part of the fat acceptance and/or body positive community. As my research is interested in discovering how women who identify as fat engage in relationship with their bodies, I felt the likelihood of finding people who have considered this relationship would increase if potential participants were already a part of fat acceptance and/or body positive communities, as identifying as part of this community seems to necessitate reflection regarding feelings towards one's body (Murray, 2005). My goal was to meet with six to eight individuals from these communities. I chose the language of "female-identified" in my recruitment materials in recognition of the variety of ways people may chose to identify their gender. I wanted to be sure that my language was inclusive to those who reject binary gender terminology, or who identified as trans\*<sup>4</sup>, but still identified on the feminine end of the gender spectrum. Through my recruitment material I also sought to connect with people who identified as "fat" as a political identity, so I included a line that made plain I was seeking those "who identify as part of the fat acceptance and/or body positive community".

My approach to recruitment was to use my own already established networks of fat identifying people. Having been in the fat activist community for more than five years and in the academic realm of Fat Studies for one and a half years, I had a network of female-identified fat activists from which to recruit participants. If I was unable to garner

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<sup>4</sup> The asterisk at the end of "trans" is used to represent a rejection of the formerly binary understanding of "transgender", and encompasses a wide range of trans identities including (but not limited to) transgender, genderqueer, intersex, genderfluid, etc. (Tompkins, 2014)

the number of participants needed, my back up plan was to reach out to fat-identifying people using social media (Instagram and Facebook). My initial recruitment focused on potential participants living in Ontario, and involved sending out an initial introductory email to 14 people with the Letter of Information and Consent Form (Appendix A) attached, inviting people to participate in the study. If the potential participant was interested, they contacted me via email and we set a date, time, and location of the participant's choosing. The participant signed the consent form prior to the interview. The interviews ranged in length from 1.25-2 hours and took place either at my home (two Skype interviews and one in person interview) or at McMaster University (three in person interviews). At the end of the interview, the participants were provided with a supportive resource sheet (Appendix F) and a \$10 Tim Horton's gift card as a token of appreciate for their time.

From my own network of fat activists, I received an expression of interest to participate from eight individuals, as well as willingness on the part of two more to complete an interview, if I should require more participants. Initially, I intended to conduct all eight interviews and scheduled them throughout the months of April and May 2018. However, as I completed my fifth interview I realized that the data I was receiving was incredibly layered and rich, and that similar themes were already emerging. Given that the interviews lasted approximately 1.25-2 hours each, I already had a significant amount of data. In consultation with my supervisor, and in consideration of the data I already had, the scope of this study, and the time restraints of the M.S.W. program, I decided to cancel the last two interviews, thereby completing six interviews in total.

## **Participants**

The six participants all identified as being on the feminine end of the gender spectrum, and all consented to the use of “she/her” pronouns. All the participants identified as fat, and all save one identified as being part of the fat acceptance community. This particular participant identified as being “on the corner” of the fat acceptance community as she did not feel herself to be fully reflected in the community. All six participants had completed at least an undergraduate degree.

Due to the small size of both my sample and the fat acceptance/body positive communities, I do not provide much in the way of demographic information in order to protect the participants’ privacy. The study included four white and two black people on the feminine end of the gender spectrum. The participants were predominantly queer-identifying (one participant identified as heterosexual, one did not know), and identified in the age ranges of 21-29 years to 41-49 years.

## **Data analysis**

With the exception of one interview transcribed by me, each interview was transcribed by a professional transcriptionist who signed an Oath of Confidentiality (Appendix I) prior to beginning transcription. The interviews were then checked by me for accuracy and in some cases edited to include dialogue that the transcriptionist had struggled to understand. Interviews were transcribed verbatim. Quotations used in this thesis have been edited slightly for grammar, clarity, and in some cases identifying details have been changed to better ensure the participants’ privacy.



A constant comparative method of data analysis was used. Mason (2002) describes this inductive reasoning approach as “develop[ing] theoretical propositions or explanations out of the data, in a process which is commonly seen as moving from the particular to the general” (p. 180). This method was used to move from identifying pieces of specific data to identifying general overarching themes. Using Quirkos<sup>5</sup>, a computer program which assists in organizing qualitative coding, the data was initially grouped into descriptive categories which somewhat aligned with the interview questions. As I familiarized myself with the data, various thematic categories began to reveal themselves, leading to initial thematic groupings. Once I had categorized everything in this way, I read over the individual and grouped categories again, collapsing categories as major themes emerged. Initially, ten themes were identified. In consultation with my supervisor, some themes were merged into others. In the end, five dominant themes (dehumanization, acceptance of (the fat) self, empowerment, resistance, and dis←→embodiment) were taken up in this thesis.

### **Ethical considerations**

In the planning and doing of this research, I had several ethical issues to consider. One concern was anonymity, due to the small size of local fat acceptance and/or body positive communities. In the Letter of Information (Appendix A) I was careful to outline the limits to confidentiality and anonymity and, as noted, provided the participants the opportunity to review the data used in this thesis that pertained to them prior to submitting my draft

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<sup>5</sup> <https://www.quirkos.com/index.html>

thesis to my supervisor. Three participants elected to take this opportunity. In addition, I used pseudonyms and changed or excluded potentially identifying details to further protect the participants' anonymity. Participants' identities were known only to me, and identifying documents (e.g. signed consent forms, contact information) were kept in a locked drawer in my home office or protected by password and stored on the university's secure data repository. Participants were notified that they could refuse to answer any question, or withdraw from the study at any time, without repercussions to them. By providing participants with as much control over the means (face-to-face, telephone, video-chat) and place of the interview, providing them the opportunity to review their data before use, and being attentive to their needs and comfort throughout both the recruitment and interview process, I was acknowledging and considerate of how difficult and potentially upsetting it might be to discuss such a personal experience as body relationship.

Out of the six participants, I had previously met five of them in person, and I had a previously established friendship with four of them. There is the potential for ongoing or future relationships due to the fact that I plan to continue fat activist work and to develop fat community. I remained mindful of both my prior and future relationships with the participants throughout the research process and took into consideration how these relationships may have impacted the interviews and data analysis. Interestingly, the participants with whom I had an already established relationship were the ones who elected to do the interview in person. However, it is difficult to determine whether this was due to relationship or physical proximity, as the other two participants lived and/or

worked in a different city. I found that with the participants with whom I had previously established relationships, the interviews tended to be longer and more nuanced. I detected some increased nervousness in my own actions when interviewing participants with whom I did not have a prior relationship. My nervousness may have impacted how the interviews progressed, as I felt myself more at ease to clarify meaning with the participants with whom I *did* have a prior relationship.

In that this study included people who self-identified as “fat”, another concern of mine was that I might receive expressions of interest from women who may identify as fat but also have body dysmorphic disorder (BDD), specifically in relation to size. Rosen, Reiter, and Orosan (1995) indicate that “Dislike of body weight or shape is common today, but these complaints can reach the level of BDD if accompanied by distressing and disabling preoccupation” (p. 263). My concern was that I might receive interest from people with self-identified as “fat” in a disparaging way, when the research was more interested in women who claimed this identity politically. This issue raised questions for me around fat identity and who does and does not get to claim the language of “fat”. Given this was not the focus of this study, and due to the small number of participants I was planning to interview, my concern was that it might add a complexity to the data that I would not be able to properly address. I considered how I might respond if someone was interested in participating who I did not consider to be fat. I wanted the sample to include people who had the experience of being oppressed due to their fatness. Ultimately, I decided that if someone wanted to participate who I did not consider to be fat I could not ethically refuse to interview them. This decision was based primarily on the fact that I was seeking

participants who would *self-identify* as fat. I made the decision to include the requirement that potential participants identify as being a part of the fat acceptance and/or body positive community, thinking this might work to ensure participants identified as fat politically, rather than disparagingly.

### **Reflexivity and insider status**

My interest in this population arises from the fact that I obtain insider status. In keeping with a feminist approach, I maintained a high degree of reflexivity throughout the entire research process. From the research design phase, through to the completion of the interviews and data analysis, I considered my own social location and experiences as a fat woman in relation to my participants' experiences. I kept a research journal and regularly recorded my thoughts, feelings, and reflections after an interview and throughout the data analysis and writing processes.

I believe that my insider role provided me with an advantage, as Dwyer and Buckle (2009) state:

The insider role status frequently allows researchers more rapid and more complete acceptance by their participants. Therefore, participants are typically more open with researchers so that there may be a greater depth to the data gathered. (p. 58)

It was my impression that this “rapid” and “open” response from participants was certainly present in this study. Participants appeared to quickly feel comfortable with sharing often intimate details regarding their experiences. However, this may have been due – in part or in whole – to the prior relationships which existed between myself and four of the participants. Interestingly, the one participant who I had never met in person

stated to me: “I am happy to see that you are an abundant bodied person doing this. I was worried that I would be talking to somebody who would not be able to relate to what it’s like to be walking through the world [as] a person of size.” While only one participant articulated this so specifically, this, and the above noted level of comfort demonstrated by participants, leads me to think that my insider status was important to participants; because I had had similar experiences to them, they felt comfortable in speaking to someone who could relate and understand. In alignment with postmodern feminism, I value the notion of reflexivity in recognizing the researcher’s role in producing knowledge (Doucet & Mauthner, 2006). As an insider to the group I am researching, I strive to be aware of my own bias and experiences, how that has shaped my interactions with the participants and the meaning I gleaned from the data.

## **Chapter 5: Findings**

In my initial data analysis, ten different themes emerged from the data. In consultation with my supervisor, we decided to merge some and not attend to others due to the limited time and scope of this Master’s thesis. Five primary themes are being taken up here. Dehumanization arose last but is presented first as it has ties to each theme. Acceptance of (the fat) body, empowerment, and resistance are distinct but also closely interrelated. In working with these themes, I began to uncover how they were connected via a linear

process. It seemed that the participants reported that without acceptance of body, empowerment was much less likely. Similarly, a feeling of empowerment was much more likely to lead to acts of resistance. See Figure 1 below for a visual representation of how, generally, these three themes seem to relate.

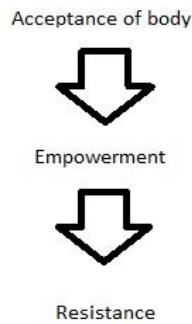


Fig. 1

The fourth theme is what became known as dis $\leftrightarrow$ embodiment. The way of writing this theme was chosen because disembodiment and embodiment lie on a continuum, with movement on the continuum being described by the participants as a back and forth process fraught with tension. See Figure 2 as a visual representation of this process. Note that it is impossible to discern a beginning or an end, which represents how the process is life-long and continuous.

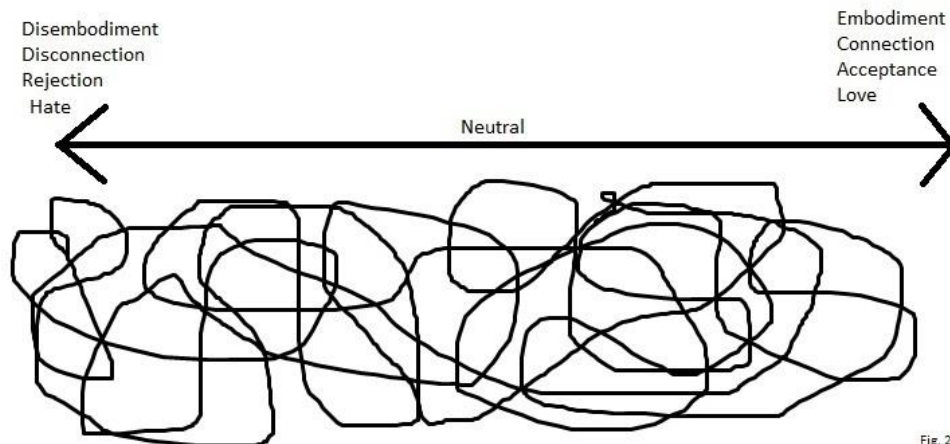


Fig. 2

## **Dehumanization**

Dehumanization, or being made to feel as though one is an “inadequate human”, as Casey puts it, is something that every participant reported experiencing. As noted in Chapter Two, dehumanization, according to Haslam (2006) involves the denial of “uniquely human” attributes as well as feeling “unrelated” to those who are being perceived as “subhuman” (p. 262). Casey’s interpretation of being an “inadequate human” therefore aligns with Haslam’s (2006) investigation into dehumanization. Simply put, fat people do not measure up to what is dominantly considered to be “human” in this culture. Participants discussed situations and experiences where they felt that their humanity was ignored. Dehumanizing experiences occurred most frequently for the participants in medical settings. Additionally, four of the six participants discussed their desire to be treated as a human being and for their right to exist to be validated by others.

The participants discussed feeling dehumanized in medical/health settings, body positive community settings, at the movies, online, in restaurants, in change rooms and when shopping for clothes. The list of various perpetrators of this dehumanization includes: doctors/health professionals, body positive advocates, strangers, family, and friends/acquaintances. Dehumanizing experiences in medical settings were particularly prevalent, with four of the six participants disclosing issues with assumptions being made about their bodies/health and/or a lack of treatment being provided when in medical settings. The participants discussed feeling that when they interacted with medical professionals they were treated as though their fat bodies needed to be “fixed” (i.e.: they needed to lose weight), or that some and/or all of their medical issues were not taken

seriously and attributed only to being fat. Sarah's experience with two different doctors is an example of the discrimination against fat people that participants reported being present in the medical system:

My family doctor recently suggested that I [get] the lap band surgery when I went in to ask about birth control. So, I have a lot of those moments. I have PCOS [polycystic ovarian syndrome] and it took doctors, like<sup>6</sup>, a year to figure it out, 'cause they kept on sending me back for glucose tests, cholesterol tests, and all these things. And even when I went to see a gynecologist she was like: 'Oh, you're probably not seeing your period 'cause you're fat: lose weight. I don't think there's anything wrong with you.' And she finally did the test and she seemed angry that there was actually a problem, so she didn't really give me information about what we found, she was just like: 'Oh, it's not 'cause you're fat. [PCOS] does, like, help make you gain weight but you can manage the symptoms by losing weight.'

It appears that Sarah felt dehumanized in that the doctors seemed to reductively focus exclusively on her fat body as being her only "medical" issue. As demonstrated by both Sarah's example, and an experience shared by Casey (below), each participant had experiences where the focus on their fat bodies meant participants' knowledge about their own bodies was discounted or ignored, and they were faced with healthist assumptions. Casey revealed how her experience at an Emergency Department made her feel like she was not being taken seriously due to her fatness:

So, I recently was in the emergency room cause my body just said: 'No, you're too stressed' and then I had a random stabbing pain in one side of my abdomen. And my partner, who's a masculine person, came to hang out with me at the emergency room. And we had actually been there two years prior for something very, very similar for him. And the treatment I received versus the treatment he received was like night and day. Um, and it was this bizarre scenario where in real time while I was trying to access medical care which, like, I barely ever do at this point given that this is my experience most of the time. Um, when I do try to [it] was, like, so egregious that he was like: 'What is actually happening here?', and I was like: 'This is completely standard for me' ... Eventually, [the doctor] was like: 'We don't know

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<sup>6</sup> All of the participants used the word "like" a lot, and some used "um" or "ah". At times it can be distracting and interrupt the reading of the quotation, so I decided to edit these for clarity.



what's happening, go home and if it gets worse come back'. Which I'm like: 'Okay, well here's hoping I don't die!' [But when he was there they] put him through a full gamut of tests. Like, he went through the MRI machine [and] had an ultrasound and all that jazz, and that's not what I was able to access. Which I think was very clearly the intersection of how it is being perceived as both fat and feminine, and then third, like, gender non-conforming... So, I hate to have added any additional marginalized identities in there.

Casey points out how the doctor's reaction to her identities compounded to create a situation in which the medical staff did not provide her with equal treatment in comparison to her masculine partner. Although it is difficult to discern if the lack of treatment was due to misogyny, transphobia, or fatphobia (or some combination of these) Casey's point remains that her medical issues were not taken seriously and her body seemed to play a part in this, leading both to a discounting of her own knowledge and her feeling as though her life was not as important as that of others.

Four of the participants directly discussed the desire to be seen and treated with what they felt was the basic dignity and respect one should be able to expect as a human being. Participants described the struggle they have to engage in to feel as if they have the right to exist in the world. Alexis discussed her desire not to be reduced to a stereotype, an experience that makes her feel as though she cannot be herself. For Alexis, the stereotype seems to allude to an expectation to be a certain kind of fat person, to enact her humanity in a certain way, which appeared to have led to her feeling like her identity was reduced to her fatness:

Alexis: I think there's a stereotype where fat women *have to* be living unapologetically. Like, they *have to* be making these huge statements all the time. But... I feel good about the fact that... I can be in a social setting and I don't have- mind you, I do like being the class clown and that type of thing. I like having fun and making jokes, but I don't *have to* be that all the time. I can be in a quiet setting, I can be keeping to myself sometimes, I can be with my friends sometimes. You

know, I don't like that there's this idea that fat women have to be this certain way. Either like, so bold and so gimmicky almost, or so sad...It's nice to just be middle of the pack, kind of...

Katie: Just be a person!

Alexis: Just, like, who I am!

Alexis seems to be pointing to her desire to be perceived and valued for who she is first, and she rejects assumptions being made about her identity. Kai made the link to her right to humanity even more clear:

But the fat activist stuff for me is not about love of body or the demand for my body to be recognized by the world as beautiful or any of those things...fundamentally it's about the right to exist and the right to move in spaces without facing shit.

Although Kai does not describe struggling with stereotypes as Alexis does, both participants indicate the desire to exist *as they are* without having to deal with backlash from others and/or systems which discriminate. Casey also described the challenges with how her body is perceived by others, and the personal labour that goes along with this perception:

...so as someone very wise once said to me...they, as a black gender non-conforming person...have to work 100 percent harder than everyone else all of the time to just be perceived as equally competent and I think that's something that's true for a whole variety of "non-normative" or...non-dominantly accepted embodiments. And so often in social settings I feel like if I'm not charming in the first five minutes people kind of write me off as not worth getting to know or worth talking to just based on my physicality.

Not only do all of the participants feel as though others do not value them as human beings, they also report feeling the need to compensate in other ways to gain that acceptance. It appears to me that the judgement and treatment received by living in a fat body makes the participants feel that they are not measuring up as humans. This idea surfaces in – and indeed, seems to underlie – the four other themes being taken up in this

thesis. What seems apparent is that it is dehumanization that makes acceptance, empowerment, resistance and embodiment both necessary and often so difficult.

### **Acceptance of (the fat) body**

In working through the thematic analysis of my data, the notion of acceptance arose as a major theme. The participants seemed to be talking about the struggle towards self-acceptance as a fat person in a society which actively encourages the fat body to be eradicated through healthist means such as diet culture and other medical interventions. It became increasingly obvious to me that the participants were not simply talking about self-acceptance, but acceptance of their bodies – their fat bodies. Murakami and Latner's (2015) study supports that individuals who accept their weight are more likely to feel less impacts of stigma and have reduced “psychological problems” (p. 166). In the case of the participants, their weight is intrinsically tied to their bodies. Generally, the participants defined acceptance of body as moving away from hatred and/or rejection of their fat bodies to acceptance and/or love of their fat bodies. It appears that most of the participants are engaging in fat acceptance rather than body positivity, as they are attempting to come to a place where they accept and respect their specifically *fat* bodies.

As will later be discussed regarding dis $\leftrightarrow$ embodiment, acceptance lies on a continuum for the participants, with participants moving back and forth along the continuum. One participant in particular identified more strongly with taking a neutral approach to her body. The participants had had a variety of experiences in which it appeared they were able to come to a place of greater acceptance of their bodies.

Acceptance of body was accomplished in three primary ways: through community acceptance or by feeling acceptance from an individual person, through seeing oneself represented in another person, and by using one's own personal resources to come to a place of acceptance.

All of the participants reported that feeling solidarity with a community of supportive and accepting people was the primary way in which they were able to get to a place of accepting their bodies. The communities that provided support to the participants were varied and diverse and included: queer communities, kink communities, fat positive/acceptance communities, sex-positive communities, dance communities, social work communities, fat fetish communities, eating disorder recovery communities, body positive communities, feminist communities, academic communities, family, and friends. Most of these communities share the experience of marginalization, or at least an understanding of the impacts of marginalization. All the participants identified more than one community from whom they felt support regarding body acceptance. Community was repeatedly discussed as a primary source of support for the all participants in their struggle to accept their bodies.

According to the participants, being in community allows a sense of feeling less alone; it leads to validation of one's feelings and ways of being in the world. Alexis stated: "So I think the fat acceptance movement, like, being part of that...it's just nice to know that there are other people that are feeling the same ways." Kai indicated: "outside of a social work classroom and outside of family, kink was the first place that I found where people

accepted me for who I was.” Kai demonstrated, what is for her, the power of community when she said:

...finding the people to give me the permission to do – not permission in, like, an official sense, but people that validate the way that I understand and see the world. People that encourage me to do the things that I want to do, people that love me because of who I am. That kind of stuff that is not something that I had access to when I was younger that has made a huge difference in the way that I feel and think about my body.

Sarah, too, made clear the link between feeling acceptance in her community to feeling acceptance of her fat body. Here, she is talking about a group of supportive friends:

...being around people who are body positive...it was just having friends say, like, ‘No, you should eat...you should enjoy yourself’ and then it was more, it became ‘Oh, we should take pictures’ and, like, ‘Oh, you should pose this way’ and everyone wanted me to pose like a big pose to reflect my personality...It was more people around me, pushing me to be me and people were let in enough to know who I was to be like: ‘Okay, you do all these things, you have all these things, do them anyways even though you’re fat, like, so what if you’re fat?’. And so, I started saying to myself ‘Yah, so what if I’m fat, I can do all these things too’ and then I started doing it without their help.

As Sarah demonstrated, the support and validation she got from her community allowed her to get to a place where she felt able to accept her body on her own.

Sarah also stressed the importance of having access to positive community and support:

...if you have the privilege to cut a lot of things out and to select your work, your organization, to select your friends, to select the communities you’re a part of: do that. If you don’t have that, first of all if anyone is telling you your body isn’t good enough they don’t respect you as a human being, and you should not be around anyone who has to make you feel bad about your body.

Not only does Sarah highlight the importance of a supportive community in learning to accept her body, but she points to the necessity of disengaging from those who “make you feel bad about your body”. Talking about her own experience of feeling bad about her

body, Morgan also emphasized the value of support from her community: “‘Cause there’s nothing worse than feeling this way and then being isolated when you feel this way. I think that’s a recipe for disaster quite frankly.” Morgan further indicated that on difficult days she turns to her community:

...self-care is finding my community so that if I’m ever feeling less-than there’s a group of people that I can reach out to and say: ‘I’m having a tough day’, or ‘I’m having a day where I’m struggling’, and being able to be in those communities.

In this instance, Morgan is specifically talking about fat acceptance and body positive communities. Both these communities, but especially the fat acceptance community, are discussed by all of the participants as particularly useful. It seems that not only does community help the participants to come to a place of acceptance, but for those with access to communities, and, as Sarah articulates, the privilege to surround oneself with supportive communities, it supports and encourages the continued acceptance of their body.

The participants also spoke at length of feeling accepted and/or valued by a partner or a friend, which also enabled them to come to a place of acceptance and/or desire to strive for acceptance of their bodies. Even when the participant is a part of the community with which they identify, this support was felt more on a one-to-one individual level, rather than a feeling of solidarity with a community of peers. According to the participants, the support felt from an individual can be as equally validating as community in contributing to body acceptance. Casey’s experience with romantic partners demonstrates this:

...it’s been really validating to...have proof that I’m found attractive by others in a world that continually tells me that I’m completely undesirable, um, for a variety of different reasons, as a hairy, fat, feminine person...So, like, that’s supportive...the people around me proving the world wrong, if that makes sense.

Here, Casey felt validation on an individual level by being made aware of her body's attractiveness by those who feel attraction to her. Individuals, as well as communities, can encourage body acceptance by demonstrating resistance to dominantly held beliefs around the acceptability and desirability of fat bodies. When participants feel this support on an individual level, it can provide a different kind of validation that may not be felt from the community as a whole.

A second means by which participants were able to move to a place of body acceptance was for the participants to see examples of fat bodies that are not disparaging. In traditional media fat bodies are either not present, presented in a dehumanizing way such as the "Headless Fatty" (Cooper, 2007, para. 1), or reduced to stereotypical tropes (e.g.: "lazy", "sloppy", "lacking in self-control" [Puhl & Brownell, 2001, p. 793]). By viewing images that present fat people in a positive light, the participants could see their own potential for acceptance in another person. Every participant in this study discussed the importance of accessing diverse representations of bodies, particularly by way of social media, as a means of learning how to accept their body and to feel more comfortable or at home in their body. Grace stated:

I think it's something *everybody* [emphasis added] needs to do...diversify your social media feeds, seeing so many different bodies...that are different from our own based on size, based on skin colour, based on ability, based on religion, whatever...If it's in my social media or whatever, that has been really important for me in terms of thinking about my own relationship and my body and remembering that I'm also one of those faces and bodies in those feeds and in those conversations.

Grace sees herself reflected in the diverse bodies of people on social media. Such images thus become reminders of her own body's worth.

Finally, participants possessed personal skills which they utilized to help them in their process regarding body acceptance. Participants reported having already developed coping mechanisms and resources in their lives which were then used to develop body acceptance. In most cases, the participants did not share how they developed these skills but identified that these are mechanisms by which they would attempt to feel a deeper connection to and acceptance of their bodies. The kinds of skills utilized by the participants were varied and numerous, and the skills discussed seemed to come from a wide array of personal experiences that necessitated the development of these skills.

On a cognitive level, all participants identified as valuing their intellectual and critical thinking/self-reflection skills. One participant discussed the idea of treating yourself as you would a good friend or asking others to consider how they might treat a loved one who happens to be fat. Another participant described standing in front of a mirror and telling herself positive affirmations about her body. She further discussed the process of seeing her body as deserving of care and expressed the importance of having a conceptual understanding of the violence incurred by those in fat bodies. A third participant explained how she developed self-esteem by critical self-reflection regarding who she was and what she valued, including what treatment from others she was willing to accept.

On an experiential level, participants engaged in acts that helped them to develop their acceptance of themselves. For example, in her kink community one participant discussed the acceptance she felt after getting naked and having sex in front of others as a person in a fat body. Another participant talked about finding delight, laughter, and acceptance while sharing a meal with others. A third participant discussed having an appreciation for



what her body can do, in the way that she recognized that her body was (for the most part) able-bodied. Four of the six participants discussed that wearing certain clothes increased their feeling of acceptance of their fat body, including tight-fitting clothing, bright and unique clothes, and bathing suits/bikinis. Five of the six participants described how creativity (for example, creating a journal, a blog, a zine, an online platform for sharing photos of her body in a supportive environment, or some other kind of art form) facilitated feeling body acceptance. Two of the participants indicated that the use of substances can increase the feeling of connection to their bodies, which allows space to develop for the feeling of acceptance of their bodies. Two participants mentioned self-pleasure as another means to achieving a greater connection to their bodies, and therefore an increased acceptance of body.

Some of these individual methods involved developing a connection with or finding solidarity in a community, such as being naked in front of others, or sharing a meal with supportive friends. In most cases, it appeared that participants with an already established community connection were more likely to be able to engage in some of these methods and feel an acceptance of their fat bodies.

## **Empowerment**

There were times when each of the participants felt disempowered; this was most apparent before they found fat acceptance community. In the data, the concept of empowerment was sometimes difficult to disentangle from the concept of acceptance and, as will be made clear later, from resistance. Breton (1994) describes empowerment as

“gaining control over one's life, that is, gaining control over the factors which are critical in accounting for one's state of oppression or disempowerment” (p. 24). Empowerment is perhaps a way of “gaining control” over their lives, of recognizing their own power to resist how stereotypes, dehumanization, and reductive understandings of fat bodies influence their self-perception. Personal critical reflexivity, academic learning, and learning from and with community were strategies that led the participants to acceptance and consequently empowerment. Three central notions regarding empowerment arose for the participants: finding empowerment in individual actions created or developed by themselves, finding empowerment in community, and feeling empowering for others.

Although the participants suggested that prior to finding acceptance of body, they did not feel empowered, all the participants shared individual experiences they had which led to feelings of empowerment. These experiences often occurred alongside body acceptance. As the participants engaged with communities and others, and as they used their intellectual skills and critical reflection skills to become aware of factors influencing their own oppression, they came to accept themselves and also to feel more empowered.

Casey explained how, as a result of education, she moved from feelings of disempowerment to feelings of empowerment:

I think when I was younger and didn't have the theoretical understandings I do, there was a lot more self-blame than there is now. Whereas with my conceptual framework, with my access to education and knowledge I'm much more readily able when I'm feeling shitty about myself to be like: 'this isn't about me, this is about the social setting that I'm moving through and the fact that I'm experiencing all of this violence all the time'. And the expectation that I would be okay in such a setting is in and of itself violent, right? Cause [it] denies the very real human reaction that I'm having to moving through that setting...I don't ever blame myself at this point. Um, which is like a radically different way of being in the world than the way I was previously.

While Casey is describing the use of her intellectual skills and academic knowledge to understand the process through time of her own reactions and feeling empowered to move through the world in a fat body, Sarah described using a different personal skill, her use of makeup:

...for me makeup is like: 'Look at me, look at my body', like 'I don't care' kind of thing for me. And so I can be as bold in my makeup, and if I'm going bold with my makeup it's like: 'Here I am, I'm a diva, take it or leave it'...A lot of people think it's to hide and show your face. But to put on a lot of makeup means calling attention to yourself and attention doesn't usually stop on your face, it goes everywhere, right.

With body acceptance, Sarah describes having arrived at a place of feeling empowered to unapologetically wear "bold" makeup, which invites attention to all of her, including her body, a fact with which she now appears comfortable.

As with acceptance of (the fat) body, community was reported to play a large role in the facilitation of empowerment. All the participants conveyed various experiences in which feeling acceptance and support from community led them to feel empowered. Kai described a "revolutionary" experience in community:

...being in a room where people are willing to get naked where people have all different types of bodies and seeing fat bodies on display having pleasure and having people take pleasure from that was really revolutionary for me.

As Kai illustrated, her experience of being in a room of diverse bodies who were willing to be vulnerable enough to take off their clothes and engage in sexual acts allowed her to feel empowered to participate. In addition to this type of experience facilitating body acceptance, Kai also felt empowered by the collective acceptance of community.

Similarly, Grace revealed how community helped her to see herself in a more positive

light (thereby facilitating body acceptance), and how that experience empowered her to continue to challenge herself. Here, she is talking about a photoshoot in which she was a topless model:

...it was this really powerful reframe for me...seeing people's reactions to those photos. Um, and getting a chance to see myself through someone else's eyes really was a crucial moment for me in terms of figuring out my own relationship with my body. Because it was a moment that said, like: "Hey, you're not seeing the full picture or what you're seeing is flawed or is impacted by something that you haven't been able to get away from" and so I continued to do some modelling work with that photographer.

Grace's community provided her with a different perspective about her body, and by having access to that "reframe", Grace continued modelling.<sup>7</sup>

It also became apparent that while empowerment follows from acceptance of body, it is not limited to the self. Participants noted that they can use the strength and confidence – the empowerment – arising from body acceptance to contribute to the empowerment of others. Although Alexis is reluctant to identify as an "inspiration", she discussed the potential positive outcomes of a fat person witnessing another fat person who is not "controlled by their body":

...it's also a positive thing for other fat people to see someone – I'm not saying I'm an inspiration – like, that seems weird. But it might be for someone who isn't so comfortable with their body, to see someone who is doing things...and not being so inhibited...Out of body...Not being so controlled by their body, I guess. Like, if that is gonna help someone then, sure.

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<sup>7</sup> In the process of member checking, Grace had discomfort with my use of the term "empowerment" regarding her feelings about her body. This section was edited to reflect her feedback. See Chapter Seven for a larger discussion of potential further research that arose from this conversation.

Alexis seemingly takes on a more passive role: she suggested that if someone happens to see and interpret her in an inspirational way, that would be a positive thing, but it is not something she actively seeks out. Sarah, on the other hand, stated:

I don't mind being the person who has to [engage in fat activism] so that hopefully in the future other people can just live as loudly as they want to and as uncensored as they want to in their body.

Sarah appears to feel empowered as she expressed her commitment to doing the activist work necessary to create change so that fat people in the future can live their lives without the impact of oppression. She alluded to being willing to accept the potentially negative consequences of engaging in this kind of social change work, and in this way signified her desire to engage in acts of resistance. Segal, Silverman and Tempkin (1995) define empowerment as “a process by which individuals with lesser power gain control over their lives and influence the organizational and societal structures within which they live” (p. 215). When participants were able to come to a place of acceptance of their bodies, they were able to gain control over their own lives, and this empowered them to engage in acts of resistance which had the possibility to affect organizational and societal structures. Empowerment seems to be a more active concept than acceptance in that participants often described feeling empowered led them to engage in acts of resistance.

## **Resistance**

It would seem then, that when the participants feel secure in who they are, when they are feeling empowered, that this enables them to sometimes do what they want without worrying about what others think, and this in itself is understood by participants as a

political act – an act of resistance. Wade (1997) indicates that “whenever persons are badly treated, they resist.” (p. 23). In this case, when participants are “badly treated” by individual and systemic fat discrimination they engage in acts of resistance. Wade (1997) goes on to assert that

any attempt to imagine or establish a life based on respect and equality, on behalf of one's self or others, including any effort to redress the harm caused by violence or other forms of oppression, represents a de facto form of resistance. (p. 25)

Certainly, the participants describe various actions they take to pursue more equitable treatment in society. What became difficult to disentangle in the data was when acts of empowerment were also acts of resistance as it appeared that when participants felt empowered, they chose to engage in resistance.

For the participants, resistance is not necessarily conceived of in tidy categories. There are tensions both between passive and active resistance, and when each is used. The act of resistance is not always without consequence; in fact, participants described knowingly placing themselves in situations where they might face physical or emotional violence. Importantly, the act of resistance does not necessarily imply a lack of vulnerability on the participants' part; they are sometimes impacted by the discrimination and violence experienced. All the participants described using their critical thinking skills by exerting the necessary intellectual energy it requires to engage in resistance.

Resisting dominant constructions and judgements of fat bodies, refusing to conform to normative standards and pressures to lose weight, and existing in the world as a fat person without apology are all means of political resistance practiced by the participants. Morgan relayed living without apology succinctly: “my body is a good body and if you don't like

it you can fucking turn your head [laughs]”. “Resistance” in the context of these findings refers to social justice resistance against oppressive forces; in particular, patriarchal and medicalized understandings and expectations of the fat body. The term “resistance” captures how the participants display acts of activist push-back against these forces, and includes the participants’ demonstration of how the “personal is political” (Tretheway, 1997). For them, living in a fat body is inherently political, therefore the nature of their existence is resistance. Three common ways participants resist is by challenging fatphobic behavior, educating others about weight stigma, and unapologetically being themselves (i.e.: fat). Turning again to Morgan, this is articulated when she said: “when I bump into stuff or take up space it’s not a bad thing about my body, that’s just my body and everybody is entitled to take up that space.”

Every participant, with the exception of Alexis, identified ways in which they engaged in active resistance against fatphobia and fat oppression. Alexis identified that she is not “radical” and her resistance took what she understands to be a more passive form in that she continues to be herself regardless of her size. She stated:

I'd rather just be...the fat girl that is living a 'normal' life. Not really allowing those social pressures to affect her. I mean, me. And I think that's its own form of activism in itself is... 'okay yeah that is the way it is'. But like, I'm still gonna succeed, I'm still gonna have relationships with people, I'm still gonna do all these things that you say I can't do, I'm just not gonna make a big fuss about it.

Other participants identified more active resistance. However, resistance is exercised and conceptualized differently among these five participants. In addition, there seems to be some overlap between their more active resistance with what Alexis refers to as

passive resistance or “living a ‘normal’ life”. Kai demonstrated this point when she indicated that she does not let her size stop her from living the kind of life she wishes:

I am also aware that I don't let societal pressures stop me from doing the things that I want to do...like moving across the country to go to school is a good example of that...when I have something that I want to do I don't let- even if something's going to be shitty, even if it is going to be a shitty experience. I don't really let it stop me.

Both Alexis and Kai describe not allowing societal pressures affect them. Alexis's resistance appears more passive in that she states she will “not make a big fuss about it”. Kai, even though she is describing a similar approach to Alexis in that they both want to just live their lives, seems to deliberately revisit activities where she previously experienced fatphobia and discrimination. For example, going to the movies opening day as a self-identified super fat person despite past experiences of overt discrimination, continuing to attend and participate in kink events even though the space can be fatphobic, and sharing her experiences of fatphobia through academic papers and presentations. Sarah described a similar rejection of societal pressures regarding her fat body, and a claiming of active resistance: “I've really been more accepting of ‘this is me’ and more in your face to other people about my body as well. Like, take it or leave it; that's mine.” To me, Sarah's resistance appears to be quite active:

[When] someone looks at me a certain way...I feel like if you've been fat enough you know the look of- the judgement look. And I just put on my music and I dance. Every time I'm dancing in the aisles at a store and people look at me it's like: my- ‘I don't need your validation’ and that's, for me, that's what my body has become.

For Sarah, her body has become a symbol of her own empowerment and subsequently a tool in her resistance. Standing in her power by honouring what is important for her allows Sarah to resist societal pressures around fat bodies in an embodied way – through



dance. In a similarly active way, Casey expressed intervening on a personal level when people nearby are being overtly fatphobic and discriminatory:

I whipped my head around and was like: ‘Okay, so you seem to be confused about fatness and ability to perceive the environment around me so I just want to highlight for you that maybe you don’t want to say incredibly violent things about people who are sitting directly beside you. For example: I would like to be fat and alive um, so, like...you know...fatness isn’t horrible and what the hell?!’ And so that’s an instance where I intervene, but that’s the kind of thing that I overhear often.

Casey’s activism includes calling out fatphobia when it is something with which she comes into contact. In this way, she takes an active role in disrupting fatphobia when it presents itself. The way Morgan described her resistance makes it seem like almost a mandatory framework for the way she now lives her life:

I am very conscious of the images and the messages that are being filtered down to my kids because I want to disrupt that. If you look at my description of myself my first word is I am a disruptor. I always want to disrupt what the norm is, or disrupt a problematic narrative, or disrupt a conversation that is not helpful to a large group of people.

One of the ways Morgan disrupts is through her prominent social media following, emphasizing again the role that community plays in activism.

Like Kai, Sarah, Casey, and Morgan, Grace also engages in overt resistance to societal expectations around her body. She detailed an occasion in which she made a conscious decision to disrupt what is socially “acceptable” for a fat body:

I was going to my friend’s baby shower...I wore a crop top and a skirt. As a fat person going to this party of all, like, older ladies with not body positive ideas and I knew going in I’m doing this as a ‘fuck you’ kind of thing and this is just who I am going to be. Knowing that one of my childhood bullies, who used to antagonize me about being fat, was going to be there. You know, it’s a decision that I made...I found it hard, in the moment I was just like: ‘Whatever, this is who I am, and I’m living this, and I don’t give a fuck’ ’cause sometimes I do believe you just need to fake it to make it in those moments.

Grace's explanation demonstrates the difficult nature of resistance. Her experience shows that although she engaged in an active resistance tactic, it was not easy, and she had to "fake it to make it".

Despite the ways that most of the participants engage in overt acts of resistance, they still report feeling the impacts of oppression related to dominant constructions of being in a fat body. For example, Kai stated:

I like to think that I let go of it, you know? Like, I'm critical enough, I'm smart enough that I understand what dominant messaging is, and I have surrounded myself with enough [of] other people's [positive] thoughts around weight and body to feel like I'm not internalizing dominant messaging anymore, but that's just drastically untrue.

Kai recognizes that although she has done an incredible amount of critical reflection work and unlearning of dominant "ideals", that does not mean that she is not negatively affected by the messaging she continues to receive about her body. This was the situation for other participants as well. Casey revealed: "I think the biggest impact is that [while] I have freed myself from a lot of the toxic thinking around my own body it doesn't necessarily result in my freedom from social sanction." Three of the six participants make plain that, regardless of one's critical analysis regarding societal expectations about being fat, there are social realities that exist when it comes to living in a fat body, specifically the discrimination and oppression that is enacted upon fat bodies. Grace's words demonstrate this point: "...we live every day in toxic diet culture bullshit. Like, that's every day, that's persistent...As someone who actively challenges that regularly, I'm still susceptible to it and it has absolutely influenced my relationship with my body." To

explain how her relationship with her body was influenced, Grace discussed responses to how she dresses:

When I go out into the world in a crop top or in a bodycon dress or if I dare to be, like, a confident, fashionable fatty, I deal with different responses to that too...you know, some bewildered, some aggressive. And so those certainly impact how I feel. It doesn't necessarily stop me from doing what I'm doing but, you know, you still take a hit.

This then is a consistently reported experience: just because the participants have come to place where they feel able to resist dominant cultural ideas around fatness does not mean that they are not still impacted and hurt by the reactions they receive and discrimination they suffer.

### **Dis←→Embodiment**

Participants describe experiences of both connection and disconnection with their bodies. Embodiment, as discussed in Chapter Two, refers to the interweaving of the body and mind, with attention to how the social world impacts the experience in the body (Tarasoff, 2018). Participants discussed (as quoted below) how disidentifying with their bodies is sometimes a choice and allows some protection against discrimination. In taking both Tarasoff's (2018) definition and the participants' experiences into account, my definition of disembodiment, as discussed in Chapter Two, is a separation of the body and mind while being able to disconnect from body to protect oneself from the oppression one experiences by living in the world as a fat person. Another experience the participants revealed was disembodiment when it was not a choice, but a state of being in which what participants' desire is embodiment. Each of the participants describe their relationship

with their bodies, and the many shifts from disembodiment/disconnection to embodiment/connection, as a process, an ever-changing and non-static experience.

Participants utilize their intellectual abilities, sometimes resulting in disembodiment, to cope with the discrimination experienced as a fat person in a fatphobic society.

How participants describe their relationship with their bodies is on a continuum with disembodiment/disconnection from (as well as rejection/hatred of) one's body on one end and embodiment/connection with (and also acceptance/love of) one's body on the other, as Figure 2 depicts. I have chosen to name this theme "dis←→embodiment" to represent this continuum of the participants' process of engaging with and moving between these two concepts. The process of movement on this continuum is fraught with tension, as the "line" underneath the graphic suggests (see Fig. 2). Participants variably describe this movement as: "a struggle", "a work in progress", "a vicious cycle", "complicated", "hard", "a process", "always shifting", "conflicted", "tender", "sometimes cruel", "a constant journey", "a space of flux", "challenging", "three steps forward and five steps back", "endless labour", and "constant work". What is apparent both to me in speaking to the participants, and as voiced by the participants, is that the process is non-linear and in a state of continuous change and flow.

It is clear that the experience of being embodied, of being connected to one's body, appears to have a positive impact on all participants, and thus is desired in most situations. An exception is when disembodiment is being used as a protection tactic against the impact of fatphobia (see later in this section for further explanation). Sarah stated: "I'm more myself since finding the connection with my body." Sarah went on to

explain that after finding this connection she felt more able to engage in activities that reflect her personality. Morgan indicated that she has come to a place of loving her body and was able to “make peace with my body and start appreciating my body for what it is and how it shows up for me every single day without fail.” In general, all the participants discuss wanting to have a more embodied connection or at least an improved relationship with their bodies but are often dissuaded due to others’ judgements about their body and consequent discrimination.

Some participants appear able to get to a place of embodiment more easily than others. As discussed above, participants understand getting to a place of connection as a constant process. The participants discussed several activities in which they chose to engage that helped them to have greater awareness of and connection to their bodies. Four of the six participants talked about sex as a way of connecting with body, with two mentioning pain in a sexual context as a method that helped them feel connected. Two participants discussed using substances, such as alcohol or cannabis, to help them get to a place where they could feel connection to their bodies and simultaneously allow their minds to shut off. One participant talked about swimming and/or “chunky dunking” as facilitating connection. Another participant talked about her yoga practice as being vital in her journey to a better relationship with her body. These experiences appear to be specifically about using experiential methods rather than only cognitive methods to develop an embodied connection. Speaking to the value of sex for body connection, Kai explained how having sex with someone who values her for both her body and her personality facilitated connection with her body:

For me [it's] one of the few moments when, and especially if there's pain involved, where I can drop all of things that feel constricting, like all of the thoughts and ideas and rules and actually feel like it's okay to be.

What Kai seems to be relaying here is the freedom to be completely in the moment that can come with having an experience of total embodiment.

Embodiment is not something that comes easily for the participants. They report that it involves a lot of planning, thought, and work to arrive in a space where the experience of body connection can occur. Kai discussed how “shutting off the brain” seems to be almost necessary to find connection with her body: “sometimes pleasure, but pain is the only thing that consistently can actually put me in my body and shut off the brain.” Casey importantly revealed: “in moments where I’m able to ignore the social setting in which I live, I’m able to be in my body.” It is finding the opportunities and safer spaces for embodiment that seems to be part of the difficulty.

The challenge of connecting to one’s body, especially of having a positive connection to one’s body, was something that all participants spoke about. Three of the six participants tended to discuss their bodies as separate from their conception of their identities. In this way, the participants sometimes seemed to disidentify with their bodies. From the following it examples, it seems that they, at times, see their body as separate from themselves. For example, Casey stated: “As I’m talking about my body I always talk about it as ‘the body’ or ‘my body’, I don’t talk about it as ‘myself’.” Similarly, Kai said: “...my relationship is not that I am my body it’s that I have a body.” Alexis asserted: “I definitely separate myself from my body. Like, almost constantly.” For Alexis, this means that she values the intellectual side of her identity more than the physical side.

The tendency to separate the “body” from the “self” demonstrates to me how these participants identify their own experiences of disembodiment: “disembodiment” reflecting a phenomenon which every participant discussed in one way or another. This separation is part of what makes body acceptance, empowerment, and resistance so difficult. Some participants appear to use the psychological act of separating the self from the body to cope with the oppression and discrimination experienced by living in the world as a fat person.

Kai and Alexis both describe needing to intellectualize their experiences to cope with the realities they face as fat women, such as not fitting into spaces or experiencing social and verbal violence. Kai indicated that “in order for me to do anything I have to not live in my body, right. ’Cause I have to be able to intellectualize and think things through and not experience.” In order for Kai to participate in day-to-day tasks she must use the protective mechanism of shutting off from an emotional response to discrimination and dehumanization. To make this possible, disconnection or “not liv[ing] in my body” is necessary. Alexis described her approach to disembodiment in this way:

...if I choose not to think about [the feelings I have for my body] then I don't have to really deal with the negative pressures on myself. ’Cause I feel like if I thought about that every day I would not be able function...I think for me, if I were to think about that all the time I would have a really hard time just...living comfortably.

Alexis indicated how she, like Kai, finds it necessary to shut off from an emotional response in order to “liv[e] comfortably”. What both Kai and Alexis appear to illustrate is that they engage in the act of disembodiment due to the felt impact of negative societal responses to their fat bodies. Grace revealed how she came to a point of experiencing her

body as separate, how disconnection from body was not something she knew intrinsically but it was learned:

There was a certainly a point in my childhood where there was no back and forth thinking about 'what is my relationship with my body?'. I was just a kid living in my body doing all of my kid things. Um, and that was just me, and I was just one bundle, and there wasn't this big reflection process on my body as separate or having a relationship with my body. That only came when this narrative started to creep in around, like, well 'this isn't a good body' or 'this body needs to be changed' or 'this body needs to be fixed'...And that's where starts to be this...disjuncture between, you know, body and mind.

The narrative Grace points out is the societal narrative that exists around which bodies are acceptable and which bodies are not. For all participants, societal expectations were reported to have a significant impact on if, how, or when they were able to connect with their bodies.

Participants identified different strategies for dealing with social violence. For Alexis, it is necessary to have low expectations of both the general population and societal systems and structures to avoid disappointment:

I have a very low expectation for society around me...You know if you go into a room and it's dark, and you expect someone to be there to scare you, you aren't scared. So, it's kind of like that...if I expect the worst, it doesn't make me feel sad to expect the worst, it just makes me feel...it almost makes me feel more comfortable, to expect the worst! [Laughs] And then when something works out it's like 'oh, this is nice!'

Alexis is aware that the world is not set up to accommodate her and prepares herself for this fact by keeping her expectations low. She prefers to be pleasantly surprised rather than continuously disappointed.



Both Kai and Alexis discuss facilitating disembodiment by intellectualizing their situation rather than feeling it as a way to “get past” the impacts of oppression. Kai related how she analyzes her relationship with her body:

Kai: ...the world has not been constantly telling me that I am not intelligent, right. So, those messages I've *been able* to work through into my life and the way that I exist in the world whereas like I'm constantly unattractive, right...

Katie: Like, the world is telling you that constantly.

Kai: Right. And so to get past that I actually have to try and think [it] through.

What Kai points to is that her intellectual abilities are valued by others whereas her physical appearance is not, and this is a fact that she is made aware of by dominant societal “ideals”. She struggles with valuing her physical body due to the constant derogation she faces as a fat person and uses her intellectual abilities to “think [it] through” to a place of neutrality with her body. Alexis pointed to a more explicit valuation of her intelligence:

I definitely separate myself from my body. Like, almost constantly. Yeah. I think because there are so many negative associations of fat people. Like about being lazy...being stupid, or not taking care of yourself, or you know...like not working on anything. I think it's definitely made me try harder in other ways to be intelligent.

For both of these participants not only is there an attempt to separate self from body, but there is a valuing of intellectual prowess over bodily anatomy.

Participants, at times, are able to use their intellects as a means of getting to the point of resisting oppression and valuing (their) fat bodies. Intellectually they know that body is not the only thing that defines a person and that their fat bodies should be valued (as noted in quotations in the acceptance and empowerment sections). However, all participants still report that they find that societal pressures can be difficult to resist.

Casey powerfully summed this challenge up in this way:

...theoretically, conceptually, politically I want to love this body. I recognize my body as valid, right, from a purely theoretical standpoint...to speak to how I view all of the other bodies around me. But the practicalities of that are something that's a little bit more challenging.

There is a desire, an attempt to use intellectual ability to overcome or surpass impacts of oppression to become more connected or embodied, but this attempt is extraordinarily challenging and sometimes impossible due to the oppression that people in fat bodies face.

## **Chapter 6: Discussion**

The participants' experiences demonstrate how complex one's relationship with body can be while living in a Western context in a fat body. The array of experience and tension in describing their relationships with their bodies reveals this complexity. The themes of dehumanization, acceptance of (the fat) body, empowerment, resistance, and dis←→embodiment reflect the tenuous nature of the participants' relationships with their bodies. Three major constructs arose from these themes which guide me in my discussion: "non-normative" bodies, community and work.

### **"Non-normative" bodies**

The participants describe the experience of living in a fat body – a body that is perceived by dominant culture as "non-normative". For some of the participants, it is

sometimes necessary to disconnect from their “non-normative” body – sometimes as a choice for self-protection, sometimes involuntarily – resulting in disembodiment. The participants’ “non-normative” bodies also subject them to dehumanizing experiences. “Non-normative” bodies, bodies that are deemed unacceptable, are discussed in critical disability studies, such as Goodley’s (2017) review of critical disability scholarship. Goodley (2017) borrows feminist scholar Rosi Braidotti’s conception that body is neither only a biological nor only a social category:

The normative body is understood as being fashioned and materialized through cultural, political and social conditions ranging from surgery to self-help. The non-normative body – a body that appears as an object of fear and curiosity – is therefore considered an opportunity to think through values, ethics and politics that congregate around such bodies...A body that sticks out – that challenges conventions and standards – permits a moment of disruption and a chance to ask; what counts as a valued body? (p. 86-7)

The participants’ bodies ask this question by virtue of simply being what they are – fat. As the participants relay, often the answer is that their bodies are not valued. In particular, their experiences of struggle around accepting their bodies, their challenges surrounding embodiment, and their experiences of dehumanization are visceral examples both to the participants and the reader of how their bodies are rendered “unacceptable”. The process of disembodiment can be one of protection, it can also simultaneously be a dehumanizing experience, as the participants feel the need to disconnect from their bodies which disrupts a fundamental right of humanity – that of feeling safe and secure in one’s body (i.e.: “the right to life, liberty and security of person” [UN General Assembly, 1948, Article 3]).

The participants' experiences of dehumanization reveal how both interpersonal and systemic discrimination impacts their lives. Their stories of fatphobia within the medical system indicate that experiencing discrimination as a fat person is not just about the impacts of bullying or an individual's personal dislike of fat people, but how healthism, reliance on normative ideas of acceptable bodies, and consequent attitudes about fatness can contribute to lack of medical care for fat people. Access to medical care is a basic human right in Canadian society, and these participants are denied this right based on their bodies. Although Williams et al. (2015) indicate that weight stigma can have a detrimental effect on people who live in fat bodies, there is no mention of how medical systems may not only contribute to the mental and emotional harm of fat people, but may also put them physically at risk due to lack of treatment and/or inappropriate treatment. Education is needed for medical practitioners regarding the detrimental effects of fat discrimination (Chrisler & Barney, 2017).

In medical constructions of fat bodies (and therefore constructions of the participants), fat is seen as a "problem" needing to be "fixed" or "eradicated", which is a eugenic idea. Eugenics was enacted in various ways across all Western nations, including Canada, and "was interwoven with government regulation of health, including mental health, sometimes under the headings of 'social hygiene,' 'mental hygiene,' and 'human betterment'" (Wilson & Pierre, 2016, p. 122). "Newgenics" – the term used to describe more contemporary eugenics practices (Lyster, 2013) – involves technological assistance and other mechanisms used in attempts to eradicate all kinds of "undesirable" embodiments, such as disability, race, and sexual orientation (Wilson & Pierre, 2016). In

the context of fat bodies, newgenics includes not only prenatal testing, abortion practices, and the “politics of selection” (i.e.: who is allowed to be born, who can become a parent) (LeBesco, 2009, p. 73), but also intentional weight loss (in the form of prescribed and culturally encouraged diets), including life-threatening bariatric surgeries – all practices which aim to eradicate fat people. Garland-Thomson (2002) indicates that when attention is given primarily to cure (a eugenics practice) it draws attention away from changes needed at the societal level. Although she is speaking in relation to disability, the following statement can easily be applied to fat bodies:

The ideology of cure directed at disabled people focuses on changing bodies imagined as abnormal and dysfunctional rather than on changing exclusionary attitudinal, environmental, and economic barriers. The emphasis on cure reduces the cultural tolerance for human variation and vulnerability by locating disability in bodies imagined as flawed rather than social systems in need of fixing. (p. 14)

Garland-Thomson (2002) points to how bodies are vilified when deemed to be “abnormal”, as though “abnormality” is a concept that has a universal definition. I agree that a change in attitudinal and systemic barriers is needed, that a “fattening” of dominant discourse is required for fat liberation to occur (Mollow & McRuer, 2015).

The participants’ experiences in “non-normative” bodies can be further understood by considering Foucault’s (1978) biopolitics, the concept of power which regulates and controls bodies. The participants experience this not only through medical systems, but offer other examples of how their bodies are subject to surveillance – in the grocery store, in restaurants, in their dating/sex lives, etc. Tremain’s (2005) discussion of biopower in relation to disability emphasizes how “normal” functions in this concept: “Regulatory mechanisms are put into place that prescribe norms, adjust to an equilibrium, maintain an

average, and compensate for variations within the ‘general population’” (p. 5). I see diet culture, intentional weight loss, and bariatric surgery (these mechanisms being what some participants termed “toxic”) as these “regulatory mechanisms” – newgenic practices aimed to regulate and control bodies.

The participants’ experiences of dehumanization further demonstrates Foucault’s (1978) concept of biopower, specifically the concept of governmentality. Tremain (2005) makes the link to newgenics clear in her explanation of governmentality:

When relations of power are construed as government, that is, the direction of conduct, governmental practices should be understood to include not only state-generated prohibitions and punishments, and global networks of social, economic, and political stratification...but also normalizing technologies that facilitate the systematic objectivization of subjects as deaf, criminal, mad, and so on, and techniques of self-improvement and self-transformation such as weight-loss programs and fitness regimes, assertiveness training, botox injections, breast implants, psychotherapy, and rehabilitation...the most effective exercise of power, according to Foucault, consists in guiding the possibilities of conduct and putting in order the possible outcomes. (p. 8)

The participants are being governed not only by medical systems, but by their fellow citizens. Their bodies are perceived as being “non-normative” and therefore are subjected to surveillance and the expectation that they need to become smaller in order to fit dominant understanding of what their bodies “should” be. The participants bodies are seen as less-than and therefore publicly available for scrutiny, demonstrated in the way that others feel the need (and duty) to comment in an attempt to make them more “normal” (i.e.: be thin).

In the context of living in a “non-normative” body, subject to dehumanization, newgenic forces and pressure from many sources to submit and govern themselves towards achieving a “normative” body, it is perhaps no wonder that the participants

struggle with acceptance of their bodies and with achieving the embodiment that may provide a more positive life experience. This makes access to a supportive community all the more important. In their desire for acceptance of body, participants seek to enact fat acceptance rather than body positivity, as they work to accept their (specifically) fat bodies.

In context of the fat body being “non-normative” and therefore “undesired”, how does Thomas-MacLean and Miedema’s (2005) assertion that “we do not simply have bodies, but we are our bodies” (p. 93) fit in? Some participants revealed a disidentification with their bodies, perhaps they felt that they *have* bodies, but not that they *are* their bodies. In the experience of these participants, it appears that living life in an “non-normative” body may lead to this disidentification and disembodiment. I wonder too, how does that impact the intertwining relationship between body and mind that Kathy Davis (1997), Thomas-MacLean and Miedema (2005), and Tarasoff (2018) assert? For the participants, this complex relationship is reflected in the tension present when they speak about their bodies.

### **Community**

“Without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression.” – Audre Lorde (1984)

In the interviews, the participants describe community support and solidarity as essential to accepting their bodies, feeling empowered, engaging in acts of resistance, and developing an embodied relationship. Community has long been utilized as an invaluable

source of validation and support for people (McMillan & Chavis, 1986). Nowell and Boyd (2014) indicate that “when one is in a community that meets one’s needs and facilitates feelings of belonging, influence, and connection, one feels better in general and about the community in particular” (p. 230). The data demonstrates how the participants echoed this sentiment, as their various experiences with supportive communities attest. Supportive community enabled the participants to come to a greater acceptance of themselves, which led to feeling empowered to engage in acts of resistance. Even most of the individual strategies to come to body acceptance that participants identified had links to community support.

As noted in Chapter Five, the participants received support from many different communities – in fact, multiple participants identified various communities from which they received support and validation. What was particularly notable was that the participants identified receiving support from a variety of communities having experience with marginalizations. Queer communities and fat positive communities were identified most strongly. This suggests that those with marginal identities who have experienced oppression and discrimination are more likely to understand this experience in others, and therefore provide support and validation of identity to those who are struggling. Marginalized communities have a commonality: the shared experience of oppression stemming from perceptions that their bodies are devalued and deemed “unacceptable”. Marginalized people do not fit with what is dominantly considered to be “attractive”, “right” or “normal”. The data may suggest that people who experience marginalization



can find solidarity in others who experience marginalization due to this shared experience, however further research is needed to confirm this suggestion.

In particular, the participants described receiving strong support from people familiar with their struggle – others who identify as fat. Having access to an already existing community of people who intimately understand your experience seems essential to the well-being of the participants. Historically, although social movements are fragmented, people who experience similar marginalization have come together under a common cause of liberation (Thompson, 2002). Not only are participants experiencing oppression from society, but these oppressive beliefs become internalized – that is, many participants describe coming to a place of acceptance from a place where they felt very negatively about their bodies. Similar to internalized homophobia, internalized fatphobia is severely isolating (Sherry, 2007), and to connect to others who face similar struggles allows the participants to not only feel less alone in their pain but may help them to critically assess myths about fatness that they may still hold and internalize.

In their discussions of community support, participants revealed the various intersections that exist in their identities. That is, participants do not identify singularly as fat individuals. Their identities are more complex and complicated further by the various social locations they hold. As one participant stated:

...it's not all about my body, right, cause even my fatness can't be separated from my queerness, you know, can't be separated from my experience of chronic pain, cannot be separated from my madness as someone who's crazy – that's another word that I use positively to talk about myself and my experiences. Because it's all of those things together.

What this participant revealed is the impossibility of experiencing fatness as a single identity from which they, and others, take meaning. This quotation points to the need to recognize that the fat acceptance and/or body positive movement is composed of heterogeneous individuals with varied identities both within the movement and within themselves. Their experiences vary greatly from person to person and can not be lumped together as one experience. As Crenshaw (1991) asserts in her famous piece on intersectionality “ignoring difference *within* groups contributes to tension *among* groups” (p. 1242, emphasis in original). In order to honour difference within the fat acceptance movement diverse representation of fat bodies is required.

In mainstream media, fat bodies are represented in particular ways – as bodies that have failed to measure up to the “norm”, bodies that are in process (of losing weight), as “before bodies” or as “Headless Fatties” (Cooper, 2007). Often, fat bodies are missing from mainstream media entirely. The participants reveal that representation, especially positive representation, is extremely difficult to access. Bodies that are held up by mainstream media as desirable and valuable are white, thin, cis, able-bodied “normative” bodies. Participants discuss their desire to see fat bodies and to hear from people who look like them, and so they turn to social media as a space to seek this representation.

As a form of fat community, social media and other online platforms can be understood as the “fatosphere”, what Dickins, Thomas, King, Lewis and Holland (2011) describe as “the fat-acceptance Web logging, or blogging, community...instrumental in providing an online space in which individuals (both fat and thin) can engage in and contribute to critical dialogue about obesity, and receive informal, peer-based support for

a range of stigmatizing experiences” (p. 1681). Although the participants did not expressly name the “fatosphere”, this is one way social media has been understood and named by the fat community. It is then an online space where fat people can access positive representations. I would also argue that Tumblr and Instagram – as spaces in which photo representations are heavily displayed and accessed – are also a part of the fatosphere. Accessing the fatosphere allows the participants to gain access to a space where first, their bodies will be represented, and secondly (and perhaps most importantly) their bodies will be represented in a positive light. Afful and Ricciardelli (2015) indicate that “the fatosphere exists as a space where activists may challenge discourses and an alternative community can be formed that shares resistance strategies and reframes public citizenship to help renegotiate its terms so fat people too can experience its privileges” (p. 457-8). The fatosphere provides a place where participants can access community, get support and validation, and share ideas about resistance. It is a space where participants have the potential to feel empowered which allows for greater acceptance of body and potential for embodied experience.

## **Work**

“...it’s endless labour to feel good about oneself and to feel valuable in a social setting where you’re constantly told that you’re doing it wrong and you’re inherently bad.” – Casey

As the participants demonstrate, it takes consistent effort to resist systems that seem to exist to devalue and dehumanize them. The themes identified demonstrate the incredible amount of work that is necessary by being fat, and especially if one chooses to be a fat

activist. Acceptance, empowerment, and resistance take an excessive amount of intellectual and emotional energy. Movement on the dis←→embodiment continuum is another challenge the participants undertake. The emotional labour that is necessary to walk through the world in a fat body appears to be never ending. The participants also describe intellectual work – which includes critical analysis regarding what is a “normative” body and thinking through situations in order to withstand fat discrimination – as necessary to their existence.

Although “emotional labour” is typically used in employment literature (Hochschild, 1983), I chose to use this definition because it best fit how the participants were discussing the emotional labour that was necessary by being in a fat body. The participants engage in emotional labour when they need to defend their own humanity. Hochschild (1983) defines emotional labour as labour which

requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others... This kind of labor calls for a coordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality. (p. 7)

There were times when the participants indicated that they suppressed their own feelings to get along, not disrupt, or to not draw attention to themselves. They also report needing to manage these feelings to work towards gaining acceptance of their bodies, feeling empowered, and defending their right to exist. Not only did the participants describe emotional labour, but they described intellectual effort that was expended in their daily lives. This intellectual effort took the form of mental work which included both critical reflection about the realities of social discrimination, and critical self-reflection about their own self-care and boundaries.

On a personal level, the participants engaged in both intellectual and emotional labour when they work through what it means to come to a place of body acceptance or neutrality. As described in Chapter Five, the participants engaged in cognitive and experiential acts which involved intellectual and emotional effort to come to a place of greater acceptance of their bodies. These experiences are not ones that are happenstance, but, for the most part, are created and curated by the participants. Furthermore, finding and creating community to draw from as a source of solidarity and support requires consistent time and effort. As the participants demonstrate, learning to accept one's (fat) body simply cannot take place without a significant amount of dedication, time, and work.

Empowerment is not given or received, but taken (Heller, 1989). The taking of empowerment – understood in this thesis as taking control of one's own decisions that may impact structural systems (Segal, Silverman & Temkin, 1995) – is not easy. It requires hard work to get to a place where one feels capable of taking control. To arrive at an understanding of dominant societal beliefs about fat bodies, these beliefs need to be unpacked and unlearned, which requires intellectual energy.

Empowerment can take place on an individual level in taking back control of a situation, but it is also important on a societal level to influence structures and systems to change in order to benefit the marginalized group of which you are a part. When the participants use “toxic” as a descriptor for the environment in which they exist, this is what they are referring to – the structures and systems that reinforce fat bodies as needing “fixing” by way of weight loss. It is this toxic environment that gets in the way of

acceptance of body, which ultimately leads to empowerment. Breton (1994) considers social action, political awareness, the right to say and the right to ‘have a say’, recognizing oneself and being recognized as competent, and the use of power as important components in the literature about empowerment. What is demonstrated most strongly in the data is the importance of social action and political awareness when it comes to participants’ understandings of empowerment. What is also demonstrated is the large amount of work involved to get to a place of feeling empowered.

The participants described acts of resistance which involved suppressing their own feelings about their bodies and how they get treated as fat people in order to continue to resist. To engage in acts of resistance, participants must steel themselves against the potential of verbal and physical violence, and some “acts of resistance” simply involve eating at a restaurant or going to the cinema as a fat person (i.e.: being in the world as fat). As discussed in Chapter Five, some acts of resistance are very active such as calling out fatphobia, making one’s body more visible (e.g.: through clothes, makeup, or dance), or deciding to engage in life activities regardless of one’s body size. The participants must decide to expend the effort necessary to engage in these kind of resistance acts, a decision that involves both intellectual and emotional processes.

As the participants move anywhere along the continuum of disembodiment to embodiment, labour is required, regardless of where on the continuum they land. To come to a place of neutrality, effort must be expended. To come to a place of connection with body, effort must be expended. Even to come to a place of disembodiment, in most cases, effort must be expended. As fat female-identified people, the participants’ struggles with

embodiment suggests to me that the primary barrier to connecting with body is social violence in the form of oppression and discrimination. The participants feel this so strongly from outside forces, are so impacted by expectations of thinness, that they report they sometimes feel the need to completely shut off their brains to connect. This shutting off not only takes effort, but it is a valuable protection mechanism for some of the participants. Specifically, Kai and Alexis discuss that they use disembodiment in this way to avoid feeling degraded for being fat.

Participants go to great lengths just to make their way in the world in fat bodies, as demonstrated by the effort put into both disembodiment and embodiment. The violence participants face daily necessitates their effort, and this effort demonstrates their awareness of the oppression they experience and consequent refusal to not participate in the world because of how others understand and treat them. As Kai articulated, it takes an incredible amount of critical reflection work to exist in the world in a fat body without staying in a place of self-hatred, but that does not mean that she is not still impacted by the dominant messaging.

Although the participants actively engage in resisting their own oppression, the effort that they put into this critical reflection work may feel ineffective due to feeling negatively impacted by dominant messaging. What I think this reveals is how deeply the participants have internalized their own oppression. Although they all are active in resisting fat oppression, living in a fatphobic world provides them with little reprieve from messaging against their fat bodies, messages which get internalized and reproduced. As Murray (2005) indicates, even fat activists “experience a disconnection from one’s

body, a need to be apart from the source of one's angst: one's fat flesh" (p. 159). In the same way that Wendell (1989) discusses disabled people, fat people "can participate in marginalizing ourselves. We can wish for bodies we do not have, with frustration, shame, self-hatred. We can feel trapped in the negative body; it is our internalized oppression to feel this" (p. 113). It takes work to hate oneself, and it takes even more work to love oneself as one is in a society that constantly sends messages that fat bodies are not valued.

## **Chapter 7: Conclusion**

### **Limitations**

As my methodological approach to this research is rooted in a feminist critical disability perspective, it is important that I acknowledge the accessibility limitations that existed within the confines of this study. I recognize that this approach may have excluded people who do not communicate in traditionally accepted ways (e.g.: speech) and/or who feel anxiety or discomfort with one-on-one conversation. Further, by recruiting from already established networks, I was limiting the potential participants to people with whom I was already connected, thereby increasing the likelihood that participants would be in a similar social location to mine, thus excluding a broader range of voices and experiences from inclusion in this research. This is reflected in the participants' demographics: all participants are educated at a post-secondary level (as I



am), five of the six participants identify as part of the fat acceptance movement (as I do), four of the six participants are white (as I am). Although this method of recruitment was beneficial in terms of managing the time constraints of the Master's program, in future research I will employ a different method of recruitment to include a more diverse (therefore perhaps more representational) group of participants.

Although I have some experience in working as a qualitative interviewer in previous employment, and I am a trained social worker, I have limited experience in qualitative interviewing. I feel this may have impacted the progression of the interviews. In reviewing the audio recordings and transcripts for data analysis, I observed that there were times that I should have asked for more clarification or redirected a participant who was talking about something that strayed too far from the topic.

My own biases as a member of the population being studied undoubtedly impacted the information I gathered, as well as the coding and analysis processes. As I identified in Chapter Three, I operate from a critical-interpretivist epistemology; which recognizes that the researcher will impact the outcome of the research (Neuman, 1997). It is impossible for the researcher to remain completely objective, as I am a human being, socialized within this particular culture, with thoughts and opinions that influence the decisions I make, including what to include/omit from my own research (Mason, 2002). Ultimately, my own fallible humanity plays a large role as to the outcomes presented in my findings.

Finally, time played a large role in the limitations of this research. The M.S.W. program is a twelve month program. In order to complete course work, qualitative research, and the writing of the thesis in a timely manner, I could include only a limited

number of participants – six in total. The small sample size makes the findings impossible to generalize to the larger fat community. Furthermore, I may have received different results if I had the time to immerse myself in learning the coding process, as it was a steep learning curve in an area with which I had no previous familiarity.

### **Future research**

The existence of a fat methodology would be useful – one that considered political identity, intersectionality, and social construction, specifically in regard to fat. In the research process to determine my methodological approach, I was not able to locate a fat methodology or theory. I realize that there are valuable methodologies and theories that already exist, and that Fat Studies is a relatively new field. It is beyond my scope to consider what a fat methodology may encompass; however, this would be an interesting and relevant project for future research.

As discussed in a footnote in Chapter Five, three participants elected to engage in member checking of their pieces of the data. One participant, Grace, had discomfort with my use of the word “empowerment”. This re-awoke my own issues with the term as I am aware that this term is contested in social work literature (Starkey, 2003). In conversation with Grace, she pointed me towards Lucy Aphramor’s (2018) term “ampowerment” which refers to “a meaningful sense of one’s power-from-within...Becoming aware of how stigma, trauma and structural factors shape lives (consciousness raising) can help people make sense of their experiences and increase feelings of ampowerment” (slide 31).

Further research could include a more nuanced exploration of “empowerment” and “ampowerment” in their relation to fat liberation.

Having begun the research with three main questions, my inquiry into how fat female-identified people who are part of the fat acceptance and/or body positive movement understand their connection to their bodies seems to have been answered to the extent to which my research can allow. The participants described this connection as a tenuous one, moving in and out of dis $\leftrightarrow$ embodiment, acceptance, empowerment and resistance. They strongly identified experiences of dehumanization when it came to societal impacts on their body relationships. The second question was somewhat answered in that community has a large influence on how the participants developed a more engaged relationship with their bodies, but participants also used individual strategies which helped them to feel more acceptance of their bodies. Further research is needed to adequately answer how an improved relationship with one’s body may impact self-esteem, as the participants’ connection to their bodies was so complex that it was difficult to determine this link within the confines of this study. Furthermore, the information regarding self-esteem may be in the data, but the limitations on time and space within this thesis precludes me from drawing these conclusions, and further engagement with the data may provide fruitful discussion regarding the participants’ views on self-worth and/or self-esteem.

Although Health at Every Size (HAES) and Kathleen LeBesco’s “will to innocence” were taken up briefly in the literature review, these concepts were missing in the data. HAES is a popular alternative framework to the dominant construction of fat; it would be

worth further research with this population to investigate if and/or how HAES impacts the lives of fat people and/or their relationships with their bodies. LeBesco's (2004) notion of the "will to innocence" also deserves similar attention. Although it was not present in the interviews conducted for this study, fat activists and body positive advocates often use the "it's not my fault" argument to justify their humanity (LeBesco, 2004). Further investigation into the use of this justification would be beneficial to investigate how fat people understand their body relationships, as well as their fat identities.

### **Implications for social work education and practice**

Fatphobia and size oppression are marginalized experiences that are not adequately addressed in social work education or practice. It is difficult to find academic literature that discusses the importance of social workers being educated about fat oppression. This conversation is largely missing from social work curriculums. Fat oppression certainly occurs in practical settings, and social workers are either entrenched in dominant assumptions about "obesity", or do not have the knowledge to work against this oppression. The participants' stories reveal that fatphobia and fat oppression are experienced by fat people frequently within medical systems, and as social work is largely still based in the medical model, it is not a far jump to assume that social workers have similar biases.

May Friedman (2012) utilizes numerous examples of size oppression<sup>8</sup> to argue that “fat bodies experience stigma in profound and quantifiable ways, in ways that run contrary to a commitment to social justice” (p. 55). Friedman (2012) goes on to assert that as social workers, a profession that is committed to opposing prejudice and discrimination, we have a duty to work against size oppression and its effects. Just as every social worker who is committed to the principles of social justice strives to educate themselves about the devastating impacts of oppression, social workers also have a responsibility to learn about the impacts of fat oppression and fight for fat liberation. Regardless of whether or not fatness is mutable or controllable, social workers’ commitment to social justice for *all* people (regardless of their size) is at the forefront of Canadian social work ethics (CASW, 2005). The fact that size oppression has seemingly been discounted in social work curriculums is a disappointing, but not surprising outcome of entrenched fatphobia and the insidious diet mentality that exist in today’s culture. In demonstrating the impact that fat oppression has on individuals, this research suggests that it is necessary for fat oppression to get as much attention in social work education as racism, sexism, or any other oppression in order to produce informed and prepared social workers.

Mik-Meyer (2010), McCardle (2008), and Shinan-Altman (2017) have produced research that demonstrates how social workers are both complicit in anti-fat bias and make assumptions about clients based on their weight. What this data, as well as my own, suggests to me is that social workers and social work organizations need to be more

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<sup>8</sup> Friedman (2012) uses the terminology “size oppression”, so this is what I will use when referencing her work.

cognizant of the assumptions that are placed on fat people. Just as social workers are trained to be aware of their own biases, especially when working with people with marginalized identities, they must consider size as a factor that could impact their judgment. Critical analysis regarding fat oppression, fatphobia, and diet culture, and assumptions about weight loss being “healthy” are vital conversations for social workers in every field. Practicing social workers must consider fat oppression as a legitimate experience so that they adjust their behaviours to avoid subjecting fat people to marginalization in their own work.

Ultimately, this research supports that social workers dedicated to social justice have a responsibility to consider the impacts of fat oppression when working with clients and consider ways in which they uphold dominant standards of “health” and “beauty”. The field of social work is severely lacking in information and resources regarding fat oppression. Limited information can be found regarding this overlap. It is my hope that this research contributes increased knowledge in the field of social work regarding fat oppression and emphasizes how necessary it is to consider fat oppression an issue that requires time and energy from social work.

## **Conclusion**

Although more attention from social work and acknowledgement of fat oppression in the wider culture could help improve the lives of fat people, their relationships with their bodies remains one fraught with tension. The lack of social work literature and prevalence

of discrimination experienced by the participants leads me to the conclusion that fat oppression and the experiences of fat people requires greater engagement from both social work education and practitioners.

The participants did speak about positive experiences that made them feel more embodied, but the data was rife with information that suggested how difficult and complex it is to exist in a fatphobic world as someone in a fat body. The experiences the participants relayed which involved feeling dehumanized contributes to this complicated tension, as well as to feeling disembodied. “Non-normative” bodies, community, and work were all constructs that were woven throughout the themes. These constructs help me to situate the participants’ experiences within the wider culture, while taking into account the oppression and marginalization experienced which leads to impeding their embodied connection. The participants emphasized that even with an understanding of their own oppression and a critical view of the fatphobic culture that exists, relationship with their (fat) bodies remains complicated and challenging.

## References

- Afful, A. A., & Ricciardelli, R. (2015). Shaping the online fat acceptance movement: Talking about body image and beauty standards. *Journal of Gender Studies*, 24(4), 453-472.
- Annis, N. M., Cash, T. F., & Hrabosky, J. I. (2004). Body image and psychosocial differences among stable average weight, currently overweight, and formerly overweight women: The role of stigmatizing experiences. *Body Image*, 1(2), 155-167.
- Aphramor, L. (2018). Preventing fat stigma and repairing harm: A practical, pragmatic, radical response for advancing weight justice through public health policy and everyday conversation. Keynote talk. 6<sup>th</sup> Annual Weight Stigma Conference, Leeds. June 18.
- Bacon, J. G., Scheltema, K. E., & Robinson, B. E. (2001). Fat phobia scale revisited: the short form. *International Journal of Obesity*, 25(2), 252-257.
- Bacon, L. (2010). *Health at Every Size: The Surprising Truth about your Weight*. Dallas, TX: BenBella Books.
- Bacon, L. and Aphramor, L. (2011). Weight Science: Evaluating the Evidence for a Paradigm Shift. *Nutrition Journal*, 10, 2891-2903.
- Baines, D. (2011). An Overview of Anti-Oppressive Practice: Roots, Theory, Tensions. In D. Baines (Ed.), *Doing Anti-oppressive Practice: Social Justice Social Work*, 2<sup>nd</sup> edition (1-24). Halifax, N.S: Fernwood.
- Brady, J. & Gingras, J. (2016). "Celebrating Unruly Experiences": Queering Health at Every Size as a Response to the Politics of Postponement. In Ellison, J., McPhail, D. & Mitchinson, W. (Eds.), *Obesity in Canada* (399-418). Toronto: University of Toronto Press.
- Bray, G. (2004). Medical Consequences of Obesity. *The Journal of Clinical Endocrinology & Metabolism*, 89(6), 2583-2589.
- Breton, M. (1994). On the meaning of empowerment and empowerment-oriented social work practice. *Social work with groups*, 17(3), 23-37.
- Brown, L. S. (1989). Fat-oppressive attitudes and the feminist therapist: Directions for change. In L. S. Brown & E. D. Rothblum (Eds.), *Fat oppression and psychotherapy: A feminist perspective*. New York: The Haworth Press.
- Buchanan, K., & Sheffield, J. (2017). Why do diets fail? An exploration of dieters' experiences using thematic analysis. *Journal of Health Psychology*, 22(7), 906-915.



- Burgard, D. (2009). What is “Health at Every Size”? In Rothblum, E. & Solovay, S. (Eds.), *The Fat Studies Reader* (41-53). New York: New York University.
- Canadian Task Force on Preventative Health Care (CTFPHC). (2015). Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care. *Canadian Medical Association Journal*. Retrieved from <http://www.cmaj.ca/content/cmaj/early/2015/01/26/cmaj.140887.full.pdf>
- Campos, P., Saguy, A., Ernsberger, P., Oliver, E., & Gaesser, G. (2006). The epidemiology of overweight and obesity: public health crisis or moral panic? *International Journal of Epidemiology*, *35*, 55-60.
- Canadian Association of Social Workers. (2005). *Code of Ethics*. Ottawa.
- Cash, T. F. (2004). Body image: past, present, and future. *Body Image*, *1*(1), 1–5.
- Chrisler, J. C., & Barney, A. (2017). Sizeism is a health hazard. *Fat Studies*, *6*(1), 38-53.
- Cooper, C. (1997). Can a Fat Woman Call Herself Disabled? *Disability & Society*, *12*(1), 31–42.
- Cooper, C. (2007) ‘Headless Fatties’ [Online]. London. Available: <http://charlottecooper.net/fat/fat-writing/headless-fatties-01-07/>
- Cooper, C. (2016). *Fat Activism: A Radical Social Movement*. Bristol, England: HammerOn Press
- Crawford, R. (1980). Healthism and the Medicalization of Everyday Life. *International Journal of Health Services*, *10*(3), 365–388.
- Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law Review*, *43*(6), 1241-1299.
- Crossley, N. (1995). Merleau-Ponty, the elusive body and carnal sociology. *Body & Society*, *1*(1), 43-63.
- Davis, L. J. (1997). Constructing normalcy: The bell curve, the novel, and the invention of the disabled body in the nineteenth century. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 9-28). New York: Routledge.
- Davis, K. (1997). Embodiment theory: Beyond modernist and postmodernist readings of the body. In K. Davis (Ed.), *Embodied Practices: Feminist Perspectives on the Body* (pp. 1-23). London, England: SAGE Publications Ltd.
- DeVault, M. L., & Gross, G. (2007). Experience, Talk, and Knowledge. *Handbook of feminist research, theory and praxis*, 173-198.

- De Pergola, G., & Silvestris, F. (2013). Obesity as a Major Risk Factor for Cancer. *Journal of Obesity*, 2013, 1-11.
- Dickins, M., Thomas, S. L., 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.
- Doucet, A., & Mauthner, N. S. (2007). Feminist methodologies and epistemologies. In D. L. Peck, & B. C. D. (Eds.), *The Handbook of 21st Century Sociology* (p.36-42). Thousand Oaks, CA: Sage Publications.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International journal of qualitative methods*, 8(1), 54-63.
- Ernsberger, P. (2012). BMI, Body Build, Body Fatness, and Health Risks, *Fat Studies: An Interdisciplinary Journal of Body Weight and Society*, 1(1), 6-12. doi: 10.1080/21604851.2012.627788
- Finucane, M.M., Stevens, G.A., Cowan, M.J., et al. (2011). National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *Lancet*, 377, 557-67.
- Fishman, S. G. B. (1998, Winter). Life in the Fat Underground. *Radiance*, 53. Retrieved from [http://www.radiancemagazine.com/issues/1998/winter\\_98/fat\\_underground.html](http://www.radiancemagazine.com/issues/1998/winter_98/fat_underground.html)
- Flegal K. M., Carroll, M. D., Ogden, C. L., & Curtin, L. R. (2010). Prevalence and trends in obesity among US adults, 1999-. *JAMA*, 303, 235-41.
- Foucault, M. (1978). *The history of sexuality: An introduction. Vol. 1*. New York: Vintage.
- Friedman, J. (2003). A War on Obesity, Not the Obese. *Science*, 299, 856-858.
- Friedman, M. (2012). Fat is a Social Work Issue: Fat Bodies, Moral Regulation, and the History of Social Work. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 1, 53-69.
- Fudge Schormans, A. (2010). Epilogues and Prefaces: Research and Social Work and People with Intellectual Disabilities. *Australian Social Work*, 63(1), 51-66.
- Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA Journal*, 1-32.
- Garland- Thomson, R. (2005). Feminist Disability Studies. *Signs*, 30(2), 1557-1587.
- Goffman, E. (1963). *Stigma: Notes on a spoiled identity*. Cliffs, NJ: Prentice-Hall.

- Goodley, D. (2017). Dis/entangling Critical Disability Studies. In Waldschmidt, A., Berressem, H., & Ingwersen, M. (Eds). *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*, (pp. 81-97). Germany: transcript Verlag.
- Grabe, S., Ward, L. M., & Shibley Hyde, J. (2008). The Role of the Media in Body Image Concerns Among Women: A Meta-Analysis of Experimental and Correlational Studies. *Psychological Bulletin*, 134(3), 460 – 476.
- Harding, S. (1987). Is there a feminist method? in S. Harding (Ed.), *Feminism and methodology: Social science issues* (pp. 1-14). Indiana University Press.
- Haslam, N. (2006). Dehumanization: An integrative review. *Personality and social psychology review*, 10(3), 252-264.
- Health Canada. (2006). Obesity – It's Your Health. Health Canada website. Retrieved from <https://www.canada.ca/en/health-canada/services/healthy-living/your-health/lifestyles/obesity.html>
- Health Canada. (2012). Development Effectiveness Review of the World Health Organization. Health Canada website. Retrieved from [http://www.international.gc.ca/gac-amc/publications/evaluation/2013/dev-derwho-eeadoms13.aspx?lang=eng&\\_ga=2.94767832.572200282.1535496149-1728235893.1535496149](http://www.international.gc.ca/gac-amc/publications/evaluation/2013/dev-derwho-eeadoms13.aspx?lang=eng&_ga=2.94767832.572200282.1535496149-1728235893.1535496149)
- Heller, K. (1989). The return to community. *American Journal of Community Psychology*, 17(1), 1-15.
- Herndon, A. (2002). Disparate but disabled: Fat embodiment and disability studies. *NWSA Journal*, 14(3), 120-137.
- Hochschild, A. (1983). *The Managed Heart*. Berkeley, CA: University of California Press.
- Hole, A. (2003). Performing identity: Dawn French and the funny fat female body. *Feminist Media Studies*, 3(3), 315–328.
- Hruby, A., & Hu, F. B. (2015). The Epidemiology of Obesity: A Big Picture. *PharmacoEconomics*, 33(7), 673–689.
- LeBesco, K. (2004). Fat Politics and the Will to Innocence. In K. LeBesco (Ed.), *Revolt Bodies?: The Struggle to Redefine Fat Identity*, (pp. 111-124). Amherst and Boston: Univ. of Massachusetts Press.
- LeBesco, K. (2009). Quest for a cause: The fat gene, the gay gene, and the new eugenics. In Rothblum, E. & Solovay, S. (Eds.), *The Fat Studies Reader* (65-74). New York: New York University.

- Longhurst, R. (2014). Queering Body Size and Shape: Performativity, the Closet, Shame and Orientation. In C. Pause, J. Wykes, & S. Murray (Eds.) *Queering Fat Embodiment*, (13-25). Dorchester, U.K.: Ashgate Publishing Company.
- Lorde, A. (1984). The Master's Tools Will Never Dismantle the Master's House. In A. Lorde (Ed.) *Sister Outsider: Essays and Speeches*, (110-114). Berkeley, CA: Crossing Press. Retrieved from [http://s18.middlebury.edu/AMST0325A/Lorde\\_The\\_Masters\\_Tools.pdf](http://s18.middlebury.edu/AMST0325A/Lorde_The_Masters_Tools.pdf)
- Lyster, C. (2013, September 14). Newgenics. Eugenics Archive website. Retrieved from <http://eugenicsarchive.ca/discover/connections/5233c4395c2ec500000>
- Machado, C. M. 2017, February 13. "The Trash Heap Has Spoken: The Power and Danger of Women Who Take up Space." *Guernica*. Accessed March 5, 2017. <http://guernicamag.com/the-trash-heap-has-spoken>
- Mason, J. (2002). Making Convincing Arguments with Qualitative Data in J. Mason (Ed.), *Qualitative Researching, 2nd Edition*, (pp. 173-204). London: Sage Publications.
- McCardle, M. (2008). *Weight bias and social work practice: An empirical exploration*. Retrieved from ProQuest Digital Dissertations. (UMI №3296978).
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of community psychology*, 14(1), 6-23.
- Meleo-Erwin, Z. (2012). Dirupting normal: Toward the 'ordinary and familiar' in fat politics. *Feminism & Psychology*, 22(3), 388-402.
- Mik-Meyer, N. (2010). Putting the Right Face on a Wrong Body: An Initial Interpretation of Fat Identities in Social Work Organizations. *Qualitative Social Work*, 9(3), 385-405.
- Mollow, A. & McRuer, R. (2015). Fattening Austerity. *Body Politics*, 3, 25-49.
- Murakami, J. M., & Latner, J. D. (2015). Weight acceptance versus body dissatisfaction: Effects on stigma, perceived self-esteem, and perceived psychopathology. *Eating behaviors*, 19, 163-167.
- Murnen, S.K. & Smolak, L. (2009). Are Feminist Women Protected from Body Image Problems? A Meta-analytic Review of Relevant Research. *Sex Roles*, 60, 186-197.

- Murray, S. (2005). (Un/Be)Coming Out? Rethinking Fat Politics. *Social Semiotics*, 15(2), 153–163.
- National Association to Advance Fat Acceptance (NAAFA). (2016). About Us. NAAFA website. Retrieved from <https://www.naafaonline.com/dev2/about/index.html>.
- Neuman, L. (1997). The Meanings of Methodology. In Neuman, W.L. (ed.). *Social Research Methods: Qualitative and Quantitative Approaches* (pp. 43-66). Boston, Mass.: Allyn & Bacon.
- Nowell, B., & Boyd, N. M. (2014). Sense of community responsibility in community collaboratives: Advancing a theory of community as resource and responsibility. *American Journal of Community Psychology*, 54(3-4), 229-242.
- Nuttall, F. Q. (2015). Body Mass Index: Obesity, BMI, and Health: A Critical Review. *Nutrition Today*, 50(3), 117-128.
- Ogden, C.L., Carroll, M.D., Curtin, L.R., Lamb, M.M., & Flegal, K.M. (2010). Prevalence of high body mass index in US children and adolescents, 2007–2008. *JAMA*, 303, 242–9.
- Ogden, J. & Clementi, C. (2010). The Experience of Being Obese and the Many Consequences of Stigma. *Journal of Obesity*, 2010.
- O'Hara, L., & Taylor, J. (2014). Health at every size: A weight-neutral approach for empowerment, resilience and peace. *International Journal of Social Work and Human Services Practice*, 2(6), 272-282.
- Paradis, E. (2016). “Obesity” as Process: The Medicalization of Fatness by Canadian Researchers, 1971-2010. In Ellison, J., McPhail, D. & Mitchinson, W. (Eds.), *Obesity in Canada* (56-88). Toronto: University of Toronto Press.
- Piran, N. (2016). Embodied possibilities and disruptions: The emergence of the Experience of Embodiment construct from qualitative studies with girls and women. *Body Image*, 18, 43–60.
- Public Health Agency of Canada (PHAC) and Canadian Institute for Health Information (CIHI). (2011). Obesity in Canada. Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/obesity-canada.html>
- Puhl, R., & Brownell, K. D. (2001). Bias, discrimination, and obesity. *Obesity research*, 9(12), 788-805.

- Rosen, J. C., Reiter, J., & Orosan, P. (1995). Cognitive-behavioral body image therapy for body dysmorphic disorder. *Journal of consulting and clinical psychology, 63*(2), 263-269.
- Saguy, A. C. and Almeling, R. (2005 Aug 12). Fat Panic! The Obesity Epidemic as Moral Panic. Paper presented at the annual meeting of the American Sociological Association, Marriott Hotel, Loews Philadelphia Hotel, Philadelphia, PA. Retrieved from [http://citation.allacademic.com/meta/p22928\\_index.html](http://citation.allacademic.com/meta/p22928_index.html)
- Sands, R. G., & Nuccio, K. (1992). Postmodern feminist theory and social work. *Social work, 37*(6), 489-494.
- Sastre, A. (2014). Towards a Radical Body Positive: Reading the online “body positive movement”. *Feminist Media Studies, 14*(6), 929-943.
- Segal, S., Silverman, C., & Temkin, T. (1995). Measuring empowerment in client-run self-help agencies. *Community Mental Health Journal, 31*(3), 215-227.
- Sherry, A. (2007). Internalized homophobia and adult attachment: Implications for clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 44*(2), 219-225.
- Shinan-Altman, S. (2017). Medical social workers’ perceptions of obesity. *Journal of Social Work, 17*(3), 343-357.
- Starkey, F. (2003). The ‘empowerment debate’: consumerist, professional and liberational perspectives in health and social care. *Social policy and society, 2*(4), 273-284.
- Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *American Psychologist, 62*(3), 181-198.
- Tangenberg, K.M. & Kemp, S. (2002). Embodied Practice: Claiming the Body’s Experience, Agency, and Knowledge for Social Work. *Social Work, 47*(1), 9-18.
- Tarasoff, L. (2018). *A Qualitative Study of Embodiment among Women with Physical Disabilities during the Perinatal Period and Early Motherhood* (Doctoral dissertation). Retrieved from TSpace Repository.
- Teachman, B. A., & Brownell, K. D. (2001). Implicit anti-fat bias among health professionals: is anyone immune? *International journal of obesity, 25*(10), 1525-1531.
- Thomas-MacLean, R. & Miedema, B. (2005). Feminist Understandings of Embodiment and Disability: A "Material-Discursive" Approach to Breast Cancer Related Lymphedema. *Atlantis, 30*(1), 92-103.
- Thompson, N. (2002). Social Movements, Social Justice and Social Work. *British Journal of Social Work, 32*(6), 711-722.
- Tompkins, A. (2014). Asterisk. *Transgender Studies Quarterly, 1*(1-2), 26-27.

- Tremain, S. (2005). Foucault, Governmentality, and Critical Disability Theory. In S. Tremain (Ed.), *Foucault and the Government of Disability*, 1-24. Ann Arbor: Univ. of Michigan Press.
- Trethewey, A. (1997). Resistance, identity, and empowerment: A postmodern feminist analysis of clients in a human service organization. *Communications Monographs*, 64(4), 281-301.
- UN General Assembly. (1948). *Universal declaration of human rights* (217 [III] A). Paris.
- Victoria Times Colonist. (14-15 Jul 2018). Ellen Maud Bennett Obituary. Retrieved from <https://www.legacy.com/obituaries/timescolonist/obituary.aspx?n=ellen-maud-bennett&pid=189588876>
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39.
- Wann, M. (2009). Fat Studies: An Invitation to Revolution. In Rothblum, E. & Solovay, S. (Eds.), *The Fat Studies Reader* (xi-xxv). New York: New York University.
- Wendell, S. (1989). Toward a Feminist Theory of Disability. *Hypatia*, 4(2), 104-124.
- Williams, E.P., Mesidor, M., Winters, K., Dubbert, P.M. & Wyatt, S.B. (2015). Overweight and Obesity: Prevalence, Consequences, and Causes of a Growing Public Health Problem. *Current Obesity Report*, 4, 363-370.
- Wilson, R. A., & Pierre, J. S. (2016). Eugenics and disability. *Rethinking disability: World perspectives in culture and society*. Antwerp: Garant Publishers, 93-118.
- Wolf, N. (1990). *The Beauty Myth: How Images of Beauty Are Used Against Women*. Chatto & Windus.
- World Health Organization (WHO). (2000). Obesity: Preventing and Managing the Global Epidemic. *World Health Organization website*. Retrieved from [http://www.who.int/nutrition/publications/obesity/WHO\\_TRS\\_894/en/](http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/)

DATE: \_\_\_\_\_

**APPENDIX A**  
**LETTER OF INFORMATION / CONSENT**

**A Study of Body Connection and the Fat Female Experience**

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**Purpose of the Study:**

I am interested in speaking with Canadian fat female-identified people who identify as part of the fat acceptance and/or body positive community.

I would like to examine how fat female-identified people engage with their bodies, and how a connection with body may impact self-esteem and self-worth. Often when fat people are unhappy with being fat, they dissociate from their bodies and live from “the neck up”. What I want to explore is the opposite: how do fat female-identified people live from a place where they engage with all of their body, not just from the neck up?

The goal of this qualitative study is to discover how fat female-identified people engage with their bodies as people who are oppressed due to their fatness. By “female-identified”, I mean anyone who identifies as a woman, female, femme, feminine, etc.

Your participation is voluntary. I understand that you may be too busy to participate in this study.

This research is being completed as part of the requirements for a Master of Social Work degree.

This is a line of research that I hope to continue, and I may use your data for this project as well as for future related studies.

**Procedures involved in this Qualitative Study:**

I am seeking to interview you about your experiences living in a fat body, particularly as connected to your relationship with your body.

If you agree to participate, you will be asked to take part in a semi-structured open-ended interview in regards to your experiences with your body. For example, you will be asked to share a story about your relationship with your body, specifically speaking about the methods you use/d to develop this relationship.

Some example questions:

- What language or words would you use to describe your relationship with your body?
- What are/were the methods that you personally used to feel a connection to your body?



- What advice would you give to people who are just starting off in their body connection journey, particularly those in fat bodies?

With your permission, I will be audio recording the interview and may take some hand written notes to assist me in asking follow-up questions.

The interview will last approximately 45 - 90 minutes, depending on how much you have to say. If in person, it will take part in a location of your choosing. It may also take place over the phone, or in an online communication method of your choice such as Skype or Google Hangout. Please note you are asked not to share any names or identifying information of other people.

The data will be kept for 5 years to do the following:

- To use the information collected to help me develop a theoretical framework to guide social work practice with fat-identified people to help them engage with and develop a stronger connection to their bodies.
- To write one or more papers for submission to academic journals to add to the emerging Critical Fat Studies literature.
- To inform an application for admission to a doctoral program.

**Potential Harms, Risks or Discomforts:**

The risks involved in participating in this study are minimal. You may experience frustrations or unpleasant emotions when recalling your experiences. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. You may choose which questions to answer, what and how much information to share, and you may refuse to answer any question. You can take breaks if needed and/or stop the interview at any time.

You may worry that discussing your personal details regarding your relationship with your body may identify you to others in the fat acceptance and/or body positive community, as the community is small. In the Confidentiality section, I describe the steps I am taking to protect your privacy.

**Potential Benefits:**

The research will not benefit you directly. However, the interview provides you with the opportunity to speak about and reflect on your experiences.

It is my hope that the research benefits the fat acceptance and/or body positive community in providing information about what worked and what has not worked in connecting with your body, and help others in determining the best way forward for them.

This research is also to partially fulfill requirements for a Master of Social Work degree.

**Payment or Reimbursement:**

You will be offered a \$10 Tim Horton's Gift Card in recognition of your contribution.

**Confidentiality:**

You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified. No one but me and my Faculty Supervisor will know whether you were in the study unless you choose to tell them.

However, we are often identifiable through the stories we tell. Since the fat acceptance and/or body positive community is small, others may be able to identify you on the basis of references you make. Please keep this in mind when deciding what to tell me. In the writing of my thesis I will do my best to protect your privacy (no names will be used, identifying information such as where

you live, what you look like, place of employment, etc.) will be removed. You will have the opportunity to review what I write about you and to ask for changes if you feel the information identifies you too clearly, before submitting my thesis to my supervisor.

The information you provide will be kept in a locked desk in my home office where only I will have access to it. Information kept on a computer will be protected by a password. In transcripts and field notes, your name will be replaced by a pseudonym. Once the study has been completed, paper copies and/or electronic copies of the signed Letter of Information/Consent Forms and demographic information will be destroyed. The anonymized paper copies and/or electronic copies of the transcripts of the interviews, analysis data, any rough notes taken during the interviews, and drafts of the thesis will be kept for 5 years.

Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information (e.g., child abuse).

#### **Participation and Withdrawal:**

Your participation in this study is voluntary. If you decide to be part of the study, you can withdraw from the interview for any reason, even after signing the consent form, part-way through the study, or up until approximately mid July 2018 when I expect to submit my thesis to my Faculty Supervisor. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal your information will be destroyed unless you request otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

#### **Information about the Study Results:**

I expect to have this study completed by approximately September 15, 2018. If you would like a brief summary of the results, please let me know below how you would like it sent to you.

#### **Questions about the Study:**

If you would like to participate, have questions, or need more information about the study itself, please contact me at:

<p><i>Katie McCrindle</i> <i>School of Social Work</i> <i>McMaster University</i> <i>Hamilton, Ontario, Canada</i> <i>289-680-5488</i> <i>E-mail: <a href="mailto:mccrincb@mcmaster.ca">mccrincb@mcmaster.ca</a></i></p>
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This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat  
Telephone: (905) 525-9140 ext. 23142  
C/o Research Office for Administrative Development and Support  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

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#### **CONSENT**

- I have read the information presented in the information letter about a study being conducted by Katie McCrindle of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately mid July, 2018.
- I have been given a copy of this form.
- I agree to participate in the study.

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

Name of Participant (Printed) \_\_\_\_\_

1. I agree that the interview can be audio recorded.

Yes

No

2. I agree to have my responses from this project used in future related projects.

yes

no

3.  Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address \_\_\_\_\_

Or to this mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No, I do not want to receive a summary of the study's results.

4. I agree to be contacted after the interview if the Student Investigator has clarification questions, and understand that I can always decline the request.

Yes, please contact me at: \_\_\_\_\_

No

5. I would like the opportunity to review what is written about me before it is submitted to the Faculty Supervisor.

Yes, please contact me at: \_\_\_\_\_

No

## **Appendix B**

### **Email Recruitment Script** **Katie McCrindle B.A., B.S.W.** **Masters Candidate in Social Work** **A Study of Body Connection and the Fat Female Experience**

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**E-mail Subject line:** McMaster Study – Body Connection and the Fat Female Experience

I am inviting you to participate in an interview that will take about 45-90 minutes, depending on how much you wish to share. As a token of my appreciation of your participation, a \$10 Tim Horton's Gift Card will be offered.

As part of the graduate program in Social Work at McMaster University, I am carrying out a study to learn how fat female-identified people in the fat acceptance and/or body positive community engage with their bodies, and how a connection with body may impact self-esteem and self-worth. Often when fat people are unhappy with being fat, they dissociate from their bodies and live from "the neck up". What I want to explore is the opposite: how do fat female-identified people live from a place where they engage with all of their body, not just from the neck up?

The goal of this qualitative study is to discover how fat female-identified people who are a part of the fat acceptance and/or body positive community engage with their bodies as people who are oppressed due to their fatness. By "female-identified", I mean anyone who identifies as a woman, female, femme, feminine, etc.

Your participation is voluntary. I understand that you may be too busy to participate in this study.

I selected your name as a person who I know is and/or has been involved in the fat acceptance and/or body positive community.

The risks in this study can be both psychological and social. You may experience frustrations or unpleasant emotions when recalling your experiences. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. Please see the letter of information for more details regarding protection of your privacy.

The interview will take place either in-person, over the phone, or over video-chat, whichever option works best for you. It will take place at a time convenient to you.

You can stop being in this study any time during the interview and afterwards up until approximately mid July, 2018 when I expect to submit my thesis to my Faculty Supervisor. I have attached a copy of a letter of information about the study that gives you full details.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Research Office for Administration, Development and Support (ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

MSW Thesis - K. McCrindle; McMaster University - Social Work

Please respond to this email if you wish to arrange an interview with me. After a week, I will send you a one-time follow-up reminder.

I would like to thank you in advance for your time and consideration.

Katie McCrindle, B.A., B.S.W.  
M.S.W. Candidate, School of Social Work  
Faculty of Social Sciences  
McMaster University  
289-680-5488  
mccrincb@mcmaster.ca



## Appendix C: Recruitment Poster

### PARTICIPANTS NEEDED

I am looking for volunteers to take part in a study about fat female-identified people's relationship with their body. I am looking to speak with people who identify as fat, female, and as a part of the fat acceptance and/or body positive community.

You would be invited to share your experiences in a semi-structured open-ended interview with the researcher, who is also a fat-identified female. Your information would remain confidential.

Your participation is voluntary.

The study would involve would involve one face-to-face, phone, or video-chat session, about 45-90 minutes long.

In appreciation for your time, you will receive a \$10 Tim Horton's Gift Card.

For more information about this study, or to volunteer for this study, please contact:

*Katie McCrindle*  
*School of Social Work*  
*Faculty of Social Sciences*  
Email: [mccrincb@mcmaster.ca](mailto:mccrincb@mcmaster.ca)  
Phone: 289-680-5488

**This study has been reviewed by, and received ethics clearance by the McMaster Research Ethics Board.**

Appendix D  
**Interview Questions**

**Body Connection and the Fat Female Experience**  
**Katie McCrindle, (Master of Social Work student)**  
**(School of Social Work – McMaster University)**

Preamble: Thank you very much for meeting with me today. The purpose of this study is to learn about your relationship with your body and how, as a fat person, that relationship has impacted your self-esteem and self-worth. The questions I will ask are intended as a guide, and the interview is more of a conversation. I may ask clarifying questions, summarize to make sure I understand what you are saying, or ask how you think or feel about something. Please remember you do not have to answer any question, and you may take a break if needed. You can also choose to end the interview at any point with no consequences to you. I know that talking about your body may be something that is both negative and positive, and I am interested in the full range of your experience.

1. What language or words would you use to describe your body?
  - a. Why do you choose this language?
  - b. Can you tell me how you came to use this language?
2. What language or words would you use to describe your relationship with your body? Can you tell me more about that?
3. What (if any) impact do you feel due to societal pressures around body image?
  - a. How does that impact your connection with your body?
  - b. How does that impact your self-esteem/self-worth?
4. What do the terms “body connection” or “engagement with body” mean to you? (By “body connection” or “engagement with body” I mean the opposite of dissociation as spoken about in the letter of information. I.e.: engaging with body from the neck down, getting “into” the body. I will use the participant’s language around this.)
  - a. How has connection to your body impacted the way you move through the world?
  - b. How has the way you interact with the world changed since you have discovered body connection?
  - c. Has it impacted your self-esteem or self-worth? And if so, how?
  - d. What does self-care mean to you, particularly in relationship to your body?

- e. What does “health”, “wellness”, or “well-being” mean to you? Is this an important concept for you? Why/why not?
5. Please tell me about your body connection journey.
  - a. How did you get to the place of engagement (use participant’s language) with your body? OR
  - b. How did you get to the point of wanting to feel a connection with your body/have an improved self-image/body image/self-esteem (use participant’s language)?
  - c. What went well in your journey?
  - d. What was challenging?
  - e. What was surprising?
  - f. Did you get any support for this? If so, where did you get support? (e.g.: people, websites, etc.)?
  - g. Was there any type of support you would have liked to receive but didn’t?
  - h. Is your relationship with your body political? If so, can you describe how?
6. What are/were the methods that you personally used to feel a connection to your body?
  - a. Where did you learn about these methods?
  - b. How did you develop those methods?
  - c. Which methods did you find most helpful?
  - d. What are the methods you use on days where you’re having negative feelings towards your body?
  - e. Are there certain tips/tricks/go-to’s that you use on a negative body day?
7. When and how did you get involved with the fat acceptance and/or body positive community?
  - a. What drew you to the fat acceptance and/or body positive community?
  - b. Would you consider yourself to be a part of both communities or just one? Why?
  - c. What (if any) benefits to you feel you gain by being part of this community?



d. What is different now after you have found fat acceptance and/or body positivity?

What has changed about your life?

8. What advice would you give to people who are just starting off in their body connection journey, particularly those in fat bodies?
9. Is there something important I forgot? Is there anything else you think I need to know?

**DO NOT  
put your name  
on this sheet.**

**Appendix E**  
**Body Connection and the Fat Female Experience**  
**INTERVIEW BACKGROUND INFORMATION SHEET**

**INSTRUCTIONS:** Please fill in the following information. Please note filling in this sheet is voluntary and you may skip any/all questions.

1. Gender:

- \_\_\_\_\_
- I don't know
- Prefer not to answer

2. I'm:

- between the ages of 18-20
- between the ages of 21-29
- between the ages of 30-39
- between the ages of 40-49
- between the ages of 50-59
- between the ages of 60-69
- between the ages of 70-79
- between the ages of 80-89
- between the ages of 90-99
- Prefer not to answer

3. Race or ethnicity:

- \_\_\_\_\_
- I don't know
- prefer not to answer

4. Sexual orientation:

- \_\_\_\_\_
- I don't know
- prefer not to answer

Thank you.

## **Appendix F Supportive Resources**

**Please consult your family doctor if you have any immediate concerns regarding your health (including mental health)**

### **Online Services**

#### **Embracing the Body Divine**

Sydney Bell  
Social Worker  
[www.sydneybell.ca](http://www.sydneybell.ca)  
[sydney\\_bell@me.com](mailto:sydney_bell@me.com)  
519-501-8953

#### **Reclaiming the Wild**

Dana Rourke  
Nutritionist/Coach  
[www.reclaimingthewild.com](http://www.reclaimingthewild.com)  
[hello@reclaimingthewild.com](mailto:hello@reclaimingthewild.com)  
519-590-6525

#### **The Fat Therapist**

Ashlee Bennett (based in Australia)  
Art Therapist  
[www.fat-therapist.com](http://www.fat-therapist.com)  
[www.fat-therapist.com/contactus](http://www.fat-therapist.com/contactus)

## **Appendix G**

### **Codebook**

Name	Pseudonym	Email	Audio?	Future?	Summary?	F/U?	Review?

## **Appendix B**

Sent on Behalf of the Researcher  
by the Holder of the Participants' Contact Information

**Snowball Recruitment Script**  
**Katie McCrindle B.A., B.S.W.**  
**Masters Candidate in Social Work**  
**A Study of Body Connection and the Fat Female Experience**

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**E-mail Subject line:** McMaster Study – Body Connection and the Fat Female Experience

Katie McCrindle, a McMaster student, is doing a research study with the Department of Social Sciences School of Social Work at McMaster University.  
The following is a brief description of her study.

If you are interested in getting more information about taking part in Katie's study please read the brief description below and or **CONTACT KATIE MCCRINDLE DIRECTLY** by using phone or email **Tel: 289-680-5488** or **mccrincb@mcmaster.ca**.

Katie McCrindle is inviting you to participate in an interview that will take about 45-90 minutes, depending on how much you wish to share. As a token of appreciation of your participation, a \$10 Tim Horton's Gift Card will be offered.

The study aims to learn how fat female-identified people who are a part of the fat acceptance and/or body positive community engage with their bodies, and how a connection with body may impact self-esteem and self-worth. Often when fat people are unhappy with being fat, they dissociate from their bodies and live from "the neck up". Katie is interested in exploring the opposite: how do fat female-identified people live from a place where they engage with all of their body, not just from the neck up?

The goal of this qualitative study is to discover how fat female-identified people who are a part of the fat acceptance and/or body positive community engage with their bodies as people who are oppressed due to their fatness. By "female-identified", this means anyone who identifies as a woman, female, femme, feminine, etc.

Your participation is voluntary. Katie understands that you may be too busy to participate in this study.

You can stop being in this study any time during the interview and afterwards up until approximately mid July, 2018 when the thesis is expected to be submitted to Katie's Faculty Supervisor. Katie has asked me to attach a copy of the letter of information about the study that gives you full details.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Research Office for Administration, Development and Support (ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Thank you in advance for your time and consideration.

Sincerely,

Holder of participant's contact information

## Appendix I



# Oath of Confidentiality for Assistants Working for the Researcher

(Check the following that apply)

I understand that as an:

interpreter

transcriber

audio assistant

photo or video assistant

research assistant

other (*Please specify*) \_\_\_\_\_

for a study being conducted by Katie McCrindle of the Department of

Social Work, McMaster University, and or under the supervision of Professor

Ann Fudge Schormans, confidential information will be made known to me.

I agree to keep all information collected during this study confidential and will not reveal by speaking, communicating or transmitting this information in written, photographic, sound, electronic (disks, tapes, transcripts, email) or in any other way to anyone outside the research team.

I will tell the researchers as soon as I discover that I know any participant either as a family member, friend, or acquaintance or in any other way; so that the researcher can take the appropriate steps to manage or minimize any conflicts of interest that might occur because of any dual roles I may have.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(*Please Print*)

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

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_