

ATHABASCA UNIVERSITY

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

BY

KARLI ELIZABETH OLEXYN

A THESIS/DISSERTATION

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF COUNSELLING

FACULTY OF HEALTH DISCIPLINES

ATHABASCA, ALBERTA

DECEMBER, 2023

© KARLI E. OLEXYN

Approval of Thesis

The undersigned certify that they have read the thesis entitled

**"DOING IT UTTERLY AND COMPLETELY WRONG:" CRITICALLY ANALYZING PERSPECTIVES OF
FAT BODIES**

Submitted by

Karli Jahn

In partial fulfillment of the requirements for the degree of

Master of Counselling

The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisors:

Dr. Paul Jerry
Athabasca University

Dr. Lynn Corcoran
Athabasca University

External Examiner:

Dr. Kristin Rodier
Athabasca University

December 5, 2023

Acknowledgement

Thank you to the plethora of friends and family who have supported me through this thesis and research journey. Thank you, Dr. Murray Anderson for nurturing the student part of myself I never dreamed I could be. Thank you, Dr. Lynn Corcoran, for your persistent encouragement, check-ins, and help in navigating the emotional roller-coaster accompanying this thesis.

A sincere thank you to my dearest friends and family for their unending support and help in empowering me to embrace the boldest parts of myself.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

Abstract

Weight stigma is a set of negative assumptions and beliefs around people living in larger bodies (Meadows & Calogero, 2018). The variables contributing to weight stigma in counseling are incredibly complex. Eating disorders have the highest mortality rate of any mental illness (van Hoeken & Hoek, 2020). According to The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), one of the criteria for eating disorders is an intense fear of weight gain. Few studies investigate the impact of weight stigma in counselling interventions. De-stigmatizing the pathological view of fatness could be a key component in effectively treating eating disorders. Using a critical discourse analysis (CDA) and an inductive thematic analysis, the purpose of this study is to examine the societal context and use of language to answer the research question: “What are the responses of an opinion piece article of accepting a fatter body as part of healing from an eating disorder?”

Keywords: stigma, weight stigma, counselling interventions, critical discourse analysis

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Preface

“My life was narrated to me by others. Their voices were forceful, empathic, absolute. It had never occurred to me that my voice might be as strong as theirs” (Westover, 2018, p. 197).

My pursuit of studying weight stigma is not altruistic. I have struggled with disordered eating, body image, and self-esteem for as long as I can remember. Even as young as a 6 and 7-year-old child, I remember being coached by the adults in my life to watch what I eat. Literally and metaphorically, living in a fat body was a death sentence. Literally, in the sense that a fat body would lead to disease and an early funeral. Metaphorically, in the sense of being undesirable as a friend, lover, and overall human. This view of fat bodies had been made clear to me by how my family members talked about their bodies and food and other fat people. Having a fat body meant a person was lazy, repulsive, and dim-witted. I internalized these messages from a young age. A fat body was the epitome of failure.

Eating disorder treatment would become extremely frustrating when clinicians, including a psychologist, kept repeating the message ‘fat is not a feeling.’ My ingrained attitudes and beliefs about fatness were lazy, disgusting, ugly, and unworthy of love and attention. The feelings I experienced with my perceived fatness were deeply shameful, and I did not understand why. I could not separate the societal view of fatness being a moral issue from who I was outside of that one embodied characteristic being my weight. It was not until I confronted the anti-fat messages, I had internalized critically that I could make meaningful progress in healing.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

The quotes throughout this paper were chosen with intention and care to amplify the voices of the trailblazers of feminism and fat liberation that inspire me to be the change I want to see in the world. Roxanne Gay was the first fat Black woman that prompted me to question the fatphobic attitudes I had internalized. I have Aubrey Gordon, a fat White woman in Portland, Oregon, to thank for learning what it means to be a fat person in this world and genuinely start healing my eating disorder. Sabrina Strings' book *Fearing the Black Body: The Racial Origins of Fat Phobia* continues to help me learn how to decolonize my view of fat bodies. Malala Yousafzai's bravery in using her voice to fight oppressive systems in an extraordinarily risky environment inspires me to speak up about social justice issues and interrupt cycles of oppression in my daily life.

I benefit from my Whiteness, my thinness, and my upbringing in Canada. I can easily shop at my local mall or online because clothing in my size is affordable and accessible. Despite these layers of privilege, including access to counselling services and graduate education, I intensely struggle with addressing my body daily. My negative attitudes and perceptions of fatness impact my ability to get dressed and to leave my home. I become highly dysregulated when faced with the simple decision of what to wear. My experiences throughout the day are highly dependent on whether I feel comfortable in my body.

I want the space I take up to be genuine and meaningful. I am learning how to use the power of my voice. I am trying to balance leveraging evidence-based research to fight the oppression of marginalized groups of people while not contributing to the polarization our current political climate is experiencing. Learning to embrace the power

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

of my voice and navigate this is hard. I believe people deserve to take up space both literally and metaphorically. I believe people should not be discriminated against or treated poorly over things they cannot control.

Were my underlying beliefs and assumptions about fat bodies true? Even if they were true, do fat bodies deserve the prejudice, discrimination, patronizing, and dehumanizing treatment experienced on an arguably daily basis? What are people really saying when they say they feel fat? As a future psychologist, I carry an ethical responsibility to provide my clients with a safe and inclusive space. I take this responsibility seriously not only as a future psychologist but as a human. Everyone deserves to be treated with compassion, empathy, and respect regardless of their appearance.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

Table of Contents

Acknowledgement	iii
Abstract	iv
Preface	v
Table of Contents	viii
Chapter 1. Significance of the Problem	10
Purpose.....	12
Key Concepts.....	12
Chapter 2. Review of the Literature	15
Erving Goffman’s Concept of Stigma.....	16
Institutional Stigma.....	16
Attribution Theory and Confirmation Bias.....	18
The Body Mass Index and Weight Normative Approach.....	18
Weight Stigma and the Counselling Space.....	21
The Weight Inclusive Approach: An Alternative.....	25
Research Gaps in Weight Stigma and the Counselling Space.....	26
Weight Stigma Through a Decolonial Lens.....	27
Summary: An Invitation to Conversations Around Fat Bodies.....	28
Chapter 3. Methodology	30
Critical Discourse Analysis.....	30
Social Constructivism Theory: A Postmodern Perspective.....	30
Social Constructivism, Identity, and Weight Stigma.....	31
Data Collection.....	32
Data Analysis.....	33
Ethical Considerations.....	34
Data Storage.....	35
<i>Anonymity and Confidentiality</i>	35
Maintaining Rigour and Trustworthiness.....	35
Role as Researcher.....	36
Chapter 4. Results	38
Theme 1: Psychological Flexibility.....	38
<i>Subtheme Ia: Acknowledgement of Complexity</i>	39
<i>Subtheme Ib: “Both and” Thinking</i>	41
<i>Subtheme Ic: Empathy</i>	43
Theme II: Resistance.....	45
<i>Subtheme IIa: Black-and-White Statements</i>	47
<i>Subtheme IIb: Fusion</i>	48
<i>Subtheme IIc: Sympathy and The Glorifying Obesity Paradox</i>	51

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING

PERSPECTIVES OF FAT BODIES

<i>Subtheme II d: Deception</i>	53
Theme III: Blame.....	55
<i>Subtheme III a: Western Problem</i>	56
<i>Subtheme III b: Social Media</i>	58
<i>Subtheme III c: Personal Responsibility</i>	59
Theme IV: Living in a Fatter Body.....	60
Summary.....	62
Chapter 5. Discussion.....	63
An Unexpected Finding: The Semantic History of Empathy and Sympathy.....	64
Overview of Results.....	65
Final Note: Personal Reflections and Decentering the White Experience.....	68
Limitations.....	69
Implications for Counsellors.....	70
Recommendations for Further Research.....	72
Conclusion.....	72
References.....	74
Appendix A.....	85

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Chapter 1. Significance of the Problem

In the early 1960s, Richardson and colleagues (1961) conducted a study asking 10 and 11-year-olds to rank six children with varying unfavourable visible characteristics from most favourite to least favourite. Out of the six characteristics, the group of 10 and 11-year-olds rated the obese child as the least favourable (Richardson et al., 1961). Despite this study being published over 60 years ago, Richardson and colleagues (1961) captured an interesting historical perspective of the attitudes and beliefs about higher-weight individuals. A study published in 2008 by Puhl and colleagues found that a person’s weight was more likely to be a primary factor leading to discrimination over variables such as race, ethnicity, or gender. Higher rates of discrimination in contexts including employment (i.e., not receiving a promotion), education (i.e., person not encouraged to pursue higher level education) and interpersonal relationships (i.e., being perceived as unintelligent, unmotivated, or impulsive) were reported to be experienced regularly by fatter individuals.

According to statistics from the Government of Canada (2019), over 50% of Canadians were formally classified as overweight. Approximately 27% of the adult population qualify as being obese. The remaining 36% of Canadians are considered overweight. Scoping reviews and meta-analyses have shown that people qualifying as overweight, obese, and morbidly obese are less likely to seek treatment for health-related concerns (Alberga et al., 2019; Alimoradi et al., 2020). Alberga and colleagues (2019) identified 10 themes related to experiences fat people have in healthcare. The themes are contempt, disrespect, condescending and patronizing behaviour, ambivalence, assumptions that health issues are attributed to being overweight, assumptions around weight gain, barriers to accessible healthcare, doctor shopping, and an overall lack of competent care for treating fat bodies. Studies on fat people's experiences in seeking mental

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

health services indicate the results from Alberga and colleagues (2019) study are relevant to what is transpiring in therapeutic relationships.

A common presenting concern for clients seeking counselling services is to address issues related to weight loss, weight gain, and self-esteem (Brown-Bowers et al., 2016; Kinavey & Cool, 2019; Lee & Pausé, 2016; Nutter et al., 2020). Counsellors have been shown to hold incredibly stigmatizing beliefs and attitudes towards their higher-weight clients (Alberga et al., 2019; Alleva et al., 2021; Mehak & Racine, 2020). Beliefs such as that fat people are lazy, unprofessional, non-compliant, and have poor self-management skills appear to be widely held by psychologists (Brown-Bowers et al., 2016; Moller & Tischner, 2018; Murray et al., 2021; Osa et al., 2021; Smith, 2019). People perceived as fat have reported counsellors treating their weight as a primary concern, even when the client is not seeking care on something weight-related (Brown-Bowers et al., 2016; Kinavey & Cool, 2019).

Study outcomes on the effects of anti-fat bias in counselling relationships indicate that many psychologists' internal weight bias prevents them from providing a truly safe space for overweight clients to engage in therapeutic change (Meadows & Calogero, 2018; Nutter et al., 2020; Romano, 2018; Smith, 2019). There are many complex layers related to the topic of weight stigma and its role in counselling treatment outcomes. Research examining the impact of weight stigma and treatment-seeking are generalized to healthcare, with minimal emphasis on the effect of weight stigma in counselling interventions. It is critical for counsellors to understand the implications of weight stigma to be able to effectively address their clients' presenting concerns and to ensure counsellors are not contributing to doing more harm than good.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Purpose

On August 23, 2022, the Canadian Broadcasting Corporation (CBC) published an article that I wrote titled “My eating disorder taught me fat was bad. Healing taught me to accept my body” (Jahn, 2022). A total of 161 unsolicited comments were posted in response to this article over approximately a 48-hour period. Using a Critical Discourse Analysis (CDA) methodology, the purpose of this study is to examine the societal context and use of language to answer the following research question: What are the responses of an opinion piece article of accepting a fatter body as part of healing from an eating disorder? The following concepts that will be used in this study are defined as follows:

Key Concepts

- **Stigma:** In his book *Stigma: Notes on the Management of Spoiled Identity*, Goffman (2009) defined stigma as "an attribute that makes him different from others....in the extreme, a person who is quite thoroughly bad, or dangerous, or weak" (p. 3). A stigma can be experienced externally through deviating from society's expectations and standards or internally through believing there is something fundamentally wrong with the self. Feelings associated with a stigmatized identity are primarily shame and blame (Goffman, 2009). The level of impairment resulting from holding a stigmatized identity varies among contexts.
- **Weight stigma:** Weight stigma is a set of exceptionally negative beliefs, perceptions, and attitudes around people living in larger bodies (Lee & Pausé, 2016; Puhl & Suh, 2015; Tomiyama et al., 2018).
- **Fat:** Throughout this paper, I will use the word “fat” to describe people living in larger bodies. The use of this adjective is intentional. It is meant to challenge the dominant

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

ideology that fat is inherently undesirable and pathological (Alleva et al., 2021; Kinavey & Cool, 2019; Puhl et al., 2020). Traditionally, the word “fat” has been associated with being used with the intention of insulting an individual (SturtzSreetharan et al., 2021; Tomiyama et al., 2018). In recent years, the word fat has transformed into being used “as a neutral, even affirming, term” (Gordon, 2021, para. 1). In both fat studies and fat activism, using the word fat as a neutral descriptor challenges health-related assumptions and the moralization of bodies (Wann, 2009). By using the word fat, I hope to work towards affirming fat peoples’ experiences and dismantling the overwhelmingly negative beliefs and perceptions society holds around people living in larger bodies.

- The Weight Normative Approach and the Body Mass Index (BMI): The body mass index (BMI) is used as a tool to classify a person’s weight which is directly used to measure a person’s health (Alberga et al., 2019; Calogero et al., 2018; Government of Canada, 2021). The BMI is calculated by dividing a person’s weight by their height. For example, according to the BMI, a healthy weight range for a person who is 5 feet and 4 inches tall would be between 110 pounds to 140 pounds (i.e., a BMI between 19-24). At 174 pounds, a person who is 5 feet and 4 inches tall would be classified in the Obese I category of the BMI. A detailed description of the BMI is found in Appendix A.
- The Weight Inclusive Approach and Health-at-every-size (HAES): The HAES model argues that variables of social determinants of health are dramatically more influential than weight in determining an individual’s health outcomes (Association for Size Diversity and Health, 2020; Calogero et al., 2018; Lee & Pausé, 2016; Romano, 2018; Smith, 2019). Examples of social determinants of health include socioeconomic status, stigma, access to resources such as food and medical care. HAES fosters a weight-neutral

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

environment with a focus on health-promoting behaviours regardless of a person’s weight

(Association for Size Diversity and Health, 2020).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Chapter 2. Review of the Literature

“We cannot claim an inclusive, feminist or culturally competent lens if we do not address and oppose cultural ideals about bodies that run counter to emotional wellness” (Kinavey & Cool, 2019, p. 1).

The topic of weight stigma is an incredibly complex and sometimes polarizing topic (Nutter et al., 2020). A significant part of the complexity involves the interdisciplinary nature of the topic of weight. Weight is highly tied to the definition of health (Alimoradi et al., 2020; Brown-Bowers et al., 2016; Government of Canada, 2021). To understand the implications of weight stigma in counselling interventions, it is important to discuss the effects of weight stigma in broader contexts.

I will begin by discussing Erving Goffman's (2009) conceptualization of stigmatized identities. This will be followed by a discussion around the role of institutions in perpetuating cycles of stigma. A brief explanation of attribution theory and the role of confirmation bias will be provided. Examining the conceptual framework upholding Canada's healthcare system is fundamental to understanding the impact of weight stigma in the counselling space. Therefore, a discussion of this framework will be included. I will then examine the implications of weight stigma in counselling interventions. Following the section on weight stigma and the counselling space, I will present an alternative approach to understanding health. This will be followed by a section outlining research gaps in weight stigma and the counselling space, where I will also view weight stigma through a decolonial lens. I will conclude this chapter with a summary and reintroduce the research question.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Erving Goffman’s Concept of Stigma

Erving Goffman popularized the concept of stigma beginning in the early 1960s (Goffman, 2009). The entirety of Goffman's (2009) book describes how a stigmatized identity can affect an individual's lived experience at a micro, meso, and macro level of functioning. For this literature review, I will focus on public (i.e., perceived) stigma and self (i.e., internalized) stigma. Perceived stigma can be experienced through stereotypes, prejudice, and discrimination (Corrigan & Rao, 2012; Goffman, 2009; Sartorius & Schulze, 2005). The primary emotion associated with public, or perceived, stigma is blame (Goffman, 2009). Internalized stigma occurs when an individual believes the stereotypes and negative attitudes directed towards a group, they are a part of are integrated into a core part of their identity (Goffman, 2009; Sartorius & Schulze, 2005). The primary feeling associated with internalized stigma is shame (Goffman, 2009).

Stereotypes can be conceptualized as common beliefs and assumptions about a group of people. Common stereotypes and beliefs of fat humans include being unintelligent, lazy, unmotivated, and non-compliant (Moller, & Tischner, 2018; Romano, 2018; SturtzSreetharan et al., 2020). These stereotypes, or beliefs, often lead to prejudice (Goffman, 2009; Sartorius & Schulze, 2005). Prejudice can be experienced by negative attitudes directed toward a group of people (Corrigan & Rao, 2012). For people living in larger bodies, prejudice may be experienced through condescending behaviour, bullying, or social ostracization (Alberga et al., 2019; Elbe et al., 2020; Meadows & Danielsdóttir, 2016).

Institutional Stigma

An article titled *The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?* by Campos and colleagues (2006) highlighted the role institutions such as the

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

World Health Organization (WHO) play in informing society’s ideas about health and weight. Public institutions like the government and healthcare trust the WHO to be a credible and reliable source of information (Campos et al., 2006). According to the official WHO website, the WHO prides itself in providing trustworthy and credible information backed by a competent team of researchers with expertise on specific health-related concerns (WHO, n.d.).

At a macro level, governments and healthcare systems take information from the WHO to develop laws, policies, and programs under the WHO’s guidance (Campos et al., 2006). When the WHO consistently endorses articles with titles such as *The Epidemiological Burden of Obesity in Childhood: A Worldwide Epidemic Requiring Urgent Action* (Di Cesare et al., 2019) or messages such as “Childhood obesity has been described as a ticking time bomb, and the projected impact on individuals and society is immense” (WHO, 2019, p. v), this reinforces stereotypes and portrayals of fat bodies. The New York Times recently released a podcast episode discussing new, aggressive approaches to tackling childhood obesity. The episode, titled *An Aggressive New Approach to Childhood Obesity*, declared that children considered obese as young as two years old need intensive behavioural intervention and that bariatric surgery and prescription drugs for children around 12 years of age are the recommended treatment for obesity (Barbaro, 2023). Interestingly, this information is presented despite a brief acknowledgement that not all fat bodies are unhealthy.

Institutions such as governments, schools, healthcare systems and the media play a critical role in the level of impact a stigma affects an individual (Anderson, 2014; Goffman, 2009; Sartorius & Schulze, 2005). Regarding weight stigma, institutions have reinforced the message that excess fat is always unhealthy and that obesity is, in fact, a disease (Campos et al., 2006; Elbe et al., 2020; Puhl et al., 2020). Framing fat bodies as diseased has been repeatedly

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

linked to increased psychological stress, decreased body satisfaction, and increased maladaptive eating behaviours (Lee & Pausé, 2016; Meadows & Daniélsdótti, 2016; Puhl et al., 2020).

Ironically, these factors are reliably related to weight gain, not weight loss (Puhl et al., 2020).

Understandably, government and healthcare systems respond to the information presented by organizations such as the WHO by designing entire health frameworks (i.e., the BMI) around information that is presumed to be reliable and trustworthy. Research indicates that institutions' roles need to be more aggressively challenged and addressed when it comes to perpetuating the incredibly stigmatizing messages around weight, health, and fat bodies (Campos et al., 2006; Puhl et al., 2020).

Attribution Theory and Confirmation Bias

Attribution theory is based on how individuals internalize or externalize their perceived experiences in everyday life (Alberga et al., 2019). Specific to the topic of weight stigma, fat is attributed to an internalized failure to control the body (Lee & Pausé, 2016; Nutter et al., 2020). Confirmation bias also significantly contributes to the negative perceptions of fat people (Lee & Pausé, 2016). Confirmation bias implies that fat people are failing or not trying hard enough to be healthy. These pathologizing beliefs around fat are extremely oversimplified and fail to consider other complexities such as genetics and the social determinants of health (Ge et al., 2020; Nutter et al., 2020). I believe it is time to work toward looking at weight and the definition of health through a more critical lens.

The Body Mass Index and Weight Normative Approach

Canada's healthcare system currently uses the weight normative approach, or the Body Mass Index (BMI), to conceptualize and measure health (Government of Canada, 2021). The BMI has been criticized in recent years for being an inferior, inaccurate measurement of health

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

(Alleva et al., 2021; Alimoradi et al., 2020; Puhl et al., 2020). Broadly, general healthcare practitioners appear to agree that the weight normative approach is outdated, unreliable, and overall inaccurate in measuring health (Alberga et al., 2019; Osa et al., 2021; Puhl et al., 2020). For example, the weight normative approach fails to consider how muscle weighs significantly more than fat and pathologizes higher-weight individuals even if their body fat percentage is low.

The underlying assumptions embedded within the weight normative approach include: having a higher BMI increases an individual's risks for disease, that everyone should subscribe to the idea that being thin is the pinnacle of successful health, that weight is a controllable variable and should be controlled, that weight loss is universally possible and sustainable, and that the benefits of weight loss far outweigh the risks of being fat (Calogero et al., 2018).

The weight normative approach presents several concerns. Most alarmingly, these assumptions and beliefs cannot be supported by the most up-to-date, evidence-based research (Alberga et al., 2019; Brown-Bowers et al., 2016; Ge et al., 2020; Nutter et al., 2020; Puhl et al., 2020; Romano, 2018; Tomiyama et al., 2018). The paradigmatic assumption underlying a weight normative approach is that a higher BMI equals worse health outcomes. However, research on health outcomes in people with higher BMI does not support this assumption (Alleva et al., 2021; Alimoradi et al., 2020).

Social justice, feminist, and counselling communities have critiqued the narratives around fat people by highlighting inconsistencies of fat being a direct causal factor for poor health (Meadows & Calogero, 2018; Osa et al., 2021; Puhl et al., 2020). For example, after controlling for other factors, people qualifying for the label of obese do not have a higher mortality rate or more significant health conditions than those in lower BMI categories (Alberga et al., 2019; Calogero et al., 2018; Puhl et al., 2020). Calogero and colleagues (2018) highlighted “the

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

association between weight and mortality is actually U-shaped: the most protected group are in the “overweight BMI category” (p. 24).

Dieting is repeatedly and consistently proven to be unsustainable, unrealistic, and even dangerous to an individual's health and wellness (Ge et al., 2020; Osa et al., 2021; Puhl et al., 2020). Research consistently indicates that weight is not an independent variable that is easily manipulated or controlled (Alberga et al., 2019; Alimoradi et al., 2020; Ge et al., 2020; Puhl & Suh, 2015; Tomiyama et al., 2018). Despite science that consistently supports that dieting and weight loss is unrealistic and that a person's weight can be up to 80% determined by genetics, a common belief the general population holds is that a fat person simply must try hard enough to lose weight (Calogero et al., 2018; Ge et al., 2020; Harvard Health, 2019; Harvard Health, 2020; Mehak & Racine, 2020; Nutter et al., 2020). The notion of trying hard enough may include exercising excessively and restrictive dieting to achieve a thin, visually “healthier” body (Alleva et al., 2021; Kinavey & Cool, 2019; Smith, 2019; Strings, 2019).

Arguably, viewing a person's weight as something that can be easily manipulated is not only scientifically incorrect, it is more likely to exacerbate weight-related distress stress (Puhl et al., 2020; Osa et al., 2021; SturtzSreetharan et al., 2021). There is a causal link between the impact of weight stigma and increased cortisol activity and calories (Alleva et al., 2021). Ironically, assuming a person's weight can, and should be managed by dieting may prove to be counterproductive towards achieving the goal of losing weight.

The mechanisms behind what makes up a person's weight are likely much more complex than initially conceptualized (Campos et al., 2006; Ge et al., 2020). It may be more likely that individuals in society are oversimplifying their perceptions of weight gain or weight loss or generalizing their experiences to others (Corrigan & Rao, 2012; Elbe et al., 2020). It is unfair to

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

expect people to engage in a weight loss journey when evidence-based science repeatedly shows that losing weight is a highly unattainable goal for most people (Harvard Health, 2019; Harvard Health, 2020). People will be more likely to engage in healthy behaviours when shame and blame are not the key motivators in initiating change (Sartorius & Schultz, 2005).

Weight Stigma and the Counselling Space

“What you’re saying is: I don’t want you to be healthy on your own terms. What you’re saying is: I want you to appear to conform to my definition of your health” (Gordon & Hobbs, 2021).

Many individuals seek out psychologists specifically to address issues related to self-esteem and weight management (Mehak & Racine, 2020; Murray et al., 2021). Yet, existing research on current counselling intervention outcomes for fat clients indicates the therapeutic space is not fostering a sense of safety for fat clients (Kinavey & Cool, 2019; Nutter et al., 2020; Romano, 2018; Smith, 2019). One of the most significant barriers for fat clients in therapeutic relationships is the negative beliefs and attitudes around the definitions of health and weight.

A common stereotype around fat bodies is the implication that weight loss is a matter of willpower which has been shown to contribute to the belief that a person's higher weight results from poor moral character (Moller & Tischner, 2018; Nutter et al., 2020). There is an abundance of research indicating factors such as genetics and other social determinants of health are dramatically more likely to be influential in determining a person’s weight (Campos et al., 2006; Ge et al., 2020; Harvard Health, 2019; Harvard Health, 2020). Yet, the belief that weight loss is a matter of trying hard enough to lose weight persists in the counselling community (Moller & Tischner, 2018; Nutter et al., 2020). “The suggestion is that if we accommodate the needs of fat people, they won’t be motivated to try and become thin people” (Meadows et al., 2021, p. 16).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Fat humans frequently report experiencing being perceived as a "good" versus "bad" fat person (Gordon, 2021; Moller & Tischner, 2018; Nutter et al., 2020). A "bad" fat person is seen as someone who does not try hard enough to be thin through dieting or exercising. A "good" fat person means engaging in behaviours that would warrant an eating disorder in straight-sized people (Gordon, 2021; Moller & Tischner, 2018). Behaviours such as extremely restrictive eating and overexercising are celebrated in fatter individuals (Murray et al., 2021; Nutter et al., 2020; Puhl et al., 2020). This may be due to the current definition of successful health often equating to being thin (Osa et al., 2021; Mazur, 2021). The good and bad fat person narrative seems more likely to inadvertently reinforce a cycle of shame and blame, exacerbating psychological distress of weight related concerns (Meadows et al., 2021; Mehak & Racine, 2020; Nutter et al., 2020; Smith, 2019).

A study by Brown-Bowers and colleagues (2016) on psychology's approach to treating clients with binge eating disorder (BED) found that current psychological interventions encourage the message that fat is pathological, and that weight gain should be avoided at all costs. Not only is this contradictory to research regarding weight and health, but the counsellor is also failing to see the person sitting in front of them, and instead just seeing a fat body (Mehak & Racine, 2020; Murray et al., 2021; Osa et al., 2021; Puhl et al., 2020). It is critical for psychologists to be aware of how the projection of anti-fat bias and stigmatizing beliefs about weight may influence therapeutic relationships.

The impact of weight stigma in counselling interventions also works the other way around, with clients seeing their counsellors who are overweight or obese as less professional or that counsellors were unable to help their clients due to their perceptions of fat bodies. A study investigating counselling outcomes for young clients perceived their therapists as less credible

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

because of their fatness (Moller & Tischner, 2019). When clients see their counsellors as less competent, they are less likely to follow treatment programs set out by the counsellor. The negative impact of weight stigma goes for all parties involved in the therapeutic process, not just the fat individual (Moller & Tischner, 2019; SturtzSreetharan & Trainer, 2021).

Unsurprisingly, overweight individuals are less likely to seek treatment when the professionals they seek help from reinforce messages that insinuate the individual is to blame for their problems (Calogero et al., 2018; Kinavey & Cool, 2019; Mehak & Racine, 2020). Many clients in therapeutic relationships have reported being encouraged by counsellors to engage in disordered eating (Kinavey & Cool, 2019; Osa et al., 2021). While unintended, the harm in the beliefs, attitudes and perceptions of a person's body failing to conform to society's ideas of what health looks like is alarmingly common (Calogero et al., 2018). These perceptions and assumptions lead to less engagement for both the counsellor and client in therapeutic relationships (Lee & Pausé, 2016; Moller & Tischner, 2018).

The topic of weight stigma is emerging as a feminist issue in the research community. Recently, literature on weight stigma connects the negative connotations of being fat to women's intersectionality. Feminists highlight how fat is commonly associated with women, which may exacerbate women's issues from workplace discrimination to cycles of disordered eating behaviours (Elbe et al., 2021; Moller & Tischner, 2018; Romano, 2018; Smith, 2019; Strings, 2019). However, the most significant issue in the feminism community and the topic of weight stigma appears to be rooted in the idea that the current definition of health is extremely correlated with thinness (Mazur, 2021; Moller & Tischner, 2018; Strings, 2019). In her book *Hunger*, Roxane Gay (2017) expands on her identity as a queer, fat, Black feminist. Gay (2017, p. 113) writes:

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

As a woman, as a fat woman, I am not supposed to take up space. And yet, as a feminist, I am encouraged to believe I can take up space. I live in a contradictory space where I should try to take up space but not too much of it, and not in the wrong way, where the wrong way is any way where my body is concerned.

Controlling women's bodies is an intensely studied topic in feminism and social justice communities. Sabrina String's (2019) book *Fearing the Black Body: The Racial Origins of Fat Phobia* extensively explores the colonial and racial components of fat bodies. Strings (2019) highlighted how fear intensely contributes to weight stigma and its effect on pathologizing Black folk. Throughout history, women are often demonized when they are not conforming to the patriarchal ideals of beauty, and by proxy, health (Strings, 2019). Women critiquing definitions of health and beauty are often labelled as rebellious, and assumed to be unattractive and fat (Smith, 2019; Strings, 2019). The concept of intersectionality has become an increasingly studied concept in understanding people's presenting concerns in therapeutic relationships (Ko et al., 2021; Smith, 2019). How might an individual's presenting concern be compounded by having a fat body?

Research on the impact of weight stigma can also be generalized outside of the counselling context. For example, women experiencing polycystic ovary syndrome (PCOS) are often dismissed from their doctors and simply told to lose weight as a solution to their concerns (Mazur, 2021). The effects of weight stigma and women's experience with PCOS is a significantly understudied topic. How many life-altering diseases are practitioners missing due to their stigmatizing beliefs and attitudes towards weight? Ironically, obesity is considered a disease to be treated when the underlying cause of obesity may be something completely unrelated to a

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

person's weight (Association for Size Diversity and Health, 2020; Campos et al., 2006; Puhl & Suh, 2015).

The Weight Inclusive Approach: An Alternative

“We can build a world that doesn't assume fat people are failed thin people, or that thin people are categorically healthy and virtuous” (Gordon, 2020, p. 8).

An alternative to the weight normative approach is the weight inclusive approach. The weight-inclusive approach is synonymous with the health-at-every-size model (HAES). HAES does not pathologize the human body and assumes social determinants of health are more influential in shaping an individual's health outcomes (Calogero et al., 2018, p. 31). The HAES approach is also much broader and holistic than the weight normative approach. The messages of the HAES model are significantly less stigmatizing and rely on providing people with tools to engage in healthy behaviour that will be sustainable and realistic for the individual rather than prescribing messages that contradict research on using weight as a measurement (Kinavey & Cool, 2019; Lee & Pausé, 2016; Romano, 2018; Smith, 2019).

Studies comparing weight normative and weight inclusive approaches find higher client engagement in weight inclusive approaches. However, it appears that there is a significant gap in counsellor's understanding of health (Calogero et al., 2019; Osa et al., 2021). Osa and colleagues (2021) proposed more community-based education that aggressively challenges society's pathological way fatness is viewed. Psychologists must be aware of relevant, evidence-based information when treating clients living in larger bodies (Kinavey & Cool, 2019; Romano 2018; Smith, 2019).

Viewing health and wellness through the lens of the weight normative approach is deeply linked to disordered eating behaviours (Alberga et al., 2019; Alleva et al., 2021; Alimoradi et al.,

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

2020). This may be due to the endorsement of diet culture that is embedded in this approach. Since the weight normative approach assumes it is necessary and favourable to augment one's weight to improve one's health, then we can see how this plays into the fat negative beliefs that fuel eating disorders.

Research addressing the complexities behind a person's weight and how this single variable contributes to health outcomes is emerging (Alberga et al., 2019; Alimoradi et al., 2020; Brown-Bowers et al., 2016). A strengths-based approach and focusing on empowering clients is more likely to encourage clients to engage in sustainable, healthy behaviours (Ko et al., 2021; Norcross & Wampold, 2018). Many researchers highlight that mental health practitioners generally accept anti-fat attitudes as a direct link to poor psychological health without question, despite research pointing out that it is the stigma associated with a higher weight that is likely more psychologically harmful than just being fat (Moller & Tischner, 2018; Nutter et al., 2020; Osa et al., 2021; SturtzSreetharan et al., 2021). The misrepresentations of the fat community in research contributes to perpetuating harmful stereotypes of fat people when they are not subscribing to unattainable, thin ideals.

Research Gaps in Weight Stigma and the Counselling Space

More research is needed to improve the delivery of effective counselling interventions for the fat community. Most participants in research investigating weight stigma are predominantly White, heterosexual women. There is a significant lack of representation from Indigenous People, people of colour, the queer community, and ethnically diverse populations. Few studies examine ethnically diverse samples and treatment outcomes in the counselling literature. Black women in particular experience tension with mainstream fat activism due to the historical context of Black oppression (Strings, 2019). There has been a radical push towards being

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

inclusive and embracing diversity over the past decade. The role of an individual's intersectionality is increasingly being taken into consideration and studied more intensely.

A few programs have focused on de-stigmatizing fat bodies that show promise in making meaningful changes for the current way fat people are treated in counselling relationships. A randomized controlled trial developed by Alleva and colleagues (2021) found appreciating the functionality of a woman's fat body elicited feelings of empathy and social closeness in participants (p. 11). Research on dieting and weight loss programs consistently shows that shame and blame are not effective motivators for clients to engage in healthy behaviours. In fact, the opposite is true. Shame appears to exacerbate an individual's problems, especially when it comes to weight-related issues (Nutter et al., 2019; Romano, 2018; Smith, 2019). Perhaps it is time to shift the current pathological lens society views people living in larger bodies to improve health outcomes.

People living in larger bodies are experiencing extraordinarily stigmatizing and often discriminatory care when it comes to their mental health (Alleva et al., 2021; Alimoradi et al., 2020; Kinavey & Cool, 2019; Murray et al., 2021; Puhl et al., 2020; Romano, 2018; Smith, 2019). These stigmatizing beliefs perpetuate a cycle of shame and blame, which is shown to be much more likely to exacerbate an individual's health concerns rather than weight (Mehak & Racine, 2020; Nutter et al., 2020). This information leads to the question, why is our definition of health deeply tied to a person's weight despite this consensus that health is not determined by weight?

Weight Stigma Through a Decolonial Lens

“Where do you begin telling someone their world is not the only one?” (Maracle, 2017, p. 62).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Arguably, one of the most detrimental and impactful lasting effects of colonization is the loss of the Indigenous people of Canada’s ability to express themselves, particularly in the context of health (Ginn et al., 2021). Canada’s First Nations population is dramatically under researched and underrepresented (Auger, 2019; Jacob et al., 2021). Indigenous people in Canada are significantly more likely to be classified as obese and diagnosed with diabetes (Statistics Canada, 2008). Consistent with the trend of First Nations people lacking representation in research is the research gap in studying weight stigma in First Nations communities. Given the overall stigma First Nations people experience, it is crucial to consider the additional role weight stigma may play in the experiences of Canada’s First Nations people (Auger, 2019; Jacob et al., 2021).

Summary: An Invitation to Conversations Around Fat Bodies

There is a collective call for policy and change around weight stigma in feminist, social justice, and the counselling community (Alberga et al., 2019; Calogero et al., 2019; Nutter et al., 2020; Romano, 2018; Smith, 2019). The content presented in this proposal is stark. My intent is not to place shame or blame on the counselling community. Rather, my intent is to invite counsellors to be both aware of the limitations of the way society views fat humans, and to embrace a more curious, compassionate stance in their perceptions of fat bodies. Counselling literature emphasizes the importance of building a strong therapeutic alliance. A strong therapeutic alliance has been shown to drastically improve treatment outcomes and encourage positive, long-lasting change (Ko et al., 2021; Norcross & Wampold, 2018). By acknowledging their anti-fat attitudes and beliefs, I believe counsellors will better address their clients’ presenting concerns and improve the therapeutic alliance.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Eating disorders have the highest mortality rate of any mental illness (van Hoeken & Hoek, 2020). According to *The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, one of the criteria of eating disorders is an intense fear of weight gain. De-stigmatizing the pathological way society views fatness could be a key component in effectively treating eating disorders. The few studies that specifically investigate the impact of weight stigma in counselling intervention echo the research found in fat people’s engagement in healthcare in general (Kinavey & Cool, 2019; Moller & Tischner, 2018; Murray et al., 2021; Smith, 2019). Our understanding of the human body is dramatically more complex than society, and more alarmingly, the medical community and therapy space perceive it to be (Campos et al., 2006; Ge et al., 2020; Nutter et al., 2020). I strongly believe that understanding the implications of weight stigma in counselling interventions will benefit both clients and counsellors in understanding the context of the client’s presenting concerns as well as in building a stronger therapeutic alliance.

In the following chapter, I will outline a research proposal using CDA methodology to answer the research question: “What are the responses from an opinion piece article on accepting a fat body as part of healing from an eating disorder?”

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Chapter 3. Methodology

Critical Discourse Analysis

The concept of stigma is heavily embedded in the cultural norms and the systems defined by those norms (Goffman, 2009). Critical Discourse Analysis (CDA) is a methodological process used to explore the use of language within a particular social or cultural context (Anderson & Mungal, 2015; Lupton, 1995). At a broader level, CDA can be used to dissect how society views and constructs narratives around concepts such as race, gender, and class (Lupton, 1995; SturtzSreetharan et al., 2021). The underlying assumption of CDA methodology is that the use of language can provide unique insight into a person’s underlying meanings, feelings, values, and beliefs (Anderson & Mungal, 2015; Sapkota, 2021). The nature of CDA is transformative and often used to challenge dominant narratives and ideologies (Lupton, 1995; Sapkota, 2021).

My process of reviewing the literature around weight stigma consisted of studying both the academic literature and how people in the fat community describe bodies. The term “obesity” is increasingly being recognized as a stigmatizing and unhelpful term used to reinforce negative assumptions and beliefs about fat people (Gordon, 2020; Meadows & Danielsdóttir, 2016). Part of how the counselling community understands fat bodies may be due to the language used to discuss health and bodies (Campos et al., 2006; SturtzSreetharan et al., 2021; Tomiyama et al., 2018). Depending on the context, language can be riddled with nuances and hidden or underlying meanings (Anderson & Mungal, 2015; Creswell & Poth, 2018). The complexity of layers impacting how people understand health and fat bodies cannot be understated.

Social Constructivism Theory: A Postmodern Perspective

According to Creswell and Poth (2018), social constructivism is the way in which “individuals seek understanding of the world in which they live and work” (p. 24). While there are universal

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

experiences humans have in common, the meaning humans make of those experiences will be unique. In the counselling profession, a core competency in working with clients is the understanding that there are multiple meanings and ways of knowing (Flaskas, 1995; Ko et al., 2021; Norcross & Wampold, 2018). Due to the nature of stigma being dependent on the social and cultural constructs around weight and health, I believe a CDA paired with a social constructivist paradigm will be best suited to examine Canadian’s responses to an opinion piece article on accepting a fatter body as part of healing from an eating disorder (Jahn, 2022).

Social Constructivism, Identity, and Weight Stigma

From a macro to micro level, the way public institutions perceive a particular group of people reflects the way an individual perceives themselves. Chapter three of Goffman’s *Stigma: Notes on the Management of Spoiled Identity* includes a section titled *The Politics of Identity*. In it, Goffman (2009, p. 123) writes:

The individual is told that if he adopts the right line (which line depending on who is talking), he will have come to terms with himself and be a whole man; he will be an adult with dignity and self-respect. And in truth he will have accepted a self for himself;

Let us consider “the individual” in Goffman’s (2009) passage as a fat human. Goffman (2009) illustrates how the individual (i.e., fat body) will be treated with dignity and self-respect if the individual adopts the “right line.” Viewing institutional stigma from a post-modern and socio-cultural lens, institutions are largely upheld by maintaining the status quo (Sapkota, 2021). The status quo in Western medicine frames thin bodies as evidence of good health and fat bodies as diseased.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Heart disease and type two diabetes are examples of chronic illnesses commonly associated with fat bodies. Both diseases are framed as easily preventable with a healthy lifestyle (Alleva et al., 2021; Campos et al., 2006; WHO, 2019). Part of institutions’ dialogue around living a healthy lifestyle emphasizes making choices (WHO, 2019). When institutions frame fat bodies as diseased and are commonly associated with chronic illness and other comorbidities, institutions may inadvertently reinforce the view that fat bodies are a result of poor choices.

An individual’s identity is significantly influenced by the culture and society they inhabit (Goffman, 2009; Harré, 2002). Together, we can see how Goffman’s (2009) conceptualization of stigma and how institutions define healthy versus unhealthy bodies are influential in the development of a person’s identity. Consistent with research on the impact of blame, it is no wonder that many fat humans internalize feelings of shame (Alimoradi et al., 2020; Goffman, 2009; Sartorius & Schulze, 2005; Stuart, 2016). I believe a closer investigation into the public perceptions of fat bodies will provide more insight in addressing the impact of weight stigma.

Data Collection

Following the publication of an opinion piece article written for CBC, “My eating disorder taught me fat was bad. Healing taught me to accept my body” (Jahn, 2022), 161 comments were posted over approximately a 48-hour period. Of the 161 comments, 155 were collected prior to the comments being removed by the CBC. These 155 comments are the sample for this study. Data were collected over a 48-hour period beginning on August 23, 2022, when the article was originally posted. The potential data was collected by frequently checking the comments section and uploading screenshots taken on my personal mobile device to a personal file folder on Google drive.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

The CBC opinion piece article was published at 2:00 AM on August 23, 2022. Comments in response to the CBC article where data was collected for this study were turned off within a matter of a few days. In addition, these comments were no longer visible to the public. The exact time comments were no longer permitted is unknown. On November 9, 2022, I emailed CBC to inquire why commenting was turned off and no longer visible. A representative of CBC replied to my question stating that the volume of comments had become too much for CBC. The representative also stated that commenting would be reopened. However, as of June 28, 2023, comments are still unavailable, and additional commenting is closed.

Data Analysis

An inductive thematic analysis approach was used to analyse the data. The choice to implement an inductive thematic analysis was intentional. A deductive thematic analysis would involve utilizing a preconceived theory to guide the data analysis (Bonner et al., 2021). An inductive thematic analysis allows the data to guide the results of the study (Nowell et al., 2017). I believe an inductive thematic analysis will produce the most robust and credible results in representing what Canadian’s perceptions are in accepting a fat body as part of healing from an eating disorder. Data was interpreted using a transformative paradigm emphasizing socio-cultural factors.

Data analysis was guided by Williams and Moser’s (2019) open, axial, and selective strategy (p. 47). After the 155 comments went through three levels of analysis. The first level of coding (i.e., open coding) involved identifying and writing out the key concepts emerging from observations and summary statements. The second level of coding (i.e., axial coding), allowed me to refine key concepts into categories (Williams & Moser, 2019). After open and axial codes were identified, I used an analytic strategy outlined by Creswell and Poth (2019) to further refine

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

the open and axial codes and begin theme development (i.e., selective coding). Once themes were developed, the axial codes were grouped under the most fitting theme. The themes or codes identified were counted one time per comment.

Because I was the author of the original CBC article, I believe an inductive thematic analysis allowed the data to guide the results as honestly as possible (Creswell & Poth, 2018; Nowell et al., 2017). Analyzing the data for this study took a significant amount of time and energy. My role as a researcher included letting the data saturate and allowing myself processing time to be able to best reflect and reformulate themes I observed (Nowell et al., 2017). Scheduling and planning for time set aside was essential in allowing the data to saturate, and also allowed a space for any emotional reactions I had throughout the analysis process. I regularly recording thinking processes and emotional reactions in a research diary.

Ethical Considerations

According to CBC’s submission guidelines, “the use of pseudonyms is prohibited” and users “must provide your first and last names, which will appear alongside each of your submissions to our site” (CBC Radio Canada, 2020, para. 5). However, the comments posted in response to the article are considered public domain where those who posted had no reasonable expectation of privacy. According to Canada’s Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS), research that uses data from the public domain does not require research ethics board approval (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2018, p. 15). Regardless, I completed and submitted an ethics application for review to the Athabasca University Research Ethics Board to ensure I was adhering to ethical

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

practices (i.e., confidentiality and anonymity, data storage practices, etc.). Additionally, adhering to the TCPS meant I did not interact with the commentors in any way.

Data Storage

Data was stored in a personal folder on Google Drive. Access to this folder was private and restricted so that only I was able to access the data. According to the Google Drive Safety Center under the Security and Privacy information, files uploaded to Google Drive are encrypted with multiple layers of security (Google, n.d.). Storing data on Google Drive in an encrypted, private file folder is an additional layer of security consistent with security measures outlined in Chapter 5: Privacy and Confidentiality of Canada’s TCPS (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2018, p. 58). Additionally, while the comments posted in response to Jahn’s (2022) article are considered public domain, I will dispose of the original data (i.e., screenshots) on March 1, 2024 via the Google Drive Trash.

Anonymity and Confidentiality

To ensure anonymity, the 158 comments were manually transcribed and stripped of all names and initials. Each comment was assigned a number and entered in an excel spreadsheet in the order in which they were collected.

Maintaining Rigour and Trustworthiness

“Let go of the notion that the findings are sitting out there in that mess of data waiting for you to discover them. You have to forget the idea that there’s only one truthful account of what is in your data. It’s not that there’s no truth, just that there are multiple ways in which you could understand what is there. And you have to learn how to see the findings” (Eakin, 2018, 1:46).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Part of maintaining rigour in qualitative research includes taking field notes, or maintaining a research diary (Creswell & Poth, 2018). A detailed description of decision-making processes through a research diary and field notes ensures there is an audit trail to minimize the possibility of deception in data collection (Creswell & Poth, 2018). I anticipated the open and axial codes being re-organized multiple times to shape broad themes emerging across the data. This process involved reflecting back and forth between field notes and writing about the emerging data (Creswell & Poth, 2018; Williams & Moser, 2019). The inclusion of a research diary involved practising self-reflection which helped in bringing awareness to how any research bias influenced data analysis and reporting.

The reason I am choosing to implement an inductive thematic analysis for data analysis is intentional. A deductive thematic analysis would involve utilizing a preconceived theory to guide the data analysis (Bonner et al., 2021). Due to my relation to the positionality of this research, I believe an inductive analysis will be best in avoiding any biases I may bring in the data analysis. An inductive thematic analysis may help to mitigate the influence of my personal beliefs and biases which will help produce the most accurate and honest results (Bonner et al., 2021; Nowell et al., 2017).

Role as Researcher

Outlining my positionality and expanding on the layers of context for this research was particularly important. I have a responsibility as a researcher to clarify my positionality, including the bias I will bring in interpreting data for this study (Creswell & Poth, 2018, p. 208). It was important to identify different contexts of the personal experiences that inspired this research and expand on how my core beliefs shape my worldview (Arnold, 2022; Holmes, 2020).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

My identity and lived experiences have allowed me to hold multiple identities throughout my life. I resent the dominant cultural ideologies and discourses that impede my ability as a woman to choose what I do. I resent the astronomically high beauty standards that accompany my identity as a White woman. I feel powerless and deeply hurt when I feel like I am not trusted to make choices that are right for me. My experiences navigating Canada’s healthcare system with an eating disorder contribute to the moral distress of reading about the negative ways fat humans are perceived and treated. The experiences I had in seeking treatment for an eating disorder reflect what is being highlighted in the literature throughout this thesis. Dissecting the layers of weight stigma that contributed to my emotional distress played a critical role in my healing journey. I am continuously dissecting a broad range of layers through a critical lens. Beauty standards, feminism, social justice, and seeking to understand the science behind our understanding of fat bodies are only a small number of the layers I have dissected.

With all the above information considered, I would like to acknowledge that there is a component where I was both internal and external to this research. I was internal in that I was the author of the article from which the data was collected. However, I believe my positionality in analyzing the data for this research was external. Outside of the original opinion piece article I was not affiliated with CBC in any type of capacity. All comments posted in response to the article were unsolicited. There was no prompting, or expectation for any individual to participate in commenting on the article in any way.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Chapter 4. Results

Four themes were developed in answering the research question: "What are the responses of an opinion piece article of accepting a fatter body as part of healing from an eating disorder? The four main themes were: psychological flexibility; resistance; blame; and living in a fatter body. All comments used in this section were taken verbatim, and as such, include spelling errors.

Theme 1: Psychological Flexibility

Within Theme 1, Psychological Flexibility, there were three subthemes: 1) acknowledgement of complex variables, 2) "both and" thinking, and 3) empathy. Commenters related to the theme of psychological flexibility by using unassuming language and phrases, such as:

Ultimately health is what matters; I've always been a large guy, but I was much healthier than some of the "thin" people I know. The other thing to keep in mind is that it is not being fat that is unhealthy; it is the habits that lead to becoming fat (i.e. high calorie intake from junk food vs. low calorie output from sedentary jobs or low activity levels) that generally result in developing the health issues associated with being larger (i.e., diabetes, hypertension, hyperlipidemia, etc) (Commenter 1, 2022).

Commenter 1's, (2022) use of the words "generally" and "associated" are examples of the tentative language used by those displaying flexibility in their perceptions of fat bodies. Comments that illustrated flexibility in perceptions of fat bodies were also more likely to defuse weight from behaviour as evidenced by Commenter 1's, (2022) phrase, "it is the habits that lead to becoming fat". Defusing weight from behaviour associated with fatter

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

bodies (i.e., excessive eating, lack of exercise, etc.) was more common among commenters showing flexibility in their perceptions of fat bodies compared to other themes.

"Being overweight does not automatically mean you're unhealthy. And not everyone is happy to lose weight," wrote Commenter 2 (2022). Commenter 2's (2022) use of the phrase "does not automatically" implies their acknowledgement that other variables contribute to a fat body or health they might be unaware of. The phrase "does not automatically" also implies the commenter's flexibility in the nuances surrounding discourses around weight and health.

Comments displaying psychological flexibility were also more likely to pose questions to other commenters in the forum. In a thread discussing the BMI and its use as a tool to measure health, one commenter asked, "What other things should be considered?" (Commenter 3, 2022). Continuing the discussion, another commenter highlighted how "a BMI is only one metric used to determine weight and does not tell the whole story" (Commenter 3, 2022). Phrases such as "does not automatically" and "does not tell the whole story" demonstrated overall flexibility in the perception of accepting a fatter body in the context of healing from an eating disorder.

Subtheme Ia: Acknowledgement of Complexity

Postings illustrated the complexity of the current understanding of fat bodies. "Research has said it's not as simple as "calories in, calories out". There are a lot more factors involved than just that" (Commenter 4, 2022). Acknowledgement involves the ability to accept, recognize, or admit the existence of truth. Postings appeared to acknowledge the broad spectrum of issues influencing how society and the health community conceptualize fat bodies. "Dieting and weight gain cycles are terrible for your body. Some people are naturally prone to carrying more weight and no amount of dieting will change that," wrote Commenter 5, (2022). Issues including gender,

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

mental illness, limitations of science, physical illness, and the concept of weight stigma and its intersection with morality were acknowledged by several commenters.

Be careful with “the science” on this. We’ve come to a point where we think science has all the answers...I think this is limited as although we have answers we haven’t come to the full story. Nor are the docs necessarily fully educated in nutrition. Btw, if you’re asking your doc if you need to eat better and work out more...the answer is Yes with a follow up question, what are you looking to achieve? (Commenter 6, 2022).

Thank you for this comment. Indeed, these meds and some conditions can cause weight gain that others are quick to judge in ignorance. This comment often holds true for people who develop other diseases and experience judgement as to the cause of the illness, even when the person had previously been perceived as healthy all their lives. I think sometimes others are just curious, but often it’s an attempt to self-reassure that “it” couldn’t happen to them because they believe they are well in control of their health. I find that many people don’t want to acknowledge that health issues can and do happen to anyone at any time, although certain things do increase risk, of course (Commenter 7, 2022).

People also expressed concern with the limitations of the BMI as a tool to measure health. “You’re assuming two things 1) that BMI is a good way to measure health 2) that an overweight body according to the BMI is automatically unhealthy” (Commenter 8, 2022). In response to a comment discussing how the BMI is a good indicator of health:

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

BMI, is a useful tool to help estimate body fat and determine a healthy body weight. However, there are circumstances which BMI may be misleading because it only assesses total body weight and doesn't account for body composition (Commenter 9, 2022).

In a separate discussion thread, commenter 10 (2022) wrote:

Then stop talking about how good it is. People can be overweight, but healthy by every other metric. Being overweight is not a moral failing, and not as simple as “eating less and exercising more”. Accepting your body isn't the same as pretending you're healthy (Commenter 10, 2022).

Some comments criticized the BMI for its limitations among people of colour, non-athletes, or people with disabilities. “Not really. It doesn't work for athletes, people of colour, and women. It doesn't work fairly well” (Commenter 11, 2022). In response to a comment about how eating disorders seem to affect women at a higher rate, one commenter wrote: “Let's not be gender specific, the problem isn't” (Commenter 12, 2022). Continuing the discussion, one person responded with:

That's absolutely true. As a guy who's struggled with body image all my life, it's tough no matter your gender. Still, this does seem to be an issue that affects women at a higher rate (Commenter 13, 2022).

Subtheme Ib: “Both and” Thinking

The concept of “both and” thinking is that there is not one universal truth. Instead, multiple truths can exist at the same time. “Both and” thinking is representative of flexibility in the perceptions and ideas of fat bodies of the people who posted. “Both and” thinking was illustrated by commenter 2's (2022) sentiment “not everyone is happy to lose weight” in their

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

understanding that there might be times when a person is happy to lose weight as well as times when a person may not be happy to lose weight. This phrase also illustrates empathy in the commenter's attempt to understand the emotional component accompanying another person's lived experience.

I have known both. Thin people who have heart problems, high blood pressure and other health issues. Also, heavier people who are very healthy. We should not be so fast at judging people on what the outside looks like (Commenter 14, 2022).

Some comments highlighted the double standards applied to thin versus fat bodies, with Commenter 15 (2022) highlighting how thin bodies can be subject to the same ailments as fat bodies: “Weight impacts bone and joint health over the years, you have to balance this acceptance thing with some other cold hard realities about one’s health.” Commenter 16 (2022) responded with “being too thin will affect that too”. The next commenter agreed writing: “Oh absolutely. Healthy weight goes both ways” (Commenter 17, 2022). Commenters indicating flexibility were more able to defuse weight and health as synonymous.

It’s dangerous to conflate weight with health. They are 2 separate things and for a society that is focused on accepting obesity as simple being comfortable with oneself, we should preach healthy bodies not a number on the scale (Commenter 18, 2022).

Despite the dominant narrative that fat bodies are always unhealthy, some commenters appeared to have an open mind to the idea that a fat body does not automatically make a person unhealthy.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Although there was flexibility expressed at the idea of weight and health being defused, maintaining and pursuing health was still emphasised by commenters as important.

While I agree that it's not healthy to obsess about being thin, it's important that everyone strive for good health and that means maintaining a healthy weight. Body positivity doesn't mean acceptance of unhealthiness. It means acceptance that you don't have to be perfect. Too much fat IS bad, but too little fat is also bad (Commenter 19, 2022).

Changes in blood work may not appear until disease manifests. And that might not be for decades. Therefore, it's prudent to try to maintain good habits of exercise and diet from an early age, although sometimes genetics or other influences will prove to be a bigger challenge. And as evidenced by the writer, seeking medical or professional help can be vital tools of prevention (Commenter 20, 2022).

Commenters exhibiting “both and” thinking were more likely to attempt to find a middle ground when sharing perceptions of their ideas of health and weight. The de-fusion of weight from health appeared to be a consistent factor aiding commenter's flexibility.

Subtheme 1c: Empathy

Empathy was defined as an active process which involved perspective-taking in an attempt to feel what another person is feeling without judgement.

Society works better when we hold our judgements. It is tragic to witness the change in attitudes from people when they are dealing with thin compared to

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

obese people. Any person who has endured a rapid change in weight due to medical treatment with corticosteroid medications can testify how devastating it is to become the focus of uncomfortable stares and smirks. Even the parents of children in the last stages of cancer who are on medications get blowback from other parents who assume the child is overweight due to a poor diet. We all would do better to remember that we are not always in control of our weight, we are all vulnerable. How would you wish to be treated if this were you? (Commenter 21, 2022).

The data revealed empathy as a critical variable supporting Canadians' ability to engage in psychological flexibility. “You have a hard time believing that an eating disorder sufferer engaged in unhealthy patterns of consumption? Does it shock you that drug addicts consume drugs?” (Commenter 22, 2022). Empathy was conceptualized as a process where those who posted were able to attempt to understand or share another person's lived experiences. Empathy was also characterized by evidence of an attempt to be sensitive in understanding another person's distress paired with the desire to help.

None of this is about the weight, or an objective analysis of one's health or prospective longevity whatsoever. The author perfectly describes the feeling being intrinsically bad and the hope that one can be made good by eating according to “the rules” that one's disorder has divined. The Venn diagram of Eds/addictions and early childhood trauma is pretty nearly one circle. Can anyone who hasn't experienced it understand that feeling of just being bad and wrong to one's very core, even when one hasn't done anything wrong? Food and weight are merely the conduit through which this is expressed (Commenter 23, 2022).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

The question at the end of this comment illustrates the author’s ability to both appreciate another human's experience and invite others to be curious about what that experience might be like for them.

We also have a lot of people who think that anorexia is a medical issue, and obesity is a character fault. Until we get over this disconnect, there won’t be real help for people with obesity (Commenter 24, 2022).

“Serious illness. Know of people with the illness and it’s not good. A lot of psychotherapy involved” wrote Commenter 25, (2022). While the desire to help appeared to be reflected throughout much of the data, the ability to empathize was critical in differentiating psychological flexibility from other themes.

A number of comments were simply empathic in their comments. “What a torment! You have travelled a hard path for such a young person, I wish you many years of health and happiness” (Commenter 26, 2022). “I empathize with your struggle. The books by Geneen Roth were helpful to me” (Commenter 27, 2022). These comments were short, and generally expressed well wishes to other commenter’s sharing their experiences with their fatter bodies. “We are all good, we need to be ourselves. And we need to find, have those behind us who believe in us” (Commenter 28, 2022). “Insightful read. Best of health!” (Commenter 29, 2022). There was a general echo of agreement in response to these comments.

Theme II: Resistance

The second theme was resistance. Many people were highly resistant to the idea that a fatter body could be preferable to a thinner body under any circumstance. Commenters displaying resistance often used definitive statements, words and phrases such as “this is wrong,” “always true,” “always works,” “all the time,” and “it’s simple” to reinforce their opinions on

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

what constitutes a fat versus thin body as well as the harm that accompanies the acceptance of a fat body.

If you are overweight, there is literally no downside to losing weight. There are huge health benefits, you lower your risk massively for numerous complications and there's no additional risks. It's win/win (Commenter 30, 2022).

Several factors contributed to this resistance. Resistance took the form of shared perception that there are no circumstances where a fat body is acceptable, using old age, statistics and listing comorbidities as health markers to reinforce commenter's negative perceptions. The idea that accepting a fatter body in any capacity was seen as glorifying or endorsing an unhealthy lifestyle.

“Body “acceptance” has slowly transformed into “celebration” where being overweight or having an extremely overweight lifestyle is almost being promoted and endorsed. That has never happened in human history before. We have to be careful not to promote unhealthy lifestyles especially in a country with universal healthcare. The trends are there for all to see. Have you ever met an extremely overweight 90 year old? How about an overweight 80 year old? Scary, eh? Heart disease is the number one killer despite being the most avoidable by exercise and eating healthy portions. If everyone was overweight the healthcare system would collapse. It is able to exist simply because some people don't use it. If everyone needed it, it would fold. Covid demonstrated this when a very very small percentage of the vulnerable population actually needed it. In a way, people who eat right and stay fit are subsidizing healthcare for others by paying into a system and not using it. That being said, if I wasn't sure if I was healthy or not, I would

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

get a physical by a doctor. Cholesterol levels, liver enzymes, blood pressure, etc etc... (Commenter 31, 2022).

Four sub-themes emerged from the second main theme of resistance and fusion: black-and-white statements; fusion; sympathy and the glorifying obesity paradox, and 4) deception.

Subtheme IIa: Black-and-White Statements

People shared their opinions in the form of black-and-white statements. "There is no situation in which obese is healthy. Period" (Commenter 32, 2022). This comment was written in response to someone who suggested that a person's health is not evident merely based on how a person looks. Still, several comments echoed the sentiment that there are no situations where a fat body can be considered healthy.

Maybe “overweight” on the BMI scale carries some wiggle room but there are tens of millions of Canadians who are actually overweight, by any definition. And it’s always unhealthy. That doesn’t mean that every overweight person is less healthy than every normal weight person- of course not. But every overweight person would be healthier if they dropped to a normal weight. That is always true (Commenter 33, 2022).

Black and white statements, such as this one, appeared to agree with the idea that thinner bodies are always healthier than fatter bodies. In one discussion thread, Commenter 34 (2022) wrote: “Dieting and weight gain cycles are terrible for your body. Some people are naturally prone to carrying more weight and no amount of dieting will change that” (Commenter 35, 2022). Commenter 36 (2022) protested by replying:

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

No, this is wrong. I’m someone who’s metabolism came to a grinding halt in my 30s, I followed the same path as my entire family of gaining weight quickly in my 30s. But calories in calories out always works. Even if you’re genetically predisposed to carrying extra weight you can always get to a healthy weight by eating less and exercising more (Commenter 36, 2022).

People were resistant to the idea that a person engaging in traditional weight loss methods such as calories-in-calories-out (CICO) or consistent exercise would still have a fat body. “Not sometimes. All the time. Caloric surplus or deficit? Gain or lose. It’s that simple” (Commenter 37, 2022).

Calories are simply a measure of energy, if I recall correctly it’s the amount of energy required to raise the temperature of a gram of water 1 degree (something like that). If you are putting less energy into your body than you are burning, then the laws of physics dictate that your body is going to have to get that energy from somewhere else. It always works. Certainly, there are other things you can do to influence your metabolism, getting a good night’s sleep, building muscle mass will help, certain foods seem to increase your insulin response more than others, but all these things are just affecting the “calories out” side of the equation. The equation is always true (Commenter 38, 2022).

Commenters were found to use science to support the idea that weight loss is simply a math problem that can “always” be applied to the human body.

Subtheme IIb: Fusion

People who posted shared their ideas and opinions about their perceptions of fat bodies. Comments displaying resistance consistently found it challenging to defuse fat from being

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

pathological or ominous in any form. It appeared that accepting a fatter body indicated ignoring a clear health marker associated with disease, being overweight. Fusion was defined as the perception of seeing a fat body and associating it with solely negative connotations.

There is such a thing as perceiving yourself to be overweight, and actually being overweight. If you are 5'6" and weigh 140 kilos, you are in serious danger of major physical health problems. Find help, and I don't mean a weight loss center.

There is a mental reason why you weight this much, and it needs to be worked out for you to become healthy both mentally and physically. You don't need to be physically perfect, as few are. But obesity is a killer (Commenter 39, 2022).

Listing the comorbidities associated with being overweight was commonly used by commenters in threads discussing what it means to be overweight. Commenters used science and statistics to reinforce their opinions that fatter bodies are clear indicators of disease and sickness.

According to the CDC, the risks of being overweight include: All-causes of death (mortality), high blood pressure (hypertension), high LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia), Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis (a breakdown of cartilage and bone within a joint), sleep apnea and breathing problems, many types of cancer, low quality of life, mental illness such as clinical depression, anxiety, and other mental disorders, body pain and difficulty with physical functioning. I copied and pasted this from the CDC website. And yes, just being overweight doesn't mean you're going to deal with any or all of these problems but given the sheer number of complications dodging all of them becomes statistically improbable over time. But more importantly that's not what I said, I

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

said overweight people would be healthier if they lost weight. And that’s still true, even if you’re relatively healthy being overweight. And of course, people don’t like losing weight - it sucks. You have to change your diet, you don’t get to eat as much junk food, which is delicious, and you have to find time to exercise which isn’t as fun as sitting on the couch watching Netflix at the end of a long day. But it’s worth it (Commenter 40, 2022).

While some commenters indicated some fusion and flexibility in their perceptions, the pursuit of a thinner body was still hailed as something to pursue as a way to avoid “medical ailments” associated with a fatter body.

My mental health is at its best when I feel physically fit. It’s not just a look in the mirror aspect, but also just not being winded walking up a few flights of stairs. It makes every aspect of my life easier to be healthy (Commenter 41, 2022).

Those indicating resistance were more likely to exhibit difficulties defusing higher weight from ideas of health.

Yes, there are two aspects to this discussion. The psychological aspect where people do and can develop issues around compulsive weight loss. However, being fitter and thinner and having lower body weight is healthier. There are many debilitating and simply life lessening medical ailments related to being overweight. Being overweight isn’t healthy. That’s a medical fact (Commenter 42, 2022).

Maybe, I suppose you can argue that there’s a hypothetical overweight person who would be no better off losing a few pounds. I guess a person like that could

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

exist. But given the overwhelming amount of medical evidence we have of the risks associated with obesity I’d rather not take the chance myself (Commenter 43, 2022).

Even when comments indicated flexibility in their perceptions by using words and phrases such as “maybe” or “I suppose”, those displaying fusion and resistance consistently emphasised the importance of “maintaining a healthy weight.”

While I agree that it’s not healthy to obsess about being thin, it’s important that everyone strive for good health and that means maintaining a healthy weight. Body positivity doesn’t mean acceptance of un-healthiness. It means acceptance that you don’t have to be perfect. Too much fat IS bad, but too little fat is also bad (Commenter 44, 2022).

Throughout the comments displaying resistance, a “healthy weight” was often fused with a thinner body.

Subtheme IIc: Sympathy and The Glorifying Obesity Paradox

The term “glorifying obesity” came up repeatedly in the comments suggesting resistance to flexibility or acceptance of a fatter body. Often, commenters mentioning glorifying obesity were paradoxical in their statements as there were elements of sympathy and concern toward people with fat bodies. This sympathy appeared to be conditional.

Okay, but fat IS bad. Being overweight is incredibly unhealthy, and I say this as someone who was overweight for most of his adult life. Every scientific and medical study has shown that obesity leads to greatly increased instances of serious medical conditions, and a reduced life span. It’s one thing to be

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

comfortable in your body. I support that. I don't support glorifying an unhealthy lifestyle and obesity (Commenter 45, 2022).

Commenter 45 (2022) illustrated sympathy in they are supportive that being “comfortable in your body” is important. However, immediately following this sentiment is a paradoxical statement suggesting that the existence of a fat body is endorsing unhealth and disease.

Shouldn't be fat shaming, but we shouldn't be glorifying obesity either. It still creates health problems. As was pointed out to me, you don't see obese 90-year-olds. Diabetes is on the rise. And obesity is responsible for a lot of it (Commenter 46, 2022).

While problems such as “fat shaming” and the “moral failure” associated with fat bodies were acknowledged as problematic, commenters referred to old age and the increasing rates of obesity and disease as evidence that the mere existence of fat bodies was a glorification of behaviours perceived as leading to such disease. Examples of such behaviours included lack of exercise, overeating, accepting illnesses such as diabetes and the overall perception of neglecting to pursue a long life.

I agree with almost everything you said. I agree that being overweight is not a moral failing, that it's possible to be relatively healthy while still being overweight (although, this gets increasingly difficult as your weight goes up), and that accepting your body isn't the same as pretending you're healthy. That's all true. But it is as simple as eating less and exercising more, and importantly, however healthy you are overweight, you would be healthier at a normal weight. Obesity is a health plague on our society, the rate of obesity is increasing

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

dramatically, and all the numerous associated health problems are increasing with it. Too many people are pretending that they're healthy “just the way they are” as they drift further and further up the BMI scale (Commenter 47, 2022).

Comments containing sympathy were also rife with paradigmatic beliefs, often followed by advice on what a person should do to be healthy (i.e., exercise more, and pursue a “normal” weight). Although Commenter 47 (2022) agreed that fat bodies are not indicators of moral failure and appeared to attempt to defuse weight from health with the comment, “It’s possible to be relatively healthy while still being overweight”, this sentiment was immediately followed by the opinion of obesity being a “health plague on our society.” Continuing, Commenter 47 (2022) reinforced their perceptions of fat humans as a “health plague” by directing the reader to the “dramatic increase of obesity.” There is also an element of deception in commenter 47’s (2022) phrase: “Too many people are pretending that they’re healthy just the way they are.” Deception emerged as the third subtheme.

Subtheme II: Deception

“Fat is bad, there is no way around it, health wise, of course. Be comfortable with who you are, that’s great, but don’t be fooled into believe it’s not bad for you” (Commenter 48, 2022). To “accept your body” or “be comfortable with who you are” as a fat person seemed to be perceived as an intentional act of deception by many commenters. Comments displaying deception were more likely to use statistics, old age and the “laws of physics” as evidence that overweight individuals claiming the label of health in any capacity must be lying.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

How many obese 70-year-olds do you see? It’s unhealthy to be overweight – ‘health at any size’ is a made-up lie. This whole story about eating so little and not losing weight only makes sense if you throw out the laws of physics...which I believe still hold true (Commenter 49, 2022).

Listen, this doesn’t need to turn into an argument about BMI. I’m not a huge proponent of BMI or anything like that. The issue here is healthy weight, and sadly most Canadians are not healthy because they’re overweight. That includes me by the way, I’m overweight (but I’m working on it). And that carries huge health risks with it. And costs. To reiterate, I’m not saying people should develop eating disorders, but “accepting your body” and pretending that you’re healthy... (Commenter 50, 2022).

Comments suggesting things like CICO, diet, and exercise may not achieve weight loss were met with scepticism and disbelief. One commenter wrote: “This article is speaking truths to mask and pass on a deceptive and pernicious lie” (Commenter 51, 2022). Another commenter 52 (2022) wrote:

I find parts of the story hard to believe. Consuming only 500 calories a day is very unhealthy...Diet is simple math, more calories out than in and you lose weight. That said, I feel for folks that have trouble getting good food sources in today’s junk food world. A well done multi-factor BMI with your physician is a good starting point. No, you shouldn’t get used to being obese. Like us all, it’s not luck but work to stay fit (Commenter 52, 2022).

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

For some commenters, the acceptance of a fat body or being overweight seemed to imply that a fat human was in denial of several detrimental consequences that were perceived as inevitable. “Weight impacts bone and joint health over the years, you have to balance this acceptance thing with some other cold hard realities about one’s health” (Commenter 53, 2022). Commenter 54 (2022) wrote:

Time for people to stop looking at their weight to determine if they have a mental health issue. It’s a body image issue. If you perceive you’re heavy regardless of your weight...then you have a mental health issue. Conversely, we have (and messaging now backs this) a lot of people who are overweight thinking they are healthy. This mental disconnect will lead to chronic issues and a lifetime of poor health (Commenter 54, 2022).

Commenters displaying resistance in the context of deception perceived people who were overweight or fat as lying to themselves about the “chronic issues and a lifetime of poor health” (Commenter 54, 2022).

Theme III: Blame

The third main theme, blame, was found in various contexts in society. Many commenters identified broader institutions such as social media, food distributors, and Hollywood as a source of blame for fat bodies, eating disorders and anxiety disorders. People commented on how fat bodies were primarily a Western problem.

In western societies we are bombarded from young childhood with countless messages intended to make us unhappy and/or dissatisfied with ourselves, with the solution of course being the product or service that will “fix” us. Social media has likely compounded the problem. How can anyone feel ‘good enough’ when

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

they allow themselves (or parents allow them) to be bombarded of images of perfection through a daily stream in social media feeds like Instagram and TikTok? (Commenter 55, 2022).

At the micro level, parents and individuals themselves were blamed for allowing themselves to be influenced by their external environment for example, social media. “You cannot be forced to consume media. Be selective, not a robot slave” (Commenter 56, 2022). However, the data revealed that the individual was also to blame for doing things “utterly and completely wrong.”

For years I did everything “right.” I ate less than 500 calories a day, I worked out two to three times a day, getting up as early as 4:30 a.m. Sleeping 4 hours a day is not ‘doing everything right’. It’s doing it ‘utterly and completely wrong’ (Commenter 57, 2022).

Three subthemes emerged in the development of the fourth main theme of blame: fat bodies as a Western problem, the influence of social media, and personal responsibility.

Subtheme IIIa: Western Problem

Those who identified fatness and fat bodies as a Western problem were more likely to indicate their understanding of fat bodies in the context of the “strain” fat bodies place on the healthcare system. “Obesity is the leading cause of heart disease, stroke, diabetes and an enormous strain on our healthcare and social systems” (Commenter 58, 2022). Another commenter wrote:

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

I'd say do whatever and live your life, but I have to pay for a broken healthcare system and obesity-related illness through my taxes. Even my insurance company gives me a break for being fit. No such luck on my taxes (Commenter 59, 2022).

In response to a comment acknowledging how fat bodies are blamed for the strain on our healthcare system, Commenter 60 (2022) replied: “Do you really think ‘too thin’ is a massive strain on the healthcare system? Have you looked around when out in public lately?” Some commenters used the word “strain” in the context of healthcare as evidence that fat humans are a toll on healthcare systems.

Commenters were also more likely to use other parts of the world such as Europe as examples to reinforce their perception that fat bodies are primarily a North American or Western problem. “I come back from Europe and see the difference” Commenter 61, (2022) stated. The belief that fat humans did not exist until recently and the high level of processed foods were repeatedly identified as sources of blame.

A few years ago, my mother sent me a calendar that was published in my hometown of local town pictures 100 years ago. I noticed that there were pictures of about 200 people in the 12 pictures displayed. There was not one overweight person to be found. Eating processed junk food has significantly changed the way we look. Nobody (virtually nobody) exercised or dieted over 100 years ago.

Fitness centres didn't exist. These were pictures of people who lived active lives, ate fresh, unrefined food that was plant-based for the most part (Commenter 62, 2022).

“The other aspect that was different 100 years ago was the chemicals around us, and not just in our food. Some of these (i.e., some plasticisers) are known endocrine disruptors”

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

(Commenter 63, (2022). Another added: “So spot on. We have been trained to fear animal fats...but it’s the processed alternatives that are so problematic. Share your story with others...it’s a good one and might help them a lot” (Commenter 64, 2022). Using words such as “processed” and “chemicals” were found in comments identifying food distributors as sources of blame for fatter bodies.

Subtheme IIIb: Social Media

Social media platforms such as Facebook, Instagram, and TikTok were identified as a source of blame for reasons people, particularly women, may develop anxiety disorders and/or eating disorders. “Social media wants to change yourself into a consumer of whatever they tell you to buy. Anxiety sells products” (Commenter 65, 2022).

So many body image issues forced on women, men, and children by media and society. Too skinny, too fat, too much hair, too little hair, too much of everything except self-acceptance and self-esteem (Commenter 66, 2022).

I’ve struggled with body image and self-esteem for as long as I can remember, probably as soon as you started going to school and hearing advertisements on tv/social media. Maybe even sooner if your mom was ‘into’ the whole ‘must wear makeup’ (not pretty enough) and share a ‘specific body image’ only, mothers who also grew up ‘brow-beaten’ about ‘how they must look in society’ rather than just being healthy ‘normal’ humans’ (Commenter 67, 2022).

Beauty standards set by Hollywood were identified as reasons for people struggling with body image and self-esteem. “A result of decades of being told what real beauty is from Hollywood and the advertising industry. No surprise that some women develop these disorders”

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

(Commenter 68, 2022). When comments referenced social media, it was more likely to be referenced alongside the word “anxiety”. “I do believe that there is an association between social media consumption and anxiety in some cases. I believe our youth are particularly at risk of such” (Commenter 69, 2022).

Subtheme IIIc: Personal Responsibility

Blame was expressed by putting the onus back on the individual for either being influenced by their external environment or for not taking the necessary steps using “self-discipline” and “control” to maintain control of one’s body size. “I don’t want to be fat. That’s up to me and about me. I want to be healthy, and I eat, drink and exercise accordingly” wrote commenter 70, (2022). Another wrote:

You have control over the size of body you want it to be. Healthy fats, lean proteins, lots of vegetables, and some carbs with exercise. I have done it. No cookies, ice cream, chips, and other junk fast food once in a while for a treat and not the norm. Self-discipline, control, moderation, portion size is key. It sucks. I would love to eat all those things everyday if I could get away with it, but I can’t. I’ve had to watch my weight my whole life because I’m prone to gaining it. I would rather sit and watch tv than go for my 5k walk in the cold winter. But I don’t. I bundle up and feel better for it with a hot coffee when I get home (Commenter 71, 2022).

Comments expressing blame were more likely to advise others to “follow the science,” do their own research, or simply cease to be influenced by other people’s opinions. “Get a physical, get your blood work done, and ask your doctor if you need to eat better and work out more. Follow the science,” Commenter 72 advised. Another

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

stated: “If you look to others and the outside for self-esteem, you will always be vulnerable and easy to control by others. Self-esteem must come from within”

(Commenter 73, 2022). “What is that old saying? “...grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference” wrote commenter 74, (2022). Whether it was a matter of self-esteem or lack of control over the body, commenters indicated that they believed it is up to the individual to ensure they are doing things “right” and not “utterly and completely wrong” (Commenter 57, 2022).

Theme IV: Living in a Fatter Body

Sharing one’s personal experience with living in a fatter body emerged as the final theme. Comments included in this theme were longer in word count in comparison to comments included in other themes. Within these comments, people shared how they experienced living in a fatter body.

I sympathize with you so much. In 2015, I lost 40 lbs, and I thought I needed to lose more, due to body dysmorphia. My mother, a lifelong dieter, was so proud of my new body and told “don’t let yourself ever get fat again.” I was living to be skinny. Just like this author, I was waking up super early to jog on the morning, I walked to and from work a total of 10 km, and I walked during my lunch hour. Any less and it wasn’t good enough. I was eating like a bird, losing my hair, and stopped having my periods - all signs that now I know mean my body was in a state of famine. And not once did anybody think that this was unhealthy for me. One morning, I broke. I couldn’t get up. Overnight, I stopped running, I stopped exercising, I stopped meticulously weighing my food. You know what happened

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

right? I gained back the 40 lbs PLUS ANOTHER 60! Any attempt that I try to lose weight is triggering - my body and brain fit me tooth and nail because they never want to know famine ever again - amazing though, our bodies truly want to keep us alive (Commenter 75, 2022).

Various reasons were provided for weight loss and subsequently, gaining the weight back. Others shared how they perceived themselves during their weight loss and how people such as their family, friends, doctors, and the general population reacted to their changing body.

I understand the feelings of not being good enough... When I was almost 20, I was 10 lb overweight. My parents insisted that I diet, and my mother gave me the instructions for the cabbage diet. For one week, the only things you consume is raw cabbage and water. I dropped those 10 lbs, two months later on a normal diet I gained 25 lbs. This started a 15-year diet - every fad diet that ever was - until I weighed a bit over 500 lbs. The only time I experienced any loss was when I was pregnant with my daughter, I lost about 30 lbs because I didn't diet for 9 months. Then I had my two sons - two years apart- and lost 90 and 60 pounds. I stopped dieting - I got the message. So, thirty or so years later my weight has been staying at 240. Losing weight is a slow process... People who fat shame don't know the hell that some of us went through...It was the dieting that made me fat. Some say you need will power - I had will power - who in their right mind eats raw cabbage for a week without cheating. I did it. The first day I should have ditched the dieting and not made a big deal about weight gain (Commenter 76, 2022).

Some of those who commented sharing personal experiences with their bodies shared the tribulations and costs of pursuing weight loss over their lifetime. The cost of extreme

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

dieting and the impending shame following the failure to sustain an extreme diet were described in detail by those sharing their personal experiences.

Summary

The perceptions of the people who posted in response to the opinion article about fat bodies were varied. Interestingly, the data revealed that the presence of an eating disorder did not appear to be particularly relevant in the perceptions of fat bodies. While many expressed flexibility, open-mindedness, and empathy in their understanding of fat bodies, an almost equal number of people vehemently protested. The belief that there are no instances in which a fat body is acceptable was articulated. Various reasons were identified as a source of blame for fat bodies. A few people were compelled to share their lived experience in their fat bodies. A discussion of these findings in the context of literature on weight stigma follows. Implications of this research will be presented.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Chapter 5. Discussion

This study revealed rich insights to answer the research question: "What are the responses of an opinion piece article about accepting a fatter body as part of healing from an eating disorder?" A key finding was that perceptions regarding accepting a fatter body were highly polarized. While many commenters' perceptions indicated flexibility in discussing the nuances of weight and health, an almost equal number vehemently resisted. Defusing weight from behaviour paired with empathy appeared to be a critical factor in commenters' ability to engage in psychological flexibility. Those expressing resistance were more likely to fuse weight with a plethora of negative connotations and perceive accepting a fatter body as endorsing obesity. Blame was most apparent in comments suggesting reasons behind why people become fat. In particular, fat bodies were identified as primarily being a Western problem. The role of social media and individual responsibility emerged as common sources of blame for commenters. Other commenters directed blame at beauty and Hollywood standards, diet culture, and the food industry (i.e., processed foods). Some commenters perceived fat humans as reasons for healthcare collapse or increased taxes. Finally, the cost of pursuing health through weight loss by any means necessary (for example, extreme dieting) was a common sentiment shared among those describing their lived experiences in a fatter body. Interestingly, the presence of an eating disorder was relevant for commenters expressing flexibility, blame, and sharing their personal experiences in pursuing a thinner body, but not for those expressing resistance.

It is difficult to untangle the various factors contributing to the beliefs, ideas, and perceptions of fat bodies. I will begin this discussion with an unexpected finding that emerged while conducting this research. An overview of the results integrating existing literature on weight stigma will follow. I will then provide an in-depth explanation of the key findings of this

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

inductive thematic analysis. Conclusions of this chapter will include personal reflections, limitations, implications for counsellors and future recommendation for research in weight stigma.

An Unexpected Finding: The Semantic History of Empathy and Sympathy

After reviewing the literature on the differences between empathy and sympathy, it was surprising to find that research discussing the differences between the two indicates it is challenging to find an agreed-upon definition of what specifically constitutes empathy and sympathy and what does not (Breyer, 2020; Danzinger, 1997; Jahoda, 2005; Scaffidi Abbate et al., 2022; Stevens & Taber, 2021). The lack of clarity was evident across a variety of disciplines, including philosophy, sociology, political science, and psychology.

In 2005, Austrian psychologist Gustav Jahoda published a paper investigating the historical semantics of empathy and sympathy. Jahoda (2005) found that the term “empathy” is a relatively newer word, often replacing the word “sympathy”, particularly in psychological literature. Jahoda (2005) found that “empathy” and “sympathy” are used interchangeably. Referencing German psychologist Kurt Danzinger’s (1997) work on language development in psychology, Jahoda (2005) wrote:

He showed how such naming has to be understood within particular sociocultural contexts that influence would-be scientific discourse. Moreover, “the categories one meets in psychological texts are discursive categories, not the things themselves” (Danziger, 1997, p. 186), and this is particularly important to keep in mind when considering the problem of sympathy versus empathy. In relation to such notions as “intelligence” or “attitudes,” Danziger argued that it was the technology of measurement that created the illusion of their concrete existence,

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

when in fact they were the outcome of a set of assumptions or judgements.

(Jahoda, p. 151, 2005).

From this passage, Jahoda (2005) and Danzinger (1997) emphasized the importance of the primary influences in using the word “empathy” or “sympathy”. Danzinger (1997) highlighted how word use is influenced by one’s paradigmatic beliefs about the world.

In this study, it became clear that there were distinct differences in sympathy and empathy regarding commenters' perceptions of fat bodies. Empathy was crucial for commenters, indicating flexibility in their perceptions of accepting fat bodies. Empathy appeared to be an active process where commenters acknowledged a wide range of variables contributing to both the existence of fat bodies and the stigma accompanying fat bodies. There was also a significant lack of judgement. Commenters expressing flexibility were more likely to initiate curiosity for how those in fat bodies experience the world.

In contrast, sympathy appeared to be motivated by the sympathizer's personal beliefs and opinions. For instance, those expressing sympathy were commenters who specifically used the phrase "glorifying obesity". Statements using the phrase "glorifying obesity" were paradoxical. While commenters seemed to echo their agreement that it was unhelpful to shame people for their fat bodies, this sympathy was only extended under the condition that the fat person is actively pursuing a thinner body. In the following section, I will compare existing literature on weight stigma to the results of this study.

Overview of Results

Literature on common discourses surrounding the moral panic around weight were illustrated throughout the results of this study. In particular, resistance towards the idea of fat acceptance often comes in the form of what researchers have identified as a moral panic. Moral

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

panic may come in the form of: perceptions that society is getting fatter, that fat bodies have higher mortality rates, that fat humans are burdens on healthcare systems, that the acceptance of a fatter body is an endorsement of unhealth and disease, or that everyone who is overweight should actively pursue a thinner body (Alimoradi et al., 2020; Cain & Donaghue, 2018; Campos et al., 2006; Di Cesare et al., 2019; Jimenez-Loaisa et al., 2020). There was evidence of moral panic surrounding weight, health, and morality throughout the data.

In their study, *The Harm Inflicted by Polite Concern: Language, Fat and Stigma*, SturtzSreetharan and colleagues (2021) found that emotions of fear and disgust were precursors to people expressing worry and concern (i.e., sympathy) towards fatter individuals. A common message directed towards fat bodies is that the fat individual wants to lose weight or must have body image issues due to their fatter body (Calogero et al., 2019; Lee & Pausé, 2016; Meadows et al., 2021; Osa et al., 2021; SturtzSreetharan et al., 2021). Feelings of fear and disgust towards fat bodies are increasingly being documented when it comes to investigating perceptions of fat bodies (Cain & Donaghue, 2018; Pila et al., 2021; SturtzSreetharan et al., 2021). This literature combined with the results of this study suggests sympathy may be a mask for underlying feelings of fear and blame toward fat humans.

Overall, this research study found that commenters were highly polarized in their opinions and perceptions of fat bodies. Commenter’s use of language illustrated this polarization. For example, commenters insisting losing weight was “simple” or that dieting and exercise “always works” were often met with “it’s not simple” or “doesn’t always work.” Open-mindedness, curiosity, and empathy appeared to be helpful in having more flexible perceptions of the nuances surrounding weight and health discourses. Those indicating flexibility were more likely to acknowledge the complexities involved in the current understanding of fat

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

bodies and use tentative language such as “might,” “doesn’t always,” “may,” or “can” when sharing their opinions.

Commenters expressing resistance were more likely to use definitive language and phrases in their perceptions of accepting a fat body. The pursuit of a thinner body was deemed as “always” better. Several commenters resisted the idea that commonly prescribed weight-loss techniques, such as eating fewer calories than one consumes or regular exercise, may not achieve weight-loss. To claim otherwise was perceived as an act of deception. The presence of an eating disorder did not appear to contribute to people's perceptions for those who responded to the article with resistance. Eating disorders are undetectable, judging by a person's weight (van Hoeken & Hoek, 2020). A combination of negative perceptions of fat bodies may contribute to the belief that it must not be possible for a person to engage in stereotypically healthy behaviours (i.e., eating fewer calories than one consumes, exercising, etc.) and still be fat.

The concept of weight and its connection to morality has been shown to be politically and emotionally charged (Cain & Donaghue, 2018). In recent years, the political landscape has been experiencing high levels of polarization and social change. The antithesis of flexibility is rigidity. It is possible that many commenters expressed resistance in response to comments engaging in a more flexible dialogue around fat bodies due to the prevalence of people questioning commonly accepted ideas and beliefs about fat bodies and health. This seems unsurprising given that Canada’s entire framework for health explicitly frames fat bodies as diseased (Government of Canada, 2021).

The phrase “glorifying obesity” was used repeatedly by commenters. Literature on prosocial empathy proposes that guilt and shame initiate self-reflection (Scaffidi Abbate et al., 2022; Stevens & Taber, 2021). It is possible that commenters perceive fatter bodies as a direct

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

behaviour that causes harm by perceiving fat bodies as endorsing poor health (i.e., “glorifying obesity”). However, weight is not a behaviour. This perception may have motivated some commenters to engage in what they believe is prosocial empathy through prescribing doctor’s visits, dieting, calorie counting, and reminding people of the long list of comorbidities associated with fatter bodies.

Scaffidi Abbate and colleague's (2022) article *The Role of Guilt and Empathy on Prosocial Behavior* investigates guilt, shame, and empathy in prosocial behaviour. Scaffidi Abbate et al. (2022) defined guilt as "an emotion characterized by a negative tone which is elicited when a person perceives that their behaviour has violated moral standards or has caused harm to others" (p. 2). Shame is defined as "an emotion typically experienced after failures, inadequacies and moral or social transgressions" (Scaffidi Abbate et al., 2022, p. 2). While guilt has traditionally been conceptualized as a prosocial emotion, guilt has been shown to be a way for people to attempt to induce positive social change at the negative expense of someone else (de Hooge et al., 2011; Scaffidi Abbate et al., 2022; Stevens & Taber, 2021). The results of this study suggest people may believe instigating guilt is a prosocial behaviour of people with fat bodies as a way to initiate prosocial behaviour by means of pursuing a thinner body.

Final Note: Personal Reflections and Decentering the White Experience

A common critique of feminism is its exclusivity and centeredness around White women, in particular. Rodier and McLean (2022, para. 8) wrote “fat becomes a feminist issue only in the context of the harms of eating disorders from a white woman’s perspective.” This is relevant related to this research study. My intersectionality as an able-bodied, thin, White women allows me to be bold in ways that is not allowed for others. Black women have been talking about the limitations of body positivity and the concept of weight stigma for decades (Strings, 2019). In

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

the spirit of transparency and embracing the uncomfortable, I find myself feeling deeply conflicted about centering much of this research around my lived experiences. As I lean into this discomfort, I find myself wondering: How would this research be received if I were not a White woman? What if this thesis had been written by a Métis woman, an Indian immigrant woman, or a Black woman? How would my experience have differed if I was visibly fat? Am I appropriating the fat experience? How do I decenter myself and the White experience from this research?

Accompanying my intersectionality are certain liberties. Despite these liberties, I have still been hurt and wounded by a society that demonizes an entire group of people based on one characteristic. In saying this, I am grateful for this hurt. This hurt has been critical in my ability to empathize with other humans. My pain and vicarious empathy have been crucial in my ability to be inspired by the work of incredible feminist icons and pioneers such as Sabrina Strings, Roxane Gay, and Tarana Burke. The concept of stigma does not exist independently. Nothing is exempt from the influence of the sociocultural context. I believe a more intimate understanding of a stigmatized identity and its sociocultural context will promote future ethical practice from counsellors by holding them accountable to understand the complexities of how humans experience the world.

Limitations

There are several limitations related to this study. Examining language through a CDA methodology is a complex and tedious undertaking (Flaskas, 1995). The primary limitation of this study is the subjectiveness of the interpretation of data paired with my positionality as the author of the original CBC article from which data points were solicited. My positionality reinforces a significant criticism of the CDA methodology. A common critique of the CDA

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

methodology is that the subjective nature of a CDA may reinforce the bias and beliefs of the paradigmatic assumptions and worldviews of the interpreter of the data (Anderson & Mungal, 2015). There is also the limitation that I am a novice researcher. While I can practice self-reflexivity by means of research diaries and consult with professional colleagues who have more experience in conducting qualitative research, I believe it is important to acknowledge that I am at the beginning of my journey as a researcher.

Critics highlight another limitation of how using CDA may be that the researcher's personal beliefs will influence the results of a study (Breeze, 2011; Catalano & Waugh, 2020). However, qualitative methodology research veterans Virginia Bruan and Victoria Clarke maintained that the point of qualitative research is that it "captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p.82 as cited in Cooper et al., 2012). Regardless of my personal beliefs and opinions, I believe this study captured a pertinent depiction of current perceptions, beliefs, and ideas about fat bodies and health. Additionally, it is possible that the results of this study could be reproduced in other contexts, such as social media platforms. For example, TikTok, Instagram, and Reddit are other contexts with publicly available information that could be used to investigate perceptions of fat bodies.

Implications for Counsellors

A core philosophy of counselling is to provide clients with a compassionate and non-judgmental space for the lived experiences a human will bring into the therapy space (Ko et al., 2021). Like their clients, counsellors are human. Humans are imperfect. We rely on fitting in with other humans for survival. We also rely on past experiences to give us clues on how to move forward in a way that benefits us. The dominant approach to understanding bodies and

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

health is the weight normative approach. Most counsellors subscribe to the weight-normative view of health and wellness (Romano, 2018; Smith, 2019). The weight normative approach claims that one cannot be healthy and fat (Lee & Pausé, 2016; Osa et al., 2020; Puhl et al., 2020). As evidenced by the results of this study, it is possible that some counsellors see weight as direct behaviour. It is possible that some counsellors may see weight as a behaviour which might contribute to the specific conditions for the compassion and empathy they allot for their clients, their fat clients in particular.

I believe the most relevant research on weight and health outcomes concludes that the weight normative approach contributes to stigmatizing beliefs about fat people (Alberga et al., 2019; Alleva et al., 2021; Alimoradi et al., 2020; Osa et al., 2021; Puhl et al., 2020). Literature on perceptions of fat bodies indicates that the impact of anti-fat bias in counselling interventions is arguably far more damaging and harmful than just being fat (Nutter et al., 2020). As I reflect on the literature around counsellors' perceptions of fat bodies, I am reminded of how diverse the human experience is. Ko and colleagues (2021) *Fostering Therapeutic Relationships* stated, “The necessary adaptations include responsiveness to language preferences, cultural alignment of principles and practices, attention to levels of acculturation, and counsellor cultural sensitivity and humility” (Ko et al., 2021, para. 3). By critically addressing common narratives and stereotypes of fat bodies, I believe counsellors will be more informed and better equipped to address any prescriptive assumptions that may arise when counselling fat humans. Regardless of the individual and their circumstances, I believe there is a collective agreement that everyone deserves a respectful, safe, and compassionate space to engage in the positive change the therapy space promises to provide.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING PERSPECTIVES OF FAT BODIES

Recommendations for Further Research

The concept of stigma and its relation to how fat individuals experience stigma is relatively new. The variables contributing to those experiencing weight stigma and those instigating stigma are incredibly complicated and nuanced. While the results of this study provided several insights into people’s perceptions and ideas of health and bodies, more research is necessary to understand which variables are relevant in contributing to the negative perceptions of fat bodies. Empathy and sympathy appeared to be the most pertinent factors contributing to people’s perceptions of fat bodies. Empathy was found to be a critical factor in the defusion and overall flexible perception of the acceptance of a fat body. However, it is unclear on the specifics of what the differences are between empathy and sympathy. The results of this study suggest there are significant limitations to humans' empathy and compassion reserves when it comes to fat humans. Future recommendations for further research include defining and differentiating between sympathy and empathy and investigating the factors contributing to perceptions of fat bodies.

Conclusion

The polarization evidenced throughout the results of this study may be reflective of the current state of the world’s social and political landscape. These findings are significant because they illustrate the often hostile resistance to questioning ideals that traditionally hold such negative connotations. We can draw parallels to this finding regarding concepts such as gender expression and fluidity, climate change and the morality behind messaging supporting these concepts. My hope is that this research can serve as another reminder of our humanity and the diversity that accompanies it. Part of this humanity comes with deep-seated beliefs, ideas and beliefs that contribute to the attitudes and potentially harmful actions we enact towards groups of

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

people we may believe we are trying to help. Perhaps this research can serve as a reminder to reflect on what it means to be empathically curious.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

References

- Alberga, A. S., Edache, I. Y., Forhan, M., & Russell-Mayhew, S. (2019). Weight bias and health care utilization: A scoping review. *Primary Health Care Research & Development, 20*, e116. <https://doi.org/10.1017/S1463423619000227>
- Alimoradi, Z., Golboni, F., Griffiths, M.D., Brostrom A., Lin, C. Y., & Pakpour, A. H. (2020). Weight-related stigma and psychological distress: A systematic review and meta-analysis. *Clinical Nutrition, 39*(7), 2001-2013. <https://doi.org/10.1016/j.clnu.2019.10.016>
- Alleva, J. M., Karos, K., Meadows, A., Walden, M. I., Stutterheim, S., Lisandrello, F., & Atkinson, M. (2021). What can her body do? Appreciating another person’s body functionality to reduce weight stigma. *PLOS One*.
<https://doi.org/10.1371/journal.pone.0251507>
- Anderson, G., & Mungal, A.S. (2015). Discourse analysis and the study of educational leadership. *International Journal of Educational Management, 29*(7), 807-818.
<https://doi.org/10.1108/IJEM-05-2015-0064>
- Association for Size Diversity and Health (2020). *About health at every size (haes)*.
<https://asdah.org/health-at-every-size-haes-approach/>
- Auger, M. D. (2019). ‘We need to not be footnotes anymore’: Understanding Métis people's experiences with mental health and wellness in British Columbia, Canada. *Public Health, 176*, 92-97. <https://doi.org/10.1016/j.puhe.2018.12.001>
- Barbaro, M. (Host). (2023, January 26). *An aggressive new approach to childhood obesity*. [Audio podcast episode]. In *The Daily*. The New York Times.
<https://www.nytimes.com/2023/01/26/podcasts/the-daily/childhood-obesity-america-guidelines.html?rref=vanity>

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

Breeze, R. (2011). Critical discourse analysis and its critics. *Pragmatics. Quarterly Publication of the International Pragmatics Association (IPrA)*, 21(4), 493-525.

<https://doi.org/10.1075/prag.21.4.01bre>

Breyer, T. (2020). Empathy, sympathy and compassion. *The Routledge Handbook of Phenomenology of Emotion*, 429-440.

Bonner, C., Tuckerman, J., Kaufman, J., Costa, D., Durrheim, D. N., Trevena, L., Thomas, S., &

Danchin, M. (2021). Comparing inductive and deductive analysis techniques to understand health service implementation problems: A case study of childhood vaccination barriers. *Implementation Science Communications*. 2(1), 1-9.

<https://doi.org/10.1186/s43058-021-00202-0>

Brown-Bowers, A., Ward, A., & Cormier, N. (2016). Treating the binge or the (fat) body?

Representations of fatness in a gold standard psychological treatment manual for binge eating disorder. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 21(1), 21–37. <https://doi.org/10.1177/1363459316674788>

CBC Radio Canada. (2020, March). *Cbc radio-canada content submission guidelines for Cbc radio-canada owned or controlled platforms (content submission guidelines)*. CBC.

<https://www.cbc.ca/aboutcbc/discover/submissions.html>

Cain, P., & Donaghue, N. (2018). Political and health messages are differently palatable: A critical discourse analysis of women’s engagement with Health At Every Size and fat acceptance messages. *Fat Studies*, 7(3), 264-277.

<https://doi.org/10.1080/21604851.2018.1448174>

Calogero, R. M., Tylka, T. L., Mensinger, J. L., Meadows, A., & Daniélsdóttir, S. (2018).

Recognizing the fundamental right to be fat: A weight-inclusive approach to size

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

acceptance and healing from sizeism. *Women & Therapy*, 42(1–2), 22–44.

<https://doi.org/10.1080/02703149.2018.152406>

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(1), 55-60. <https://doi.org/10.1093/ije/dyi254>

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2018).

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html

Canadian Psychological Association (2017). *2017 Canadian code of ethics for psychologists.*

https://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Catalano, T., & Waugh, L. R. (2020). *Critical discourse analysis, critical discourse studies and beyond.* Springer International Publishing

Cooper, H. E., Camic, P. M., Long, D. L., Panter, A. T., Rindskopf, D. E., & Sher, K. J. (2012). *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. x-701). American Psychological Association.

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry*, 57(8), 464-469.

<https://doi.org/10.1177/070674371205700804>

Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.

Danzinger, K. (1997). *Naming the mind: How psychology found its language.* Sage Publications.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

de Hooge, I. E., Nelissen, R. M., Breugelmans, S. M., & Zeelenberg, M. (2011). What is moral about guilt? Acting "prosocially" at the disadvantage of others. *Journal of Personality and Social Psychology, 100*(3), 462–473. <https://doi.org/10.1037/a0021459>

Di Cesare, M., Sorić, M., Bovet, P., Miranda, J. J., Bhutta, Z., Stevens, G. A., ... & Bentham, J. (2019). The epidemiological burden of obesity in childhood: a worldwide epidemic requiring urgent action. *BMC Medicine, 17*(1), 1-20.
<https://doi.org/10.1186/s12916-019-1449-8>

Dictionary (n.d.). *Acknowledge definition & meaning*. Dictionary.com.
<https://www.dictionary.com/browse/acknowledge>

Eakin, J. [Centre for Critical Qualitative Health Research]. (2011) *Qualitative analysis and interpretation I: Theoretical background and introduction* [Video file]. Retrieved from
<https://youtu.be/hHQhdV1UxE>

Elbe, C., Meadows, A., & Calogero, R. M. (2020). Effects of confronting weight stigma on anti-fat attitudes, weight stigma resistance, and support for stigma-reduction strategies. *Western Undergraduate Psychology Journal, 8*(1), 1-13.
<https://ojs.lib.uwo.ca/index.php/wupj/article/view/11041>

Flaskas, C. (1995). Postmodernism, constructionism and the idea of reality: A contribution to the ‘ism’ discussions. *Australian and New Zealand Journal of Family Therapy, 16*(3), 143-146. <https://doi.org/10.1002/j.1467-8438.1995.tb01046.x>

Gay, R. (2017). *Hunger: A memoir of (my) body*. Hachette UK.

Ge, L., Sadeghirad, B., Ball, G., da Costa, B. R., Hitchcock, C. L., Svendrovski, A., Kiflen, R., Quadri, K., Kwon, H. Y., Karamouzian, M., Adams-Webber, T., Ahmed, W., Damanhoury, S., Zeraatkar, D., Nikolakopoulou, A., Tsuyuki, R. T., Tian, J., Yang, K.,

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

- Guyatt, G. H., & Johnston, B. C. (2020). Comparison of dietary macronutrient patterns of 14 popular named dietary programmes for weight and cardiovascular risk factor reduction in adults: Systematic review and network meta-analysis of randomised trials. *British Medical Journal (Clinical research ed.)*, 369, m696.
<https://doi.org/10.1136/bmj.m696>
- Ginn, C. S., Ginn, C. W. C., Gervais, L., Gentes, J., Dumont, D., Bergum V., Rees, N., Ronald, T., Doup, T., & Camponi, A. (2021). Exploring métis health, spirituality and well-being: A patient-oriented community-based qualitative study with the métis nation of Alberta – region 3. *CMAJ Open*, 9(2), E451–E458. <https://doi.org/10.9778/cmajo.20200018>
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.
- Google. (n.d.). Built-in security. In *Google safety centre*.
<https://safety.google/security/built-in-protection/>
- Gordon, A. (2020). *What we don't talk about when we talk about fat*. Beacon Press.
- Gordon, A. (2021, May 28). ‘Fat’ isn’t a bad word-it’s just the way I describe my body. Self.
<https://www.self.com/story/fat-isnt-bad-word>
- Gordon, A., & Hobbs, M. (Hosts). (2021, October 12). *Rachel hollis part 2: Girl, start apologizing*. [Audio podcast episode]. Maintenance Phase. <http://maintenancephase.com>
- Government of Canada (2019, June 25). *Overweight and obese adults, 2018*. Health Fact Sheets.
Retrieved from
<https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00005-eng.htm>
- Government of Canada (2021, November 17). *Body Mass Index (BMI) Nomogram*. Retrieved September 18, 2022, from
<https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/healthy-w>

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

[ights/canadian-guidelines-body-weight-classification-adults/body-mass-index-nomogram.html](https://www.health.harvard.edu/blog/canadian-guidelines-body-weight-classification-adults/body-mass-index-nomogram.html)

Harré, R. (2002). Public sources of the personal mind: Social constructionism in context. *Theory & Psychology, 12*(5), 611–623. <https://doi.org/10.1177/0959354302012005895>

Harvard Health Publishing (2020, May 26). *When dieting doesn't work*. Harvard Health.

Retrieved October 24, 2021 from

<https://www.health.harvard.edu/blog/when-dieting-doesnt-work-2020052519889>

Harvard Health Publishing (2019, June 24). *Why people become overweight*. Harvard Health.

Retrieved September 30, 2021, from

<https://www.health.harvard.edu/staying-healthy/why-people-become-overweight>.

Holmes, A. G. D. (2020). Researcher positionality--A consideration of its influence and place in qualitative research--A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1-10. <https://doi.org/10.34293/education.v8i4.3232>

<https://doi.org/10.34293/education.v8i4.3232>

Jacob, M. M., Gonzales, K. L., Belcher, D. C., Ruef, J. L., & Johnson, S. R. (2021). Indigenous cultural values counter the damages of white settler colonialism. *Environmental Sociology, 7*(2), 134–146. <https://doi.org/10.1080/23251042.2020.1841370>

<https://doi.org/10.1080/23251042.2020.1841370>

Jahn, K. (2022, August 23). *My eating disorder taught me fat was bad. Healing taught me to accept my body*. CBC.

https://www.cbc.ca/news/canada/edmonton/first-person-karli-jahn-edmonton-fat-1.6527936?fbclid=IwAR0R08uED-3EesgxxseT8le6fPfmcdxLFzM--zgUsIwGpwDYyg7Dc_KBLzQ

Jahoda, G. (2005). Theodor Lipps and the shift from “sympathy” to “empathy”. *Journal of the History of the Behavioral Sciences, 41*(2), 151-163. <https://doi.org/10.1002/jhbs.20080>

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

Jimenez-Loaisa, A., Beltran-Carrillo, V. J., González-Cutre, D., & Jennings, G. (2020).

Healthism and the experiences of social, healthcare and self-stigma of women with higher-weight. *Social Theory & Health*, 18, 410-424.

<https://doi.org/10.1057/s41285-019-00118-9>

Kinavey, H., & Cool, C. (2019). The broken lens: How anti-fat bias in psychotherapy is harming our clients and what to do about it. *Women & Therapy*, 42(1-2), 116–130.

<https://doi.org/10.1080/02703149.2018.1524070>

Ko, G., Anderson, M., Collins, S., & Yasynskyy, Y. (2021). *Fostering responsive therapeutic relationships: Repositioning microskills and techniques in service of just conversations*.

Counselling Concepts. Retrieved from: <https://responsiverelationships.pressbooks.com/>

Lee, J. A., & Pausé, C. J. (2016). Stigma in practice: Barriers to health for fat women. *Frontiers in Psychology*, 7, 2063. <https://doi.org/10.3389/fpsyg.2016.02063>

Lupton, D. (1995). *Postmodernism and critical discourse analysis*. *Discourse & Society*, 6(2), 302-304. <http://www.jstor.org/stable/42887985>

Maracle, L. (2017). *Ravensong—A Novel*. Canadian Scholars’ Press.

Mazur, L. (2021). *Weight stigma and perinatal care: Perspectives of women with high bmi and dietitians* [Master's thesis]. <http://hdl.handle.net/1993/35410>

Meadows, A., & Calogero, R.M. (2018). Studies on weight stigma and body image in higher-weight individuals. In M. Cuzzolaro, & S. Fassino (Eds.), *Body image, eating, and weight* (pp. 381-400). Springer. https://doi.org/10.1007/978-3-319-90817-5_28

Meadows, A., & Daniélsdóttir, S. (2016). What's in a word? On weight stigma and terminology. *Frontiers in Psychology*, 7, 1527. <https://doi.org/10.3389/fpsyg.2016.01527>

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

- Meadows, A., Daniélsdóttir, S., Goldberg, D., & Mercedes, M. (2021). Fighting for a (wide enough) seat at the table: Weight stigma in law and policy. *Fat Studies*, *10*(2), 101-124.
<https://doi.org/10.1080/21604851.2020.1835295>
- Mehak, A., & Racine, S. E. (2020). Understanding “feeling fat” and its underlying mechanisms: The importance of multimethod measurement. *International Journal of Eating Disorders*, *53*(9), 1400–1404. <https://doi.org/10.1002/eat.23336>
- Merriam-Webster. (n.d.). *Neutral*. Merriam-webster dictionary.
<https://www.merriam-webster.com/dictionary/neutral>
- Moller, N., & Tischner, I. (2018). Young people’s perceptions of fat counsellors: “How can that help me?”. *Qualitative Research in Psychology*, *16*(1), 34-53.
<https://doi.org/10.1080/14780887.2018.1536384>
- Murray, K., Brichacek, E., & Rieger, E. (2021). Intentions to see a psychologist for weight management: A cross-sectional study investigating beliefs about psychologists, psychological services and obesity. *Journal of Clinical Psychology*, *77*(10), 2288–2305.
<https://doi.org/10.1002/jclp.23163>
- Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of Clinical Psychology*, *74*(11), 1889–1906.
<https://doi.org/10.1002/jclp.22678>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1).
<https://doi.org/10.1177/1609406917733847>
- Nutter, S., Russell-Mayhew, S., Ellard, J. H., & Arthur, N. (2020). Reducing unintended harm: Addressing weight bias as a social justice issue in counseling through justice motive

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

theory. *Professional Psychology: Research and Practice*, 51(2), 106-114.

<https://doi.org/10.1037/pro0000279>

Osa, M. L., Siegel, J., Meadows, A., Elbe, C., & Calogero, R. M. (2021). Stigmatizing effects of weight status on lay perceptions of eating disorder-related distress. *Eating Disorders: The Journal of Treatment & Prevention*, 30(1), 99-109.

<https://doi.org/10.1080/10640266.2020.1855571>

Pila, E., Gilchrist, J. D., Huellemann, K. L., Adam, M. E., & Sabiston, C. M. (2021). Body surveillance prospectively linked with physical activity via body shame in adolescent girls. *Body Image*, 36, 276-282. <https://doi.org/10.1016/j.bodyim.2021.01.002>

Puhl, R. M., Andreyeva, T., & Brownell, K. D. (2008). Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity*, 32(6), 992-1000. <https://doi.org/10.1038/ijo.2008.22>

Puhl, R. M., Himmelstein, M. S., & Pearl, R. L. (2020). Weight stigma as a psychosocial contributor to obesity. *American Psychologist*, 75(2), 274–289.

<https://doi.org/10.1037/amp0000538>

Puhl, R., & Suh, Y. (2015). Health consequences of weight stigma: Implications for obesity prevention and treatment. *Current Obesity Reports*, 4(2), 182-190.

<https://doi.org/10.1007/s13679-015-0153-z>

Richardson, S. A., Goodman, N., Hastorf, A. H., & Dornbusch, S. M. (1961). Cultural uniformity in reaction to physical disabilities. *American Sociological Review*, 241-247.

<https://doi.org/10.2307/2089861>

Rodier, K., & McLean, H. (2022). What Taylor swift’s ‘anti-hero’ controversy can tell us about fat phobia in feminist politics. *The Conversation*.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

<https://theconversation.com/what-taylor-swifts-anti-hero-controversy-can-tell-us-about-fat-phobia-in-feminist-politics-195287>

Romano, K. A. (2018). Ethical considerations for clinical work with fat clients: Psychologists' roles. *Professional Psychology: Research and Practice, 49*(3), 220–226.

<https://doi.org/10.1037/pro0000193>

Sapkota, C. N. (2021). Critical discourse analysis of Malala Yousufzai's speech on social and educational empowerment of women. *Madhyabindu Journal, 6*(1), 50-59.

<https://doi.org/10.3126/madhyabindu.v6i1.42764>

Sartorius, N., & Schulze, H. (2005). *Reducing the stigma of mental illness: A report from a global association*. Cambridge University Press.

Scaffidi Abbate, C., Misuraca, R., Roccella, M., Parisi, L., Vetri, L., & Miceli, S. (2022). The role of guilt and empathy on prosocial behavior. *Behavioral Sciences (Basel, Switzerland), 12*(3), 64.

<https://doi.org/10.3390/bs12030064>

Smith, C. A. (2019). Intersectionality and sizeism: Implications for mental health practitioners. *Women & Therapy, 42*(1-2), 59–78.

<https://doi.org/10.1080/02703149.2018.1524076>

Statistics Canada (2008). Obesity in Canada-prevalence among aboriginal populations.

<https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/obesity-canada/prevalence-among-aboriginal-populations.html>

Stevens, F., & Taber, K. (2021). The neuroscience of empathy and compassion in pro-social behavior. *Neuropsychologia, 159*, 107925.

<https://doi.org/10.1016/j.neuropsychologia.2021.107925>

Strings, S. (2019). *Fearing the Black body*. New York University Press.

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

SturtzSreetharan, C., Trainer, S., & Brewis, A. (2021). The harm inflicted by polite concern:

Language, fat, and stigma. *Culture, Medicine, and Psychiatry*, 1-27.

<https://doi.org/10.1007/s11013-021-09742-5>

Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A.

(2018). How and why weight stigma drives the obesity ‘epidemic’ and harms health.

BMC Medicine, 16(1), 1-6. <https://doi.org/10.1186/s12916-018-1116-5>

van Hoeken, D., & Hoek, H. W. (2020). Review of the burden of eating disorders: Mortality,

disability, costs, quality of life, and family burden. *Current Opinion in Psychiatry*, 33(6),

521. <https://doi.org/10.1097/YCO.0000000000000641>

Wann, M. (2009). Forward. In E. Rothblum & S. Solovay Eds.), *The Fat Studies Reader* (pp.

xi–xviii). New York, NY: New York University Press.

Westover, Tara. (2018). *Educated: A memoir*. New York: Random House.

Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative

research. *International Management Review*, 15(1), 45-55. Retrieved from:

<http://www.imrjournal.org/uploads/1/4/2/8/14286482/imr-v15n1art4.pdf>

World Health Organization (n.d.). *Principle: Credible and trusted*. World Health Organization.

Retrieved January 25, 2023, from

<https://www.who.int/about/communications/credible-and-trusted>

World Health Organization. Regional Office for Europe (2019). Mapping the health system

response to childhood obesity in the WHO European Region: an overview and country

perspectives. World Health Organization. Regional Office for Europe.

<https://apps.who.int/iris/handle/10665/346468>

“DOING IT UTTERLY AND COMPLETELY WRONG”: CRITICALLY ANALYZING
PERSPECTIVES OF FAT BODIES

Appendix A: The Body Mass Index

Pounds based on a person 5 feet 4 inches	Classification	BMI Category	Risk of Developing health problems
> 108.4 lb	Underweight	< 18.5	increased
108.4-146.4 lb	Normal weight	19 - 24	least
146.5-175.7 lb	Overweight	25 - 29	increased
175.8lb <	Obese	30.0 +	high