

Scientific Weightism: A View of Mainstream Weight Stigma Research Through a Feminist Lens

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In all the ways it matters, fat *is* a feminist issue. Yet, this perspective is absent within the mainstream weight stigma literature. In light of the rampant weight bias in Western culture, and the well-established relationship between stigma and health (Hatzenbuehler, Phelan, & Link, 2013; Link & Phelan, 2006), this feminist perspective has never been more important to revisit and reclaim. Although we acknowledge an extensive literature exists on the nature, assessment, and consequences of weight stigma, with a number of valuable insights and impacts produced from this research (Brownell, Puhl, Schwartz, & Rudd, 2005; Forhan & Salas, 2013; Puhl & Heuer, 2009; Sikorski et al., 2011; Tomiyama, 2014; Tylka et al., 2014), mainstream weight stigma research is saturated with anti-fat bias and stigmatizing discourses; and it is void of theoretical perspectives on the intersecting social identities that contribute to the lived experiences of fat people, which is not (and this may come as a surprise to many) perpetually negative. The purpose of this chapter is to apply a feminist lens to mainstream weight stigma research, bringing into view the assumptions, mixed messages, and gaps embedded in this literature, which sustain the very stigma this research seeks to elucidate and eradicate.

For a number of reasons, a feminist perspective is uniquely suited for recognizing and confronting scientific weightism. At the broadest level, a feminist lens can help to reveal both visible and invisible forms of oppression, which are fueled by latent dynamics of power and privilege. Thus, this lens helps illuminate built-in fat bias and innuendos of thin privilege within any discourse, including the weight

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stigma literature. Applying a feminist perspective also permits an appreciation of the inherent diversity among individuals across an array of social identities, and how these identities intersect and interlock to provide a unique experience for each individual; therefore, a fat identity cannot be extracted and understood apart from an individual's other identities. Moreover, this perspective recognizes that degrees of privilege are interwoven with these identities; hence, the experiences of fat individuals are appreciated (rather than ignored or disrespected) and understood in the context of diminished societal power. Importantly, a feminist perspective encourages the unconditional promotion of well-being for all individuals, ensuring that the interventions delivered to improve wellness are empirically supported rather than based on empirically void recommendations (e.g., dieting), researcher bias (e.g., funded by weight-loss industry), or societal prejudice (e.g., anti-fat attitudes). Ultimately, a feminist perspective recognizes that the personal is political; in other words, the experiences of fat people and how they are studied within the weight stigma literature reflect back to us a wider ideological system that serves to moralize weight and pathologize people who are fat by portraying them as unhealthy and unhappy. Our feminist analysis in this chapter is meant to reveal some of these (often) invisible patterns within the weight stigma literature and appeal to weight stigma scholars for consideration of these issues within their own work.

This chapter is not intended to be an exhaustive review of the weight stigma literature. Instead, we have selected several of the more cited and popular articles (often review papers) as illustrative examples of some of the most pressing challenges and concerns within this literature. This chapter is also not intended to be a critique of any one particular research group or article, and we do not assume any malicious intentions or motivations on the part of weight stigma scholars, as we are all part of deeply entrenched social structures and systems that perpetuate weight stigma (and a host of other oppressions) of which we need to be more conscious and critical. Our purpose here is to highlight some problems within the mainstream weight stigma literature, based on our engagement with it over a period of many years as weight stigma and body image scholars, with the overarching aim of this chapter to encourage a more critical and inclusive psychological science of weight stigmatization.

We begin by providing a brief overview of weight stigma, as defined and described in the mainstream weight stigma literature. Consideration of the weightist assumptions and messages embedded within the weight stigma literature follows, and scientific evidence refuting these claims is summarized. Next, we identify critical gaps in the coverage of who is targeted by weight stigmatization and how they are targeted. In particular, we call attention to the absence of theorizing about the impact of weight stigma at the intersection of fat identities and other social identities, especially other stigmatized identities. Then, reaffirming that weight stigma *is* a social justice issue, we consider the unjust treatment of fat bodies and fat people in the weight stigma literature as inconsistent with the goals of this literature. In so doing, we invite weight stigma scholars to take a careful (and more accurate) look at the Health at Every Size (HAES[®]) paradigm. We conclude with

several recommendations for best feminist practices that could be applied to expand and advance the impact of mainstream weight stigma research.

Weight Stigma: A Brief Introduction on a Long-Standing Oppression

Stigma is an attribute or condition that at once differentiates and devalues the beholder of said attribute and results in widespread social disapproval—creating a “spoiled social identity” (Dovidio, Major, & Crocker, 2000; Goffman, 1963). Although stigma and prejudice go hand in hand, stigma refers more specifically to conditions that are viewed as deviant from the norm in order to enforce the dominant social norms and avoid ‘contamination’ (Bos, Pryor, Reeder, & Stutterheim, 2013). Based on this definition, our use of the term weight stigma already communicates a particular view of people who are fat—they are diseased deviants and polluting our communities. Some researchers have gone so far as to blame “obese people” for contributing to the world food crisis and climate change (Edwards & Roberts, 2008). Such perceptions will hardly capture the hearts and minds of society and proffer good will toward people at the higher end of the weight spectrum. Stigma serves an oppressive function by consigning the stigmatized group to a subordinate (devalued) position in society, which strips them of their much needed social power and agency to combat the stigma, and unduly and unfairly burdens them with personal, social, political, and economic penalties (Link & Phelan, 2014). Stigmatization, then, functions to sustain group inequalities (Hebl & Dovidio, 2005; Phelan, Link, & Dovidio, 2008), and in the case of weight stigma, it sustains a body size hierarchy whereby the fattest bodies are relegated to the lowest ranks.

Specifically, weight stigma¹ refers to the social devaluation, denigration, and marginalization of people who are fat² (see Puhl & King, 2013, for review). Weight stigmatization is enacted through a number of overt and subtle forms, although always recognizable by its discriminatory nature, such as weight-related teasing, bullying, harassment, violence, hostility, ostracism, and weight-related microaggressions (e.g., asking someone if she/he plans to diet, assuming that

¹ We use the term ‘weight stigma’ in this chapter to encompass obesity stigma, anti-fat attitudes, fat prejudice, fat phobia, and weight bias, which are terms also used in the mainstream weight stigma literature.

² We use the word ‘fat’ as an adjective and not pejoratively, consistent with size acceptance movements and the preferred language use in the critical weight studies literature. Fat also does not connote a medical condition or suggest an ideal weight, against which the fat person would be ‘overweight.’ We also use the term ‘person/people of size’ interchangeably with fat, in recognition of the fact that not all people subscribe to the usage of ‘fat’ or are comfortable with it, and also to reduce the monotonous use of ‘fat’ within our own writing. We recognize, however, that all people have size and therefore this term is also less than optimal.

he/she has negative body image, mentioning a diet that she/he could try). Such stigmatizing experiences have been documented across multiple domains of people's social universe, including educational settings, the workplace, the media (including social media), public health initiatives, health care settings, industry, and all sorts of interpersonal and social interactions (Puhl & King, 2013). Indeed, the pervasiveness of this stigma is so widespread that an individual merely seen in close proximity to a person of size may be vulnerable to stigmatization, known as stigma by association (Hebl & Mannix, 2003; Pryor, Reeder, & Monroe, 2012). Compared to other forms of prejudice (e.g., racism, sexism), the prejudice and discrimination directed toward people who are fat is more likely to be publicly sanctioned even when openly hostile, which is why weight stigma is often referred to as the last socially acceptable prejudice (Latner, O'Brien, Durso, Brinkman, & MacDonald, 2008).

Some fundamental negative perceptions and beliefs underlie weight stigma, including such stereotypes as people who are fat must be lazy, lacking willpower, lacking self-control, impulsive, incompetent, unhealthy, and unattractive (Puhl & Heuer, 2009; Rothblum, Miller, & Garbutt, 1988; Schwartz, Vartanian, Nosek, & Brownell, 2006); and these beliefs are learned early in life (Cramer & Steinwert, 1998; Harriger, Calogero, Witherington, & Smith, 2010). Ultimately, these negative perceptions translate into severe weight penalties being exacted on stigmatized individuals in critical areas of their lives, especially girls and women. For example, some obstetricians and gynecologists in southern Florida have refused to perform medical services for women over 200 lb, thus denying them basic healthcare. Fatter women have markedly lower household incomes and lower net worth at retirement than women of average or lower weight, whereas the same economic penalties have not been observed for fatter men (Fikkan & Rothblum, 2012). Adolescents who are fat are subjected to abuse and humiliation at school in the form of verbal, relational, virtual, and physical victimization (Puhl, Peterson, & Luedicke, 2013). For example, these youth report being physically assaulted, being trapped somewhere by others, having mean comments or pictures posted about them online, others spreading rumors about them, and being laughed at and insulted by others in the classroom, hallways, cafeteria, PE class, waiting areas, locker rooms, bathrooms, outdoor areas, on the bus, on the computer, and on the phone. Virtually no legislation exists to protect people who are fat from this prejudice and discrimination (Friedman & Puhl, 2012).

Regular encounters with publicly enacted weight stigma can result in the internalization of weight stigma, a form of self-stigma that refers to the degree to which individuals have personally adopted and endorse negative weight-related stereotypes (Carels et al., 2013; Durso & Latner, 2008; Lillis, Luoma, Levin, & Hayes, 2010; Schafer & Ferraro, 2011; Tylka et al., 2014). This self-stigma contributes to body blame and body shame among those people who self-identify as fat or "obese" because they attribute these stereotypes to the self and come to view themselves through the same anti-fat lens as the general public does—needless to say, this set of responses is not conducive to self-care and health promotion (for review, see Durso et al., 2012; Tylka et al., 2014). Internalized weight stigma has been linked to

a host of negative psychological and physical outcomes for people, such as eating disorder symptomatology, depression, avoidance of exercise, and low self-esteem (Durso et al., 2012; Puhl, Moss-Racusin, & Schwartz, 2007; Vartanian & Novak, 2011). This self-stigma also plays a critical role in the allostatic load stress model, whereby weight stigma and internalized weight stigma beget future weight gain and poor health outcomes through neuroendocrine modulators, immune system activation, and inflammatory responses, creating a destructive feedback loop (Beckie, 2012; Dickerson, Gruenewald, & Kemeny, 2004; Puhl & Heuer, 2010; Tomiyama, 2014).

Structural Stigma: Weight Bias in the Scientific Literature on Weight Stigma

Structural stigma is defined as the “legitimization and perpetuation of a stigmatized status by society’s institutions and ideological systems” (Pryor & Reeder, 2011, p. 793), taking the form of cultural ideologies and norms (Hatzenbuehler et al., 2014), laws and social policies (Herek, 2011), and even newspapers (Corrigan et al., 2005). On this basis, we consider the scientific literature on weight stigma to constitute another structural form of stigma. We have encountered a number of assumptions and mixed messages in the mainstream weight stigma literature that are fundamentally problematic and harmful because they promulgate stigmatizing messages about weight, fatness, and “obesity.”³ The most common assumptions can be pieced together to form a recognizable weight narrative: *fat is bad, obesity is a disease, we are in the midst of an “obesity epidemic,” obesity causes increased morbidity and mortality, obesity costs us money, weight loss improves health, weight loss is within personal control, weight loss is an effective solution to obesity, and thinner equals happier*. It is not simply that these claims are debatable or a matter of opinion—there is considerable scientific evidence to refute them (see Bacon & Aphramor, 2011; Costanzo et al., 2015; Flegal, Kit, Orpana, & Graubard, 2013; Wildman et al., 2008). Yet, rarely has attention been given to the veracity of these claims and their potential to stigmatize. This “obesity” discourse implies the need to wage “war on obesity,” but to do so without simultaneously waging war on obese *people* is simply nonsensical, as well as impossible. This is the first and most fundamental way in which the weight stigma literature stigmatizes fat individuals. “Obesity” is embodied—it denotes the fat body—and it is the inhabitants of the fat body that “obesity” warriors seek to annihilate. In this section, we point to the fallaciousness of these assumptions and how they reinforce weight stigmatization.

³ We use the word ‘obesity’ sparingly, and place it in quotes when we do use it to reflect the contentious nature of the word, as it designates a medical condition, pathologizes the fat body, and fuels weight stigma and prejudice.

Many scholars begin their articles on weight stigma by describing the harm of “obesity,” the fear over the “obesity epidemic,” and/or the challenges to “obesity” treatment and prevention. We admit that this approach is one of our biggest pet peeves. It is difficult to understand how scholars and advocates can vilify weight stigma, yet in the same breath describe the people who belong to this stigmatized group as *diseased* and their bodies as the *problem*. We have encountered empirical articles (some submitted to us in our roles as associate journal editors) wherein researchers have actually *warned against* promoting positive body image, for example in populations of African American women, because these researchers hold the misguided belief that feeling good about their bodies is somehow causing African American women to have a higher BMI which places them in the “overweight” or “obese” category—implying they should be dieting to reduce their body size and not celebrating and caring for the bodies they inhabit. In addition to being uninformed about the lack of empirical evidence for the proposition that body shame will motivate weight loss, withholding effective approaches for promoting physical and mental well-being (in this case, positive body image) is unethical and violates the tenet to first, do no harm. Moreover, the fact that African American women are more vulnerable to such mistreatment on account of their racial identity underscores the tensions and overlap between sexist, racist, and weightist ideologies in the stigmatization of minority groups (we give specific attention to this issue later in the chapter).

We urge weight stigma scholars to be cognizant and steer clear of the exaggerated warnings of the “obesity epidemic” (Basham & Luik, 2008; Flegal, 2006; Gard & Wright, 2005; Lyons, 2009), instead of regurgitating them. Despite the fact that “obesity” is not a communicable disease or an inherent medical condition (Boero, 2012; Campos, 2004, 2011; Murray, 2008), it has been touted as a contagious social condition (Christakis & Fowler, 2007). Even worse, it has been compared to terrorism, and as a threat to our very survival (Pace, 2006). By the logic of a disease epidemic, people should be doing everything they can to eradicate and prevent the spread of fat people—how could people who are fat *not* be publically stigmatized under these conditions of their “epidemic” proportions?

There is another troubling issue with these claims—an absence of basic knowledge on causal inference. Not only do many weight stigma scholars refer to “obesity” as a disease, but they also discuss the negative health “consequences” of “obesity,” as if correlational data can confirm a causal relationship: Correlation does not equal causation. It behooves weight stigma researchers to acknowledge that, despite the widely held belief within the medical community and general population that a higher BMI causes poor health, the empirical data on which these beliefs rest do not (and cannot) support this link (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; de Gonzalez, Hartge, Cerhan et al., 2010; Flegal et al., 2013; Orpana et al., 2010), as causality can only be inferred via experimental designs. To take the data on BMI as a key example, the risk for mortality is highest for people with BMIs < 18.5 (underweight) and BMIs > 35 (obese II), but lowest for people with BMIs 25 to <30 (overweight), and the risk of those with BMIs 18.5 to <25 (average weight) and BMIs 30–35 (obese I) is comparable to and falls

between the other groups. Indeed, BMI is a corollary of certain conditions such as osteoarthritis, sleep apnea, hypertension, and coronary heart disease, but this means that other variables either partially or fully explain the links between BMI and health outcomes (e.g., exercise, nutrition, insulin resistance, weight prejudice). The claim that “obesity” and/or high BMIs *cause* increased morbidity and mortality simply cannot be true.

Relatedly, public health messages to “maintain a healthy weight” are both uninformed and unfair as they imply that body weight is malleable through sheer will or voluntary action. Indeed, weight controllability beliefs have been acknowledged as contributing factors to weight stigma within the mainstream literature; and scholars have called for interventions to target these misguided beliefs. On the one hand, weight stigma scholars claim that changing internal attributions about weight as a matter of personal control and responsibility is necessary to reduce weight stigma (Black, Sokol, & Vartanian, 2014), but on the other hand many scholars simultaneously advocate for weight loss programs that place personal responsibility for weight on individuals. It is encouraging that the mainstream literature has started to acknowledge the evidence demonstrating poor long-term results of conventional weight-loss programs, but we remain troubled by the continued search for predictors of success for behavioral weight loss programs. In light of the growing body of evidence that indicates weight loss programs are both ineffective and harmful, it is beyond our comprehension why weight stigma scholars in particular would be encouraging the pursuit of weight loss, which sets most people on track for failure, weight cycling, and the detriments to health associated with these pursuits (Loth et al., 2014; Mann et al., 2007; Montani, Schutz, & Dulloo, 2015; Montani, Viece, Prévot, & Dulloo, 2006; Tomiyama, 2014; Tomiyama, Ahlstrom, & Mann, 2013).

Importantly, in a cross-cultural study by Puhl et al. (2015), the authors noted that over half of the adult population in each of the countries was classified as overweight or obese according to BMI measures. We think this astounding statistic requires pause. According to Mari Ruti (2015), “When a scientific theory says something is wrong with so many people, perhaps the theory is wrong and not the people” (2015, p. 27). Perhaps there is nothing wrong with fat people. Perhaps there is nothing wrong with the bodies of fat people. Perhaps there is something wrong with the biased scientists, unfounded theories, and misleading reports dedicated to convincing us there is something wrong with fat people and their bodies. Is it truly a *paradox* that metabolically healthy obese people exist, or has the science simply been exaggerated and inaccurate in its adamant claims that “obesity” is a killer? The focus of the mainstream weight stigma literature is on the stigmatized targets, rendering the stigmatizing agents (including the institutionalized weight stigma that problematizes and pathologizes being fat) invisible and therefore unaccountable.

One key (and invisible) stigmatizing agent is anti-fat ideology, which we believe underlies the perpetual communication of these false assumptions about weight. The “obesity” myth has taken on the status of an uncontested fact despite the *fact* that it rests on correlational and selected data (Tylka et al., 2014). Weight stigma research articles could emphasize the correlational nature of the data or the

contradictory evidence on the issue, but we find that most do not. What passes for knowledge is very much a product of the concerns of those who produce that knowledge. By making these claims without question, weight stigma scholars explicitly and implicitly communicate their agreement with them, thus legitimizing and leaving intact the most fundamental basis of weight prejudice and discrimination. In this way, weight stigma research often reinforces stigmatizing social ideologies that link weight, disease, and health, whether intentional or not. As long as the myth continues—*fat is bad, thin is good, obesity is a disease, fat is unhealthy, thin is healthy*—efforts to prevent weight stigma will be stymied and undermined.

In sum, as an influential form of scientific discourse, the weight stigma literature perpetuates the very bias and stereotyping that are ironically under investigation in articles on weight stigma and anti-fat attitudes. Society accepts and perpetuates prejudice against people of size because of the stigma and myths that surround fatness and “obesity.” Publishing these misleading claims in research articles about weight stigma only serves to legitimize these myths and misrepresent the empirical evidence. In so doing, mainstream weight stigma research is more likely to contribute to the tolerance of weight stigma than the eradication of it. In light of the evidence refuting these claims, we find the reiteration of this narrative to be unconscionable, unscientific, and unethical. Obviously, this popular narrative is embedded in many other scientific literatures and disciplines, but its occurrence in the weight stigma literature is both paradoxical and hypocritical. Moreover, the applied nature and scope of weight stigma research demands greater accountability for the science it communicates and promotes.

Interlocking Identities and Hyper(in)visibility: Mining the Gaps at the Intersection of Fat and Nowhere

Weight stigma research has most often described the impact of the stigma in general terms, controlling for the diversity of identities and experiences of stigmatized individuals. Certain identities may impact people in particular ways, on account of the degree of power and privilege afforded to them by their social positioning. We need to understand how relative power and privilege, access to resources, and social status relate to the development and consequences of weight stigma. When particular social identities are examined, they are often treated as nuisance variables instead of explanatory constructs in their own right. Rarely do we find group comparisons analyzed in a theory-driven way; rather these comparisons are descriptive and atheoretical. According to Williams and Fredrick (2015), “...psychological scientists should *want* to conduct and not avoid inclusive and intersectional work for the very reason of challenging long-held or cherished general theories and processes. Such a test, although difficult, will determine if psychological theories in general, and stigma theories in particular, hold for

everyone” (p. 2). In general, however, inadequate attention has been given to theorizing about gender, race, social class, sexual identity, age, or disability in the context of weight stigmatization, both from the perspective of the target and perpetrator of this stigma.

Gender is one of the most striking social identities overlooked in the mainstream weight stigma literature, despite the considerable evidence for the gendered nature of weight stigma. In their extensive review of gender differences in weight bias, Fikkan and Rothblum (2012) convincingly demonstrate that weight stigma disproportionately disadvantages fat women in employment, education, leadership, romantic relationships, and the media, compared to men and thin women. Situating the lived experiences of fat women at the center of their narrative, Fikkan and Rothblum draw our attention to how fat intersects with other social identities and locations and renders women more vulnerable to other forms of social disadvantage and discrimination. Women are more vulnerable to being stigmatized based on their weight for a number of reasons, including the pervasive objectification of women and the rigid cultural prescriptions for demonstrating femininity and self-discipline (Chrisler, 2012; Fikkan & Rothblum, 2012). Whereas too much body fat defeminizes women, it appears to emasculate (and hyperfeminize) men (Bell & McNaughton, 2007; Monaghan, 2008), leveling weight bias at both of them and demonstrating the fully gendered nature of weight stigma for women and men. Yet, the treatment of gender in the mainstream weight stigma literature does not reflect these fundamental associations between being the target of weight stigma and being female, being feminine, and/or being insufficiently masculine. By and large, the literature appears to ignore it. In one of the most popular volumes on the topic of weight bias, “gender considerations” (as indexed) are mentioned on 13 of the 308 pages, comprising a mere 4% of the entire text (Brownell et al., 2005).

Also noted by Fikkan and Rothblum (2012), we know virtually nothing about weight stigma among other social identities, either singularly or at the intersection of multiple identities, including race, ethnicity, social class, age, sexual identity, religion, and disability. (The category of disability is especially intriguing in light of the fact that “obesity” itself is defined as a disability in many social and medical circles). Certainly, one size does not fit all when it comes to how weight stigma is experienced among multiply constituted social identities. For example, some research has shown that Black women, and to a lesser extent Black men, report more weight discrimination than their White counterparts (Puhl, Andreyeva, & Brownell, 2008). However, fat Black women are also viewed more positively than thin Black women in some circles, especially within the African American community (Fikkan & Rothblum, 2012). This finding suggests that being fat is experienced differently for Black women depending on the context, although thinness is still highly valued among Black women from higher socioeconomic strata. As Saguy (2012) cogently notes, “. . . White women’s racial privilege is significantly muted when they are fat, whereas neither fat nor thin Black women enjoy racial privilege in the first place” (p. 604). The mainstream weight stigma literature renders the experiences of people with these intersecting identities invisible, thereby rendering the impact of intersecting oppressions (racism, sexism,

heterosexism, poverty, and weightism) on wellness and well-being invisible. Studies of weight stigma among isolated individuals or more homogenous groups simplify and sanitize the more complicated reality of weight stigma.

One promising shift in the direction of recognizing diversity in the experience of weight stigma includes recent research on weight bias across four different countries. Puhl et al. (2015) examined anti-fat attitudes among individuals in Canada, the United States, Iceland, and Australia and assessed several sociodemographic variables in addition to the cultural context, including gender, age, race/ethnicity, and educational attainment. The key patterns indicated stronger weight bias among men, people who endorsed beliefs about the controllability of and personal responsibility for weight, and people who did not have friends or family who have experienced weight bias. Although paying attention to these social and individual difference variables is a shift in the right direction, the focus on these sociodemographic comparisons remains descriptive and post hoc. For example, although gender differences were examined, predictions were not made a priori for these differences. Despite the fact that gender demonstrated the largest effect size in most of the models, and the general pattern of findings revealed significantly less weight bias among women compared to men across all four cultural contexts, the role of gender in the experience of weight stigma is given virtually no attention. The authors acknowledged that the intense appearance scrutiny endured by women in these cultures might be one reason that this difference emerged, but this idea was never fully developed. That is, women's experiences were not situated within a broader sexist and weightist cultural milieu wherein female-bodied individuals are more vulnerable to weight stigmatization, and thus more likely to be conscious of the negative impact of weight stigma.

Gailey (2014) articulates more precisely the way in which women are especially vulnerable to weight stigma: "as visible as they appear and feel, they also experience invisibility in numerous social contexts, to the extent that they become hyper (in)visible. They often notice disapproving stares and experience an intense "onstage" feeling as if judged and ridiculed with every move" (p. 10). On the one hand, Gailey observed that fatness makes people hypervisible because fat bodies are readily identified and categorized in everyday social contexts. On the other hand, she recognized that fatness simultaneously renders people who are fat socially invisible, marginalized by the dominant thinness standards for appearance, leaving their needs, desires, and lives unnoticed. This hyper(in)visible status positions people of size (particularly women) as the "Other." This act of Othering signifies social disapproval and permits the revocation of social privileges otherwise bestowed on the thin or average-sized body. In countless ways, people suffer by virtue of being visibly (and invisibly) fat—which constitutes a situation of social oppression.

Can we do better than this post hoc theorizing and analysis? We think so. There are elegant and timely theoretical and empirical frameworks that scholars might call upon to investigate the social construction of a stigmatized fat body in order to understand more fully the perpetuation and consequences of weight stigma. On the whole, the mainstream weight stigma literature does not grapple with the fat body

itself, what it means to be fat from the standpoint of a fat person, or the existence of fat oppression. Indeed, the fat body is both invisible and visibly marginalized within the mainstream weight stigma literature, an irony that is not lost on us. Whereas the mainstream weight stigma literature seeks to *recognize* the frequent and varied contexts (or *where*) people with fat bodies are stigmatized, and *how* they are stigmatized, it does not similarly seek to *explain why* fat bodies are stigmatized or *why* people are unable (and unwilling) to embrace size diversity.

Weight Stigma is a Social Justice Issue: That's Why We Need Size Acceptance

Some scholars have labeled weight stigma as a social justice issue (e.g., Friedman & Puhl, 2012; Puhl & Heuer, 2010). To refer to it by this definition assumes an awareness of fat oppression, an oppression that is driven by a rejection of fat bodies, and an oppression that warrants a call for size acceptance and respect for body size diversity as potential correctives to anti-fat ideology. We fail to see this acknowledgment of fat oppression in our reading of the mainstream literature. Instead, what we tend to see is a lot of hand-wringing about stigma as a barrier to weight loss. The message is that we should reduce weight stigma, otherwise it will impair efforts to reduce the fat body to a more socially acceptable body size and shape. Typical writings about weight stigma often assume that if left to their own devices, in a shame-free environment, people who are fat would be able to “stick to” their diets, lose excess weight, and no longer be categorized as fat/overweight/obese—it’s a win-win if one looks at it through an anti-fat lens.

Upon closer inspection, what the mainstream literature appears to be saying is that what is unfair about the stigmatization is not the stigma per se, but the possibility that it serves as an obstacle to moving out of the stigmatized group. Labeling weight stigma as a social justice issue with these stipulations for the stigmatized group undermines any efforts toward justice on behalf of people of size because it implies that fat people are not valued for their own sake. Social justice for people who are fat and stigmatized on the basis of their weight cannot be fully realized when their advocates on the scientific front lines believe they should (and can) be thin. It is absolutely essential that scholars campaign for formal legislation to protect against weight stigma and discrimination, but these same scholars are undermining their own efforts if the science they are relying on assumes fat is bad and “obesity” needs to be cured, and if they endorse these assumptions themselves. If fat is bad, then so are fat people, and these perceptions will reinforce and sustain the weight stigmatization and weight cycling that we know are associated with increased morbidity and mortality (Sutin, Stephan, & Terraccinao, 2015). This takes the political out of the personal and hence is not social justice.

Weight stigma is a social justice issue because our society does not value the natural diversity of body size and weight and does not dignify the bodies of people

across the entire weight spectrum. Weight stigma is a social justice issue because people who are fat are denied basic civil rights in every aspect of their lives, and this includes *their right to be fat* and live free of unfair treatment. We have yet to see these social justice issues tackled in the mainstream weight stigma literature. In addition, we encourage weight stigma scholars to engage more directly and openly with nonstigmatizing models for health and well-being, instead of promoting a stigmatizing treatment (weight loss) for an already stigmatized group (people who are fat). There are empirically supported models and approaches for health promotion that do not rely on weight loss and weight control as markers of success or misalign weight loss with health. Weight neutral approaches have emerged in recent years as a response to weight-normative (or weight-centered) approaches to health and recognize the debilitating stigma associated with being fat and the failure to procure weight loss.

Perhaps the most well-known incarnation of these approaches is the Health at Every Size[®] (HAES) paradigm, for which there is a rapidly growing body of supportive scientific evidence (Bacon, 2010; Bacon et al., 2002; Bacon & Aphramor, 2011; Bacon, Stern, Van Loan, & Keim, 2005; Burgard, 2009; Mensinger, Calogero, & Stranges, 2016; Mensinger, Calogero, & Tylka, 2016; O'Hara & Gregg, 2014; Tylka et al., 2014). HAES[®] is defined as:

A model to support the health of people across the weight spectrum that challenges the current cultural oppression of higher-weight people. Specifically, the model seeks to end (1) the stigmatizing of health problems (healthism) and (2) weight-based discrimination, bias, and iatrogenic practices within healthcare and other health-related industries, as well as other areas of life. The model acknowledges that weight is not a behavior or personal choice and that normal human bodies come in a wide range of weights and seeks alternatives to the overwhelmingly futile and harmful practice of pursuing weight loss. (Tylka et al., 2014, p. 7).

Contrary to erroneous claims made by those who do not support this more humane approach to health promotion (e.g., Sainsbury & Hay, 2014), HAES[®] does not contend that people are automatically healthy at every size or that everyone *can* achieve good health. HAES[®] advocates that every person has the *potential* for health at every size, and can adopt self-care practices to improve health and well-being, independent of weight status or whether these practices produce changes in weight. Weight does not define a person's health status and we cannot determine whether people are 'healthy' or not simply by looking at them. To correct another erroneous claim, HAES[®] is not against weight loss—it is against the *pursuit* of weight loss, because the evidence does not demonstrate that losing weight is a feasible, safe, and effective strategy for people to improve health over the short and long term (Mann et al., 2007; Neumark-Sztainer et al., 2006). We agree with the HAES[®] perspective that it is hypocritical to prescribe weight loss practices to people who are fat that we would diagnose as eating disordered (and thus discourage) in people who are thin or average-sized (Burgard, 2009).

It is important to highlight that Western culture speciously portrays weight loss in the opposite light—as feasible, safe, and effective when individual motivation to lose weight is strong—and uses the promise of happiness, as a “transparent

dangling carrot” that a person will obtain *after* weight is lost. The pursuit of weight loss then *coincides* with the pursuit of happiness. Paradoxically however, researchers have found that (a) the more people pursue happiness as an individual imperative, the less likely they are to obtain it (Gruber, Mauss, & Tamir, 2011; Kesebir & Diener, 2008) and (b) the more people believe that individual motivation is responsible for weight loss, the more disappointment and blame they place on themselves for not losing weight or maintaining weight loss (Mann et al., 2007; Ogden, 1992). Ultimately, then, the pursuit of weight loss ends with *decreased* happiness. It is important to highlight that this process is gendered, in that Western culture especially encourages women to lose weight and link their happiness to their success at weight loss (Stinson, 2001). Thus, the pursuit of weight loss ultimately compromises women’s physical health and psychological well-being more negatively.

Important for those who identify weight stigma as a social justice issue, the HAES[®] paradigm is grounded in a social justice framework, with its focus on ending weight stigma, honoring size and weight diversity across human beings, and following empirically supported interventions that promote health and well-being for every person and every body. If fostering humane and nonstigmatizing treatment of people who are fat is indeed the goal of research that investigates the problem of weight stigma, then weight stigma scholars need to engage with fat activism and size acceptance movements to challenge the fat oppression that fuels weight stigma and seek justice for all (Cooper, 1998; Saguy & Ward, 2011; Wann, 2009).

Feminism is for EveryBODY: Advancing Psychological Science on Weight Stigma

In this section, we consider some best practices for addressing scientific weightism in the mainstream weight stigma literature and for advancing the psychological science in this area, derived from the feminist analysis provided in this chapter.

Framing

The scholarship on weight stigma would benefit from greater self-reflection on the degree to which the scientific discourse on weight stigma is itself stigmatizing. It is important to recognize that “obesity-related” discourse in the weight stigma literature is a form of structural stigma that frames fatness in a particular way (see Saguy, 2013). This framing is not only scientifically debatable, but undermines the efforts being made to change the negative perceptions of people who are fat, as it automatically pathologizes and marginalizes people of size. Along these lines, we

encourage scholars to think more carefully about the language used to describe the stigmatized group and to avoid attaching stigmatized labels to them from the outset (e.g., “obese”).

Accountability

This attention to nonstigmatizing and accurate language and information is part of the larger issue of accountability. As noted by Goffman (1963), stigma resides in the social context, not the individual. The mainstream scientific literature on weight stigma is a critical component of the social context where weight stigma continues to survive and thrive. As psychological scientists and educators, we are bound by an ethical duty to first, do not harm. We are accountable for the research that we produce and publish on a number of fronts: to our participants, to our subject matter (in this case—the experience of fat people!), to our field, to the public, and to the wider institutional and cultural systems by which this research will be co-opted as a resisting or reinforcing structural agent of weight stigma. And we are accountable for our (mis)representation of correlational data!

Fat as a (Positive and Valid) Social Identity

In light of the extraordinary efforts by weight stigma scholars to influence policy and legislation to protect the rights of fat people, it is incumbent that we do not inadvertently violate those rights by dismissing, devaluing, and marginalizing the experiences of fat people. Much of the research invokes a body size hierarchy and an “us” vs. “them” dichotomy, with scholars talking down to people who are fat, as opposed to talking with people who are fat. Moreover, by not including fat people and their experiences in weight stigma research, scholars must rely on tenuous assumptions, which increase the risk of drawing incorrect conclusions about fat people and the nature of weight stigma. That being said, considering that the majority of people in the U.S. are now categorized as “overweight” or “obese” based on their BMI status, we can only assume that the majority of participants who endorse and enact weight stigmatization and anti-fat prejudice in these research studies are fat people. Are these studies capturing the perspective of the target or the perpetrator of the stigma, or both?

Despite the attention given to the discrimination encountered by fat people, very little weight stigma research has investigated the embodiment of fat from the standpoint of fat people themselves (e.g., Lewis et al. 2011). The weight stigma literature tends to stick to a standard narrative that positions fat people as victims of their fatness, as opposed to examining the potential for a spectrum of body size diversity and acceptance, whereby people feel full-bodied and live full lives in fat bodies or whatever body they inhabit (Saguy & Ward, 2011; Tiggemann, 2015;

Tylka & Wood-Barcalow, 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010) and shed the “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1984). Indeed, it is fallacious to assume that the lived experiences of fat people are automatically negative, unhealthy, and undesirable. Thus, investigations of people who are fat from a perspective of hygiology (i.e., wellness) in lieu of pathology are sorely needed.

Inclusivity and Intersectionality

More sophisticated investigations of weight stigma should examine fatness as a social identity that intersects with people’s other social locations, including gender, race, social class, sexual identity, age, and disability, and may also constitute identities with low status in the social hierarchy. For example, fatness tends to be associated with women, the poor, and people of color, whereas thinness is associated with privilege and higher social status; thus the “war on obesity,” a critical structural form of weight stigma, positions poor women of color as the most visible targets for attack. General investigations of weight stigma would not be able to capture the experience of weight stigma for this combined set of identities. Greater consideration and incorporation of the intersection of multiple stigmatized identities in these studies, as well as greater transparency on the standpoint of the researchers themselves, would allow weight stigma scholars to pinpoint more precisely who encounters weight stigma and how they do so.

We acknowledge the considerable challenge of conducting a more inclusive and intersectional program of research using traditional approaches in psychological science. It is especially onerous work for researchers if we consider further that social identities are never actually experienced separately from one another: what it means to be fat is compounded by the person’s other social locations, including gender, race, and sexual identity, for example, such that the person is never just fat or able to understand fatness as separate from other identities. Moreover, the more stigmatized the population, the more difficult it will be to reach them for inclusion, but these are the standpoints on which the research should be most applicable. As a necessary step for advancing the psychological science of weight stigma, we encourage weight stigma scholars to review the recommendations of Williams and Fredrick (2015) for creative recruitment, measurement, and analytic strategies to facilitate research with these more complex aims, designs, and lived realities.

Qualitative research methodologies often focus on how social categories relate to one another, as well as the themes and units of meaning relevant to these relationships, and therefore have been proposed as one of the most effective ways of studying intersectionality (see Christensen & Jensen, 2012; Shields, 2008). As such, these methodologies could be used to examine fat as a social identity that intersects with people’s other social locations. To achieve this, in-depth interviewing can be used to gather rich qualitative data from people of size to arrive at their life-story narratives. Such narratives reveal how individuals draw on different social identities in the construction of their life-story—thus, identity

becomes the stories participants tell about themselves in relation to their social categories (Christensen & Jensen, 2012). Intersectionality can further be explored by examining how people of size stress their different affiliations and positions (e.g., power, or lack thereof) in their life-stories. Qualitative methodologies would further allow researchers to note the impact of being fat on their collective social identities, and how this impact may shape their everyday lives. We would like to point interested readers to Bowleg (2008) who provides suggestions on examining intersectionality within qualitative research.

Concluding Remarks

We know that a common response to critiques such as ours is to label the chapter as “too political,” implying it is biased and agenda-driven, certainly not “objective science,” because it challenges the status quo. Not surprisingly, we think there is an alternative way to see this contribution. Indeed, it is just as easy to frame the *absence* of intersectional and critical perspectives in this literature as a political act. Insofar as the assumptions about fat and “obesity” are never questioned, and the lived experiences of being fat are never fully revealed, the mainstream literature rests on an anti-fat narrative that perpetuates a fat-phobic status quo. In order to build and advance psychological science on weight stigma, we believe that scholars must actually *confront* the assumptions they advance so ardently about weight, bodies, and the people who inhabit these bodies. Given the gravity of weight stigma and the dominance of anti-fat discourse in westernized societies, it is imperative we render visible the social structural factors that legitimize and normalize this stigmatization.

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Feminist Perspectives on Building a Better
Psychological Science of Gender

Roberts, T.-A.; Curtin, N.; Duncan, L.E.; Cortina, L.M.
(Eds.)

2016, XIII, 391 p. 3 illus., Hardcover

ISBN: 978-3-319-32139-4