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Embodied Fat Stigma and Health Beliefs About Exercise and Diet

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ABSTRACT

The purpose of this dissertation is to examine how individuals navigate the cultural mandate for thinness, which pressured individuals to pursue weight loss through exercise and restrictive diets. While sustainable weight loss is not probable for the majority of people, there are still significant physical and mental health benefits to be had from engaging in regular, enjoyable movement. For many, physical activity is an important component of a healthy lifestyle. It can improve quality of life for individuals regardless of weight, body size, chronic illness, or disability. However, many fitness facilities focus on weight loss as the most essential goal of physical activity.

In response to concerns that cultural mandates for thinness are too limiting, there are physical activity instructors who have sought to distance themselves and their spaces from the language and practices that establish and reinforce fatphobia, body shaming, ableism, and classism. In these spaces, instructors guide class participants through physical movement without any expectation of body optimization or modification. As such, these spaces may be a site of resistance to the larger cultural emphasis on thinness.

In this study, I first conducted a nearly year-long ethnography to investigate how individuals engage in physical activity in a body-inclusive space. I embedded myself in a body inclusive yoga studio and relied heavily upon my own embodied experience, as well as my observations of other participants and instructors. I observed how culturally normative body ideals emerged in social interactions. After analyzing my observations, I wanted clarity regarding how fat stigma, the social devaluation of an individual on the basis of body weight, and discourses of personal responsibility for health shape decision making for women in larger bodies. To investigate this process, I conducted 23 interviews with women in larger bodies via Zoom from April-October 2020. These interviews connected current attitudes and health beliefs to socialization around food and exercise. Participants navigated various forms of stigma, starting in childhood and persistent through current day. Often engaging in attempts to resist, these attempts were made more or less possible by social factors, such as where they chose to exercise, relationship status, parental responsibilities, etc.

This dissertation has implications for understanding the roles of anticipated, enacted, and internalized fat stigma in shaping health promotoion decisions for women in larger bodies. Findings from the ethnographic portion of this study suggest a series of best practices for fitness centers to improve accessibility for a range of individuals and highlight the need for spaces to accommodate the material reality of fat bodies. Interview findings directly contradict the cultural belief that people in larger bodies are disinterested in health or that larger people dislike engaging in physical activity. As a whole, the findings from this study suggest that barriers to health-promoting behaviors

for people in larger bodies are socially constructed and maintained through processes of anti-fat bias, stigma, and surveillance.

Keywords: Fat stigma, health, health beliefs, embodiment, qualitative, feminist methods

TABLE OF CONTENTS

Page

DEDICATION

To Willa Mae, the best research assistant anyone could ever want.

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It has been a long 2.5 years since I first started this project. I have a lot of people to thank for helping me get to this point. I can't imagine having undertaken this all without the support of my partner, Blake, who made a pinky swear in October 2015 that he would support me while I pursued a PhD. Who then made sure I was never without a perfectly made cup of tea and who always encouraged me to nap. Thank you to my daughter, Annalise, who has been so patient while I work. None of us expected to be trapped in a house together for a year while a pandemic raged. It has been over a year of two adults working from home and a sixth-grader who completed her daily online schoolwork and then played music for me while I coded data.

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LIST OF TABLES

CHAPTER 1

INTRODUCTION

The way sociologists examine stigma has evolved; from describing a social phenomenon (Goffman 1978) to theorizing and then empirically measuring the negative health outcomes associated with the experience of stigma (Hatzenbuehler, Phelan and Link 2013, Scambler 2009, Scambler 2018). The literature has established, and it is increasingly reflected in public perception, that stigma and shame are not useful tools for successful health promotion. The use of stigma to stop people from smoking is often touted as the epitome of success. However, the negative consequences associated with the use of stigma to end smoking are now being researched (Evans-Polce, Castaldelli-Maia, Schomerus et al. 2015, Triandafilidis, Ussher, Perz et al. 2017). Fear and shame keep individuals from necessary healthcare (Hatzenbuehler et al. 2013). Because we acknowledge the problems with using fear and shame, many health promotion activities have moved away from this.

One exception to this more progressive stance is the biomedical and public health emphasis on preventing, treating, fighting, and eradicating fatness.[1]Despite the anti-fat

[1] Throughout this dissertation, I will avoid using the terms "obese, "obesity", and "overweight" unless using a direct quote or citing a title. The etymological root of "obese" is the Latin *obesus* meaning "that which has eaten itself fat" and is deeply pathologizing. Therefore, I will use the neutral descriptor of "fat" when referencing body size in accordance with the specific wishes of fat activists who have worked, and continue to work, to reclaim fat as a neutral word describing a phenotype. I think it is important that we remain reflexive about the power we hold as researchers to legitimize and reify concepts and do our best to avoid contributing to oppressive structures that do harm.

biases embedded in prior research, researchers have contributed to a growing array of literature establishing that fatness is stigmatized (Carr and Friedman 2005, Gailey 2014, Kwan 2010); that stigma does not result in long term, sustained weight loss (Wott and Carels 2010), and that weight stigma is associated with health care avoidance (Drury and Louis 2002, Hughes, Bombak and Ankomah 2019, Lee and Pausé 2016). The aim of this study is to contribute to the stigma and health literature by documenting how participants navigate the embodied stigma of living in larger bodies and to explore how individuals learn and apply information as it pertains to their understanding of health.

Using two qualitative methods, ethnography and semi-structured in-depth interviews, I explore how women in larger bodies engage in health behaviors and how messages learned over the life course impact adult decision making. My motivations for pursuing this research topic arose organically from my exposure to fat acceptance literature and my participation in fat liberationist activism. I first became interested in qualitative methods while taking a course with Dr. Mieke Beth Thomeer in Fall 2018. However, I did not think the combination of my research interests and methodological approach was feasible until I pitched my dissertation idea to Dr. Cindy Cain; she agreed to chair my committee in Spring 2019. While this may sound like pandering to one's committee, it most certainly is not. I was taking on a topic that had never before been taken on in my department. The support and direction transformed a hypothetical into a concrete plan.

In the Spring of 2019, I used an ethnography independent study course with Dr. Cain to develop my dissertation proposal and learn more about the process of ethnography, data collection, management, coding, and analysis. I sought and received

IRB approval to begin preliminary data collection at a body-inclusive yoga studio. Fall 2019, I took a mixed methods course in the School of Public Health with Dr. Janet Turan and it was during this time that I developed my interview guide. I used the class to pilot a very preliminary version of the guide. It proved essential since it was in this course that I discovered the gendered nature of my interview guide. It quickly became obvious that cisgender men did not respond to the line of questioning the same way cisgender women did. Further, they expressed confusion about how the questions were related. An in-depth discussion about the gender differences in the internalization of health messages and body image is beyond the scope of this study, but should be pursued in the future.

At the end of the course, I felt I had a strong dissertation proposal with both preliminary ethnographic findings, a solid interview guide, and a strong recruitment plan. February 2020, there were some concerns about the potential for a pandemic in the United States and out of an abundance of caution, I submitted a protocol revision amendment (PRA) (Appendix D) to the Institutional Review Board at UAB (IRB) to conduct interviews online (via Zoom) if need be. The IRB quickly approved that request and I filed the PRA with my other IRB paperwork and considered that I might need to conduct interviews online until May or so. However, as the semester moved on, it became increasingly apparent that the pandemic was imminent and there would be major changes to my study plan. I submitted another PRA to the IRB asking to include a series of COVID-19 specific questions to my interview guide. It was approved in April 2020. I had left campus on March 13, 2020 and by time the IRB approved the COVID-19 specific questions, my entire study strategy shifted immediately to my "just in case" protocol. This transition meant conducting all recruitment via social media and word of

mouth. Further, all 23 interviews were conducted online. While this was unexpected, it provided a novel approach and an unanticipated avenue for methodological inquiry for this kind of study.

In this study, I examine, first, a yoga studio marketed as body-inclusive and how organizational policies meant to make the space more welcoming to people in larger bodies are either integrated or evaded by both instructors and students in the classes. Next, I explore how women in larger bodies recall their respective relationships with food, physical activity, their bodies over the course of their individual lives. Further, how do these relationships influence and shape the adult woman's perceptions and interest in health?

Organization of This Dissertation

This dissertation draws, ultimately, upon three main theoretical perspectives: Goffman's theory of stigma, Samantha Kwan's body privilege, and Michel Foucault's biopower. These theories and related literature are summarized in Chapter 2. With these theoretical stances in mind, I conducted a two-pronged mixed-qualitative methods study. This project was a massive undertaking and has resulted in rich data detailing the lives and decision making processes of women in larger bodies. The first phase of data collection was an eleven-month ethnography in a body-inclusive yoga studio in the Southeastern United States where I participated in movement and ritual, and observed how body hegemony was either discarded or accepted among the students and instructors. The second phase of data included 23 semi-structured in-depth interviews with women in larger bodies who participate in fitness classes. Conducted entirely online

via Zoom, I spoke with women for 1-2 hours about their family histories, their relationships with their bodies, exercise, and food. Details of the methodological approach are available in Chapter 3.

I have organized this dissertation to guide readers along the path I took as I engaged with the data in a series of four chapters presenting my findings. Chapters 4 and 5 are empirical chapters that present findings from my time conducting ethnographic observations. Chapter 4, Weight Normative Discourse in a Body Inclusive Space, describes and discusses how body privilege is introduced and reinforced despite efforts to welcome all bodies. The next chapter, Resisting Bodily Hegemony, details the approach taken by this specific yoga studio to expand inclusivity and accessibility in a fitness space. Further, it presents a series of best practices for translating these findings into other spaces.

Next, I include a chapter with findings from the interview portion of my data collection. In Chapter 6, I explore study participants' responses to the interview prompt, "Tell me about your relationship with food growing up." This chapter introduces the idea of food rules and beliefs and considers how socialization around food and eating in childhood sets the trajectory for these women's respective relationships with food for the rest of their lives. The final empirical chapter, chapter 7 discusses anti-fat bias in exercise and physical activity. I asked participants, "How do you decide where to go for physical activity," and their responses illuminate the various circumstances and considerations navigated by fat women when pursuing a space for movement.

CHAPTER 2

LITERATURE REVIEW

Fat Stigma

Weight stigma is the societal devaluation of an individual based on body weight. Shame has been, and is, used in interpersonal relationships and health care interactions as a tool to ostensibly motivate patients to lose weight (Lee and Pausé 2016). The idea that weight, like health, is entirely within one's control is a product of fairly recent neo-liberal Healthism (Crawford 1980). Prior to the 20th century, body size was not the intensely contested issue it is today. At the turn of the century, increasing numbers of immigrants into the U.S. brought with them a wide array of body size and shape diversity (Fraser 1998). In response, upper class whites began mimicking the noble classes of European whites who had been affecting tuberculous-level thin, wanness for ages (Fraser 1998) to distance themselves from the non-whites. Their fear of fatness was rooted in racism (Stoll 2019, Strings 2019) and was exacerbated by racist stereotypes of African-Americans as having ravenous appetites, both for food and for sex.

More recently, with the decline in religiosity in the West, the morality of "health" has taken a firm hold. Fatness became unofficially medicalized in the mid-20th century when a statistician at the Metropolitan Life Insurance Company starting calculating death rates using height-to-weight ratios (Stoll 2019) that BMI became an accepted health

measure. It wasn't until the 1980s when pharmaceutical companies and the diet industry began working with lobbying groups to get fatness framed as a disease (Fraser 1998). In the mid-1990s, Surgeon General Koop declared war on "Obesity". The World Health Organization (WHO) recommended that the brackets of BMI classification be updated and a BMI of 25 be the new cut-off point for fatness. The National Institutes of Health decided in 1997 to accept this recommendation because 25 would be an easy number for Americans to remember (Bacon 2010, Fraser 1998, Stoll 2019). Overnight, millions of Americans were considered fat and discussions of attributable factors and blame, began in earnest.

It is due to large part to the intense lobbying and diet and pharmaceutical industry marketing that weight is considered a mutable state and through physical activity and dietary restriction, fat individuals can become thin over time with enough willpower (Saguy and Riley 2005). Further, weight loss is framed as a moral imperative due to the purported threat of health outcomes associated with fatness. (Dark 2019, Harman and Burrows 2019). Previous studies report respondents holding racist, ableist, and/or misogynistic views. For example, one qualitative study of frequent exercisers quoted, "There could be like a fat area. Then we don't have to be around them" (Flint and Reale 2018). Findings were similar in a study of stigma and visual images of fat individuals. Results showed higher rates of dislike and social distance from fat, black women than from white individuals (Puhl, Luedicke and Heuer 2013).

A desire for social distance from a stigmatized group has a long historical precedent. Social distancing, or quarantine, was historically used to mitigate the spread of infectious diseases like plague or leprosy. In the Middle Ages, Europe began piling their

mentally ill, intellectually disabled, or socially undesirable into ships and setting them out to sea (Foucault 1971). In the mid-20th century, tuberculosis patients were sent to sanatoriums to avoid spreading the infection. Stigma extends beyond infectious disease. A 2015 study examined participants' desire for social distance from physically or intellectually disabled individuals (Coleman, Brunell and Haugen 2015). Fear of disablement could be another factor in the decades long war on fatness. The result has been generations of individuals, disproportionately those who identify and have been socialized as female, who have been subjected to a barrage of negative messages, assumptions, and interventions due to their respective body sizes. Instead of promoting health, the establishment of anti-fat messaging has caused a lot of harm.

Weight stigma is associated with increased stress (Farrell 2011, Tomiyama, Epel, McClatchey et al. 2014), anxiety (Himmelstein, Puhl and Quinn 2017), binge eating (Wott and Carels 2010), and increased systemic inflammation (Sutin, Stephan, Luchetti et al. 2014). Weight stigma mediates the association between BMI and self-rated health (Hunger and Major 2015) and is associated with diminished motivation to engage in physical activity (Vartanian and Novak 2011). Despite evidence that weight is largely out of an individual's control and that the pursuit of purposive weight-loss has negative health consequences (Bacon and Aphramor 2011), the fear of fat persists. A major limitation of current weight stigma research is that it does not fully consider the matrix of social and individual factors that construct the experiences of felt and enacted weight stigma.

Counter to the normative weight paradigm, there are groups that reject fatness as a source of deviance and, instead, embrace it as evidence of normal human variation. The

Fat Acceptance movement is a social health movement aiming to eliminate anti-fat bias at all levels of society (Afful and Ricciardelli 2015, Chastain 2014, Wann 2017). The National Association to Advance Fat Acceptance (NAAFA) is a non-profit organization dedicated to securing the civil rights and promoting the highest level of quality of life for fat individuals. In public health, Health at Every Size® (HAES) is a weight-inclusive framework whose tenets of respect, critical awareness, and compassionate self-care are essential to its health and social justice promoting mission (Bacon 2010, Bacon and Aphramor 2014).

Discredited vs Discreditable Identities

Goffman's original conceptualization of stigma made clear the categories of a *discredited* identity versus a *discreditable* one (Goffman 2009; 1963). The primary difference between the two is the level of concealability in whatever mark or attribute is the point of stigma. People with a discredited identity are those with a clearly visible stigma. Historically, examples of stigma have included actual physical marks upon one's body. For example, people with large scars or evidence of burns, people who have been literally marked by their experiences and are therefore subject so social commentary. In the case of this study, the stigma is laid upon individuals in larger bodies. Conversely, an identity is deemed discreditable when there is a hidden or concealed stigma. For example, someone living with an invisible illness or who has a lot of debt.

Stigma occurs at every level of society: macro, meso, and micro. Goffman introduced three ways that stigma shows up: anticipated, enacted, and internalized. It is important to discuss how these processes relate to the current study, because dominant

popular discourse has focused almost entirely upon enacted and internalized forms of fat stigma. To that end, I will first discuss how enacted and internalized stigma are conceptualized within a fat stigma framework and then present why this study fills important gaps in anticipated stigma literature as it pertains to fat individuals.

Enacted stigma, sometimes referred to as felt stigma, is the degree to which an individual has experienced discrimination or oppressive behaviors. Common examples of enacted fat stigma typically refer to microsocial interactions. Fat individuals recall being called names, being the butt of a joke or prank, family or friends making comments about their body and suggesting ways to modify it via weight loss (Dark 2019, Guardabassi and Tomasetto 2020, Harjunen 2020). In some cases, it is not a suggestion, but a mandate that the fat person lose weight or else lose access to some resource: romantic partner, invitation to social events, or other opportunity (Haskins and Ransford 1999, Himmelstein and Puhl 2019). Whether or not this barrage of negativity is directed at a person individually, the degree of anti-fat bias in society is such that everyone is aware. Children are socialized in a kind of anti-fat soup that pervades family, friendship, school, extracurricular activities, and trips to the doctor (Powell and Fitzpatrick 2015, Winkler, Berge, Larson et al. 2018). Over time, exposure and socialization results in the internalization of these values- both for thin and fat people alike. Thus, when fat individuals have internalized anti-fat attitudes (internalized fatphobia) they accept and align themselves with the negative claims laid against fat individuals. They have internalized that they have "done this to themselves" and that larger bodies are inherently bad and unhealthy and not worthy of full social integration and respect.

Fat people are constantly subject to a range of devaluing experiences and one of the most harmful kind bridges the gap to meso level social interactions: healthcare. The pursuit of healthcare in the United States is generally considered complicated at best. For fat people, one must navigate a series of choices before seeking healthcare. One is required to deliberate over the level of dehumanization one is willing to withstand and weigh it against the potential health issues necessitating the healthcare visit. This process highlights how anticipated stigma can arise for people in larger bodies. The social condemnation for fat bodies is so pervasive, accepted, and unchallenged that it is generally accepted as an uncontested truth that fat people are unhealthy due to their choices. Because of this, people in larger bodies are often afraid to seek healthcare because they anticipate being treated poorly, being condemned for their choices, and denied the care they are seeking (Mensinger, Tylka and Calamari 2018, Paine 2021). When further marginalization is considered (i.e. gender identity, race, SES, disability) the anticipated stigma can become untenable and individuals sometimes choose to forgo care altogether (Paine 2021).

This study adds to the anticipated stigma literature by discussing with women in larger bodies how they make choices about pursuing health promoting behaviors (i.e. physical activity). Previous research has demonstrated that exposure to fat stigma decreases one's likelihood of participating in physical activity, but the women in this study do participate, they do seek it out and find things they enjoy, despite diverse experiences with enacted stigma. With this study, I seek to explore what makes them different and how can we learn from their experiences to make movement more accessible to all.

Courtesy Stigma

Goffman (1963) clarified that there are variations in how stigma manifests. First, the "discredited" stigma. In this case, the discredited individual would be those with a fat body. Their body is a material symbol of their social devaluation and readily identifiable by others. The second form of stigma is the "discreditable" stigma. This form, courtesy stigma, is not visible and is assigned to the fitness professionals training fat individuals because they are associated with the discredited person.

Courtesy stigma is a "mark against" people who associate with stigmatized individuals or groups, rather than a mark due to a personal characteristic (Goffman 2009; 1963, Scambler 2004). For parents of fat children, they may seek to avoid the repercussions of the stigma by exerting control over what other people may think, know, or believe about the situation. For example, in one study of parents who sent their children to weight loss "Fat Camps," parents participated in rituals of disavowal and distribution of blame, both for their child's larger body and for the steps they took to shrink their child's body (Davis, Goar, Manago et al. 2018). In this case, parents navigated the felt and enacted stigma of having a large child directed at them via family, healthcare providers, and their children's schools.

For personal trainers or fitness instructors of fat people, the courtesy stigma is a result of multiple factors: being the in the same space, the professional "failing" of the trainer who didn't trigger weight loss in their client, and the proximity to the purported characteristics of fat individuals (e.g. laziness, unclean, etc.) (Meadows and Bombak

2019, Seacat and Mickelson 2009). Since physical activity and restricted eating are considered the gold standard for shrinking bodies in the "War on Obesity", fitness professionals are in a unique position as potential strategists in this "war" (Greenleaf, Klos, Hauff et al. 2019). It is their primary task to engage individuals in movement that will result in a loss of mass and, ostensibly, increased social capital in the forms of health and beauty. This goal has important consequences for a fitness professional. While association with a discredited identity results in courtesy stigma and social sanctions, association with someone with higher levels of social capital can result in a variety of material and intangible benefits (Mouw 2006, Song 2011). For example, a personal trainer who produces clients who shrink their bodies are credited with successful achievement of a professional goal. Furthermore, they're shielded from social accountability for weight the client regains, as weight is considered purely an individual responsibility (Foster, Wadden, Makris et al. 2003).

Family Fat Stigma

While courtesy stigma results in social sanctions due to association with a discredited individual or group, I would like to introduce the concept of "family fat stigma" in which fat stigma or anti-fat bias in the family unit functions as a microcosm of social derision for larger bodies. Given the primacy of the family unit in industrial societies, what families "do" to communicate or display their values carries a lot of social weight both for the family as a group and for the individual (Finch 2007). When parents or caregivers make their anti-fat bias known via direct (i.e. speaking negatively about

larger bodies) or indirect (i.e. engaging in diets) means, children learn to internalize those messages as family values and then may perpetuate them as part of a family display (Beach, Fincham, Katz et al. 1996, James and Curtis 2010, Smart 2007).

In other words, children socialized into an anti-fat perspective would act in a way that conveys their alignment with their family's anti-fat values. Examples of this are discussed in the findings of Chapters 4 and 6 where anti-fat messages from women's families resulted in first, the internalization of these messages and second, into behaviors. Thus, when we are studying individuals and their experiences with anti-fat bias, findings always need to be understood as embedded within their respective familial experiences.

Fat stigma is inextricable from attitudes and beliefs regarding food and movement. Research on families and health beliefs has found that weight is believed to be a primary indicator of health, that it is an issue of morality, and that food must be kept in balance with physical activity; that one can compensate for food with movement (Thomas, Olds, Pettigrew et al. 2014). These beliefs shape not only how parents choose to feed or speak about themselves, but also how they approach food and food-based conversations with their children- a practice which has effects over the life course. Research suggests that children as young as 9 are able to intuit their parents' feelings regarding the child's body and one study of 5 year girls found that parental concern regarding their daughter's weight and restriction of her food access were associated with negative psychological outcomes (Davison and Birch 2001). Further, exposure to weight stigma has been linked to pediatric neurocognitive impairments such as memory deficits (Guardabassi and Tomasetto 2020). Adolescent dietary behaviors are more closely aligned with their parental/caregiver behaviors than those of their peers (Fleary and

Ettienne 2019). Another study found that an adult woman's drive for thinness was associated with recollections of parental dieting and parental comments on her weight (Klein, Brown, Kennedy et al. 2017). Given how much parental beliefs shape children's attitudes and their long-term relationships with food, more research is needed on the ways these ideas are internalized and transmitted.

Foucault: Disciplining the Body

Michel Foucault posited that while disciplinary power exists to train each individual within a society to conform to specific behaviors (actions of bodies), biopower functions to control entire populations by standardizing the human experience (Foucault 1975). By taking the statistical and scientific concept of "normality," wherein a numeric sample is distributed symmetrically around the mean or average, and applying it to the human body, the body is no longer a unique organism, but rather an organized system of knowledge (Foucault 1975, King 2004, Tremain 2015). Any variation from the mean, or average, human experience is then pathologized as a disordered or diseased state.

This introduces the necessary discussion of who or what functions as the arbiter of biopower? Like all foundations of capitalism, biopower resides with the "institutions of power" of a society; the institutions relevant to this study are family, education, medicine, and government (Foucault 1975, Foucault 1990). These are the entities that shape and perpetuate the metrics and objectives used to gauge the success of a population. While disciplinary power relies on external forces to maintain control (i.e. laws, police, and courts), biopower functions through internalized self-control by shaping

the perception of individual actors. In Foucault's discussion of the Panopticon, he states that by keeping "in the inmate a state of conscious and permanent visibility," the prisoner internalizes the gaze of the guard and, in doing so, behaves as though never unobserved (Foucault 1975). It becomes less imperative for guards to intervene to correct behaviors because prisoners correct their peers and themselves as though they were sure a guard and some punishment were imminent. Thus, the external authority of the guards becomes internalized and performed as habit.

This theoretical stance can help us understand the mechanisms by which fat stigma controls bodies in society. One of the previously mentioned institutions of power is medicine. Healthcare, medicine, and doctors are treated as a monolith of knowledge, research, and wisdom in Western society. This stance is underscored both by the ubiquity of health information (e.g. social media, news, schools, social networks) but also by how medical professionals are depicted in entertainment media. Medical procedural dramas feed into the mythos of the archetypical wise, good, all-knowing, "I just want to help people" image of a healthcare professional. By first shaping how we view clinicians and healthcare providers, how we interpret motives, rationales for research, and recommendations are then likewise shaped. The biopower exerted by medicine is relational: bodies shaped by medicine reflect on medicine. Bodies that react to medical intervention in the prescribed way reflect well on medicine and medical discourse. Conversely, bodies that do not react in the prescribed way are marked a dilemma in need of a remedy. Thus, the responsibility is laid firmly at the feet of the individual instead of examining the institution and its processes.

While Foucault wrote from an agender perspective of the human body, feminist theorists have critiqued and expanded upon his original work to explore how power is used to discipline and train the body- specifically, the feminine body (Bordo 1993, Bordo 2004). In his original work, Foucault frames torture as a premodern method to enforce specific behaviors; however, contemporary fat activists would argue that torture is still very much used to control fat bodies, merely the methods have changed. Their case frames weight-loss surgery (bariatric surgery: the surgical reduction modification of a non-diseased digestive system) as the mutilation of an otherwise healthy organ in order to either severely restrict food consumption, or affect malabsorption, to induce weight loss; though the weight loss is neither permanent nor without significant risks and costs to one's health (Bacon and Aphramor 2014:19, Harrison 2019:151-52, Pizzorno 2016). This method is reserved, typically, for people who have "failed" to exert the necessary self-control that make biopolitics of health and healthism self-sustaining entities. This example can be best understood as one nexus of disciplinary and bipower wielded to control bodies that are not productive within the lens of capitalism. In lay terms, if you (any individual) can't control your body, they (the institution of power: medicine) will control it for you; further, you will pay them for the privilege. However, some individuals are able to evade the worst of this process, which is a form of body privilege.

Body Privilege

Samantha Kwan's (2010) theory of "body privilege" was inspired by Peggy McIntosh's concept of "white privilege" (McIntosh 1988). It posits that social structures

center and privilege the thin body. Body-based stigma is a multidimensional social process that marks some bodies as inferior, thus resulting in a variety of social consequences and disadvantages for those bodies. Conversely, bodies that adhere to the cultural ideal avert stigma and benefit from a wide variety of unearned privileges. These privileges include everything from seeing people who look like you represented positively within the media to not worrying if a seatbelt will fasten around your body to knowing the devices in a healthcare setting are designed to accommodate your body. In Kwan's foundational work, she noted that body privilege is impacted by multiple factors; namely, gender and race, and that individuals engage in a variety of self-surveilling and body management behaviors to mitigate the social costs of their bodily deviance (Kwan 2010).

Physical Activity and Solving the Fat Body

Fat stigma, or anti-fat bias, is the social devaluation of an individual on the basis of body weight or size, and is associated with a variety of negative mental and physical health outcomes (Emmer, Bosnjak and Mata 2020, Guardabassi and Tomasetto 2020, Paine 2021). People living in larger bodies are characterized as lazy, disinterested in health, lacking willpower, and less intelligent (Hebl and Xu 2001, Kersbergen and Robinson 2019). Further, weight loss is framed as a moral imperative due to the purported threat of health outcomes associated with fatness (Dark 2019, Harman and Burrows 2019). In this way, fat bodies are problematized and in need of effective solutions. One of the primary ways people in larger bodies are told to "solve" the problem of their fat bodies, and presumably improve their health, is by engaging in

physical activity. The premise being that if one expends more energy than one consumes, then one will become smaller. In other words, if you exercise more than you eat, then you will lose weight. However, this formula does not work for most individuals and the promise of long-term weight loss is not achievable for around 95% of individuals (Bacon and Aphramor 2011, Bombak, Monaghan and Rich 2019).

While sustainable weight loss is not probable for the majority of people, there are still significant physical and mental health benefits to be had from engaging in regular, enjoyable movement (Blick, Saad, Goreczny et al. 2015, Upchurch, Rainisch and Chyu 2015). These benefits are often barred to people in larger bodies. Previous research has documented the inverse relationship between weight stigma and an individual's likelihood of participating in physical activity (Harjunen 2020, Thedinga, Zehl and Thiel 2021, Vartanian and Shaprow 2008). Further, there are tangible, material barriers to larger individuals participating in many activities: not fitting in or on equipment, fear of exposing one's body to criticism or to photography (Harjunen 2019).

This fear of stigmatizing treatment should not be interpreted through a reductive lens where the fat individual is expected to "accept the risks" of entering a fitness space; nor should these instances of weight stigma be euphemized as "weight-based comments." One study documented overtly dehumanizing and degrading comments made in reference to larger bodied people in a gym (Flint and Reale 2018) and such traumatic learning experiences can trigger individuals to self-exclude from future participation (Meadows and Bombak 2019, Mensinger and Meadows 2017, Thedinga et al. 2021).

For many, physical activity is an essential component of a healthy lifestyle. It improves quality of life for individuals regardless disability or size (Harjunen 2019,

Harman and Burrows 2019). However, many fitness facilities focus on optimizing or modifying the body as the most essential goal of physical activity. Further, previous studies have shown that fitness spaces are not always welcoming of people in larger bodies (Dark 2019, Flint and Reale 2018) and rarely accommodate a spectrum of disability (Rimmer, Rubin and Braddock 2000). In response to these barriers, there are physical activity facilities that serve as havens (i.e. designated safe spaces) for people who do not have a history of being physical active, who have a greater body mass, or who have a complicated relationship with physical activity. In these spaces, instructors guide class participants through physical movement without any expectation of body optimization or modification. For the ethnographic portion of this study, I chose to focus upon modern postural yoga.

Compared to many other physical activities and fitness pursuits, postural yoga has less emphasis upon competition and athletic achievement, at least explicitly (Spatz 2015: 98). However, modern postural yoga adheres to the Western fetishization of the young, fit, female body (Alter 2006) and sells the idea of the "Yoga Body," which is young, thin, white, flexible, and entirely abled (Singleton 2010). The yoga body is not fat, a person of color, disabled, or old; yoga instructors whose respective identities are comprised of one or more of these categories are often met with discomfort or outright derision, and feel they must compensate for their perceived deviance from the culturally accepted yoga teacher ideal in order to best serve their classes (Dark 2019: 119-121).

There is a relatively new phenomenon influenced by the Fat Acceptance and Health at Every Size movements where instructors and/or studios specifically market classes to individuals for whom the Yoga Body is not a goal. These campaigns are

comprised of and directed towards women. While there are occasionally individuals who identify as men in the classes, the typical pattern aligns with the larger population of yoga practitioners, where the majority of teachers and students are women (Spatz 2015: 92-95).

Another source of bias in the physical activity world is ability. Ableism is "stereotyping, prejudice, discrimination, and social oppression toward people with disabilities" (Bogart and Dunn 2019). While ableism was first conceptualized as a macro, social-level phenomenon, it also manifests in group and individual interactions. In the following chapters of findings, I use ableism to describe situations in which ability is standardized and individuals without impairment are used as the default human. A major limitation of current stigma research is that it does not fully consider how internalized fat stigma and ableism may emerge in body-inclusive spaces, thus rendering fat positive organizational policies ineffective.

Food and Eating

The process of choosing food and then eating is about more than the physical act of consuming sustenance. It is a complex social process that reflects an individual's values, beliefs, socialization, and habitus (Beagan, Power and Chapman 2015, Bourdieu 1984). Individuals learn about food and eating primarily from their parents/caregivers (Fleary and Ettienne 2019). Mealtimes are spaces where mealtime rituals and expectations regarding regulation of oneself are taught and reinforced (Grieshaber 1997). This encompasses the types and quality of foods individuals come to expect; children

develop tastes based on foods most often offered to them. However, it also shapes ideas about quantity, methods, and consequences of consumption (Backett-Milburn, Wills, Roberts et al. 2010, Rogers, Taylor, Jafari et al. 2019). Through this, cultural and class preferences are built. Families communicate messages to outside members (their audience) about their beliefs and values using a variety of tools—one of which is food choices. This family display requires a high level of monitoring, both of oneself and of other members in one's family (James and Curtis 2010).

Despite moderate steps towards more equitable gender division of domestic duties, the roles of food preparer and health monitor typical fall to the women/mother in the family. Women perform nearly 48 minutes of food preparation per day, compared to men's 15 minutes (Jabs and Devine 2006). In this patriarchal and heteronormative structure, women/mothers are placed in the political position of monitoring and regulating the access, choices, and practices of food within the family. This role is then transmitted more often to girl children who are required to assist in the preparation and serving of food (Grieshaber 1997). As a result, women/mothers report feeling obligated to provide scratch-made/home cooked meals and are distressed when they are unable to do so (Backett-Milburn et al. 2010, Wright, Maher and Tanner 2015). Per the family display, mothers describe how they work to construct a packed lunch for their children that will communicate their attention to healthfulness and "good mothering" to others at their children's school (Harman and Cappellini 2015).

Further, the family display encompasses children's bodies. Parents, specifically mothers, of fat children report feeling like they're failing at their job as a parent (Gorlick, Gorman, Weeks et al. 2021). To cope with this distress, parents engage in a variety of

behaviors to prevent or reduce fatness in their child, all predicated upon the belief that food consumption is the determining factor body size. The behaviors range from criticizing the child's food choices (Thomas et al. 2014) to restricting the child's food access (Rogers et al. 2019).

The most common way that anti-fat bias is transmitted through family ties is through the practice of "fat talk." This is a practice wherein individuals participate in a critical commentary of both their own and other's fat bodies (Britton, Martz, Bazzini et al. 2006). A highly gendered process, research has found fat talk to be widespread among women. Significant consequences of recent exposure to fat talk include body dissatisfaction, more disordered eating behaviors, increased drive for weight control, and more body checking (Jones, Crowther and Ciesla 2014). Further, parental discussions of weight or body size can have negative effects on a child's relationship with food and their body (Davis et al. 2018) and just hearing family members make critical or disparaging comments about bodies is negatively associated with appreciating one's body and its functionality (Rogers et al. 2019, Webb, Rogers, Etzel et al. 2018).

It is typical and, arguably, important for parents to speak with their children about health. Conversations regarding healthy foods and physical activity requirements happen in the majority of households (Winkler et al. 2018). One study found positive outcomes in families where parents make healthy foods available, model healthy eating in front of the child, and involve children in food preparation; the same study found negative outcomes in families where parents restricted unhealthy foods, used foods to regulate a child's emotions, or used food as a reward (Vollmer and Baietto 2017). These findings suggest that it is not the act of discussing food and eating with children that result in

negative affect, rather, it is when food is problematized in the context of bodies and consumption that outcomes are poor, even if it is done from a place of health-promotion.

Parents are more likely to talk about weight in conjunction with health if they perceive their child to be over a weight; they reported a 200-400% higher likelihood of discussing weight with their child compared to parents who think their children are weight appropriate (Winkler et al. 2018). The effects of these conversations may manifest at different time points in the child's life. Adolescents are more likely to diet, engage in disordered eating, and seek to control their weight if their parents have weight-focused conversations with them (Berge, MacLehose, Loth et al. 2013). Wansink (2017) found that a woman's dissatisfaction with her adult weight was associated with remembering comments her parents made about her weight, but not with how much she objectively weighed. Further, individuals who report weight-related teasing in childhood, whether from peers or family, have higher rates of binge eating, extreme and unhealthy weight control behaviors, disordered eating, greater levels of restriction, and less body satisfaction (Neumark-Sztainer, Bauer, Friend et al. 2010, Vartanian and Porter 2016).

The previously described research makes clear that anti-fat bias sets fat women on a path of body dissatisfaction, an adversarial relationship with food, and a contentious approach to exercise and their bodies. This study seeks to introduce the potential for an alternative trajectory. There are women in larger bodies who work to divest themselves of anti-fat fat bias and make peace with their bodies. In doing so, they find their respective ways back to nourishing their bodies and engaging in movement that they enjoy. Their stories are important for many reasons, the least of which is that contemporary health advice consistently reinforces the importance of healthy diet, physical activity, and

reduced stress. This dissertation includes stories of women who are fat and who engage in health promoting behaviors, despite a lifetime of messages decrying the possibility that one could be fat and pursue health. These stories and my analysis contribute to how we understand why some people fight their entire lives to shrink their bodies due to fat stigma and anti-fat medical discourse and why others instead choose a different path. These are stories of women who, instead of quietly accepting that their bodies are a problem, turned a critical eye to a lifetime of anti-fat socialization and chose pursue their own interpretations of health. With this dissertation, I explore what sort of choices were made and why are some women given these choices, while others are not. I examine how body privilege acts as a sliding metric that gives one more or less distance from the effects of fat stigma and oppressive biopolitics. In doing so, it is my intent to provide both future avenues for research and action steps to make health-pursuit a more equitable and accessible resource for all.

CHAPTER 3

METHODOLOGY

Introduction

Research consistently demonstrates that weight stigma is related to poorer outcomes across numerous physical and mental health states, but most research is focused on how to mitigate weight stigma in an effort to improve the success of weight loss interventions. Further, there are few studies investigating how this information is blended with messages and beliefs transmitted over the life-course. In this two-part study, I used a combination of ethnography and in-depth interviews to delve into the world of individuals in larger bodies who participate in fitness.

My goals were to document how participants navigate the embodied stigma of larger bodies and to explore how individuals learn and apply information as it pertains to their understanding of health. The first iteration of data collection was a one year ethnographic study of a body inclusive yoga studio in the Southeastern U.S. These observations produced rich data describing experiences of stigma, health information exchange, and the centrality of social relationships. Using these data, I built an interview guide to probe further into how individuals navigate and make meaning from messages about bodies and health. A qualitative design was necessary to explore how individuals

conceive, cognitively, of physical activity, what informed their decision-making processes, and how goals were shaped outside adherence to hegemonic body norms.

During the ethnographic portion of the study, my focus included students and instructors during the classes and during informal social periods. It was important to my theoretical approach that I include both the teachers and the pupils since, at its core, my research is about health beliefs. Beyond individuals, I paid close attention to the physical space, the music choices, the marketing materials associated with the site, and even the smells. These subjective and embodied experiences require time and thoughtful exploration well-suited to an in-depth study design (Charmaz and Belgrave 2018, Chaudhuri 2017, Corbin and Morse 2003, Turner III 2010). This study design complements existing weight stigma work by focusing upon the complex ways individuals orient themselves within competing cultural frameworks about diet, exercise, and body size.

The second phase of data collection was a series of in-depth interviews with women who identify as fat and who have participated in fitness classes at any point in their lives. The interview guide was developed to explore recurrent themes from my field notes. The initial guide was comprehensive and included multiple scripted follow-up and probe items. When employing this guide in preliminary pilot interviews, I found it lacked the topical flexibility necessary for a conversational design. The final form of the interview guide was a reduced and streamlined series of items that encourage respondent introspection. Further, I sought to reinforce the subjectivity of participants and allow for a give and take between interviewer and interviewee (Buch and Staller 2007, Cancian

1992). To this end, I revised my interview guide to touch upon broad, conceptually interesting themes, rather than a specified questionnaire.

Ethnography

Data Collection

The setting for this study is a small, body-inclusive yoga studio located in the southeastern United States, here called Breathe Yoga. This site is uniquely suited to this study for its employment of larger bodied individuals, emphasis upon accessibility and inclusivity in its marketing and studio policies, and the consistency of class attendance. Further, the studio's website and social media explicitly detail their adherence to these policies. I conducted the ethnographic fieldwork over eleven months in 2019, attending one to three 1-hour classes at week at Breathe Yoga and spent 15-20 minutes before and after each class observing common areas (i.e. the lobby). Classes had anywhere from 5 to 20 students who ranged in ages from young adults to individuals who had long since retired from their respective careers. All instructors and class participants were women and participants were typically white- during the course of study, only two non-white participants were noted.

Accessing the Field Site

An introductory class package gave me unlimited access to all classes offered at Breathe Yoga where I observed both formal, and informal, studio discussions. The studio's owner and instructors were aware and supportive of my research. Entry into the site was uncomplicated and straightforward. I approached the studio owner, who is also

an instructor, after a class and asked if she would meet with me. We had lunch at a local restaurant where I explained my project idea to her. She was immediately interested and welcomed me into the studio and volunteered to be interviewed when I began Phase II data collection. Field work at Breathe Yoga included my participation in classes and their rituals, but I restricted my notetaking to post hoc field notes and reflections.

During my observation, I paid close attention to what class participants said, but also their body language, where they positioned themselves within the space, facial expressions, indicators of emotion, demeanor, apparel, and comments before and after the class. Further, my embodied experience as researcher is theoretically important to my study design (Kwan and Haltom 2019, McGuire 2007, Spencer 2014). Thus, visceral experiences (e.g. smells, sensations, sounds, emotions, etc.) were included in my notes. I stayed aware of how I was feeling—emotionally, psychologically, spiritually—in each class observation as these are all oft cited reasons for pursuing a yoga practice. In Chapter 3, I discuss how my embodied experience as a person with poor balance was welcomed into the studio.

To avoid marking myself as an outsider and to keep myself embedded in the field, I reserved notetaking for immediately following the class. Retreating to either a local coffee shop or to my home office, I spent 1-3 hours carefully detailing the experience and writing extensive personal reflections about my findings. The resulting 300 pages of field notes were typed using Microsoft Word on my laptop and then entered in a qualitative database constructed with NVivo12. This project received ethical approved from the Institutional Review Board at the University of Alabama at Birmingham.

Analysis

Following an Extended Case Method (ECM) approach (Burawoy 1998, Tavory and Timmermans 2009), data were collected and systematically analyzed based upon an a-priori theoretical framework: body privilege and stigma. However, I remained open to the potential for surprise encounters and negative cases in the field. I also relied upon the methodological processes of Grounded Theory (GT) construction during my observations. I used a multistage coding process, beginning with line-by-line coding and then transitioned into focused coding and identification and development of themes and subthemes (Charmaz 2008, Wray, Markovic and Manderson 2007). Analysis was iterative as I moved through movements of reflexive science (Burawoy 1998). My analysis cycled from field notes and the development of first, a preliminary codebook, and then developed a standardized thematic codebook (Appendix A) for data management. Next, I examined how observations were connected to social processes (e.g. anti-fat bias) and social structures (e.g. fitness industry), looking to the theory, and back to observations.

I began coding fieldnotes after my first week of observations in January 2019. The first week of yoga classes yielded around 9 pages of post-hoc field notes and I was eager to get started. First, I read through the field notes within Microsoft Word and used the review and comment functions to code line-by-line. At the bottom of each set of field notes, I created an informal, case-specific codebook for ease of review. I didn't move into focused coding until after completing the field notes for my eighth class observation. At this point, I was a little surprised by how much data was accumulating after only 3 weeks in the field. After line-by-line coding the notes from the eighth class, I returned to my

initial notes and began focus-coding and assigning themes. Since the field site was specific about its aims to be body inclusive and accessible, and is typically filled with very personable individuals, several themes felt obvious and repeated often: accessibility, social relationships, health discussions, and embodiment.

Once I established a series of focused codes, I moved from line-by-line coding to thematic coding. The rationale for this was ultimately about data redundancy. The classes I observed were structured and, for the most part, followed a very predictable script. Continuing to comb through recollections of familiar smells and directions to move one's body felt superfluous. I made the decision to focus upon finding thematic patterns. This decision proved fruitful and I quickly identified themes relating to both hegemonic and counter-normative fitness and body ideals- both which were of theoretical and conceptual interest to my study.

I fell ill in March 2019 and took a break from observations and from field notes. I returned to the site in May 2019. It was then that the owner of the studio introduced me to the idea of a temporal component in fitness. She explained that it was typical to see ebbs and flows of students in classes depending upon the time of year and the weather. Classes would fill up in January and then trickle to nothing in March. Only to fill up again in late April and fade away in mid-June; then, fill in September and disperse before the end of November. She attributed this pattern to fluctuating social pressure to seek fitness: New Years, "Swim Suit Season", and before the holiday (visiting family) season. Also, positioned as we are in the Deep South, people are disinclined to seek classes during the hottest part of the summer (July-August).

The owner's comments and observations revitalized my interest in thematic analysis and reinforced the importance of recording my embodied experience. I reflected upon when I was most interested in attending a class versus when I had to drag myself there. I became more attentive to the expressions of students and participants as they described their day prior to coming to the studio, because in those descriptions lay their individual rationales and motivations.

Next, I developed a thematic codebook (Appendix A) and used these codes to guide the rest of my analysis. I remained open to new codes, but after 9 months at the field site, nothing new was coming up. I continued attending classes and writing field notes for a little over two more months and ceased near the American Thanksgiving holiday due to very low enrollment. I planned to return in January 2020, but by then it was becoming more evident that COVID-19 was spreading and becoming more of a threat to health and safety. Thus, I concluded all ethnographic observation.

With the conclusion of field work, I used the thematic codebook to review all field notes, and organized the data by thematic areas with NVivo12. As I began written analysis, the thematic codes were sorted and classified, with attention paid to relationships between themes, going beyond description to evaluate conceptual linkages and to build theoretical insights, including considering systematic differences and similarities between and within classes.

In-depth Interviews

Recruitment

This study relied on qualitative data from in-depth interviews with 23 women between April and October 2020. Interviews were conducted via Zoom in response to health and safety restrictions due to the COVID-19 pandemic. Participants were recruited via social media and word of mouth. A PDF flyer seeking women (aged 18+) who participate in physical activity, and who identify as "chubby, squishy, plump, hefty, chunky, fluffy, voluptuous, curvy, big girl, or fat." The rationale for multiple adjectives in the recruitment materials was to engage with individuals who occupy a marginalized body size/weight status in a non-threatening way. Many people who live in larger bodies have experienced anti-fat bias from both lay individuals and from healthcare professional (Gudzune, Beach, Roter et al. 2013, Hebl and Xu 2001, Lee and Pausé 2016). Further, since fat bodies are stigmatized, they are often described with any number of euphemisms; I sought to communicate my interest in how potential participants described their own bodies.

The data were collected through in-depth, semi-structured interviews lasting from 1-2.5 hours. The majority of participants were in their homes; one participated via her phone while commuting. Because interviews were scheduled soon after the bulk of the United States and Canada were seeing widespread closures due to the COVID-19 pandemic, this necessitated a level of flexibility not typically experienced in interviews. I did not ask that respondents keep pets or children out of the room, nor did respondents bar their partners, roommates, or family members from periodically entering the room or video frame. Interviews were conducted and recorded via Zoom. Audio files were then

exported and transcribed verbatim for analysis using Otter.ai. Participants were asked to respond to a series of questions (Appendix B).

Inclusion criteria for the in-depth interviews were adult (aged 18+) women, who participate in physical activity, and who identify as "chubby, squishy, plump, hefty, chunky, fluffy, voluptuous, curvy, big girl, or fat". The rationale for including multiple adjectives in the recruitment materials was to engage with individuals who occupy a marginalized body size/weight status in a non-threatening way. The use of gentle humor sought to communicate that participation was a non-judgmental, low risk choice, and provided many options that may match how participants think of their own bodies. Many people who live in larger bodies have experienced medical weight stigma from healthcare professional (Gudzune et al. 2013, Hebl and Xu 2001, Lee and Pausé 2016).

Previous research has demonstrated that while individuals who are aligned with fat liberation work and literature are more likely to embrace the term "fat" as a neutral descriptor; however, it remains a term laden with negative connotation and hurt for others (Backstrom 2019). To this end, I sought to provide as wide a variety of self-descriptors as possible. Engaging in some informal research, I relied upon posts from Twitter, Instagram, and TikTok to provide the most commonly used adjectives for a larger body. I quickly noticed patterns in word choice along gender identity and sexual orientation lines. Presumably cisgender, heterosexual women were more likely to use words like voluptuous, curvy, plus-sized, big girl, or simply "BBW." Whereas queer[2] women were more likely to vary their term usage based upon their proximity to heteronormative

[2] In this instance, I am using the term "queer" as an umbrella term encompassing all non-heterosexual individuals. I do this in lieu of making an exhaustive list of potential sexual orientation labels. While historically a term of derision, much like the reclamation of "fat" as a neutral description of body size, "queer" has been reclaimed by the LGBTQ+ community.

gender presentation. Queer femmes most often used terms like chubby, fat, plump, or curvy and queer mascs (masculine presenting women) often posted using tags like chubby, hefty, chunky, or fat. The vast majority of cisgender women and queer femmes also employed the term "thick/thicc." However, this term was created in African-American Vernacular English (AAVE) and would not be appropriate for me, a white researcher, to use. The nuance in choices of self-description would make a fascinating study on its own. Thus, my decision to include a wide range of adjectives was not done lightly. Further, I wanted my recruitment message to be explicit about how the interview was more like a conversation, not at all an intervention.

The decision to restrict recruitment to women was fundamentally a practical decision. While fat stigma impacts all members of society, whether it is felt as enacted discrimination against fat people or used as a tool to keep thin individuals in line, the experience is a gendered one. Thus, a present, the bulk of body neutral facilities are directed at women. Before the COVID-19 pandemic forced widespread facility closures and severely restriction my study design, I had planned to recruit in spaces designed for and inclusive of individuals of diverse gender identity. In light of safety precautions, I was forced to restrict recruitment to online and word-of-mouth.

The primary recruitment material was a flyer posted on social media platforms and shared by individuals. The owner and instructors at my ethnographic field site shared the flyer on their respective social media accounts. Further, several Instagram accounts with large platforms dedicated to making movement more accessible shared the flyer. Interviews were conducted entirely online via Zoom.

Interested individuals were directed to contact me via email and preliminary information regarding the aims of the study was shared via email using a standard response script. Once inclusion criteria were verified, an interview appointment was set. After several weeks of interviews, I began reminding participants 36-48 hours prior to our scheduled interview about the impending meeting. By May 2020, people were already feeling the effects of pandemic fatigue and would forget they had a meeting or confuse time zones. Three interviews were rescheduled due to forgetfulness. In all transparency, time had begun to lose meaning in the relentless mix of virtual classrooms and meetings. To combat this, I began setting alarms both in both the common living areas and my home office. Had I not been required to conduct research virtually from my home, I don't think I would have connected with participants so quickly.

By conducting the interviews via Zoom, the nervousness associated with going somewhere and meeting someone new is removed. There was no rush to beat traffic, no searching for a parking spot, no sudden self-consciousness about whether you're walking strangely. That's not to say I didn't have bouts of nerves prior to my first several interviews. One of my favorite faculty members in my graduate department once told me, "sociologists become sociologists because they want to understand why it's so hard to be a normal person." In the case of the interviews, I initially sought to conduct myself as I thought a sociologist conducting research should. That is to say, I tried to be very measured and restrict my mannerisms. I tamped down my typical enthusiasm and hid when I was excited or empathized with what someone said. After two interviews, when transcribing the audio files, I concluded that I was being inauthentic and committed to being myself during the interview process. I couldn't be more pleased with the results of

my choice. Participants began speaking more freely and introducing topics they felt related to the topics at hand (e.g. the role of romantic partners, which I did not consider for this study, but will pursue in future work). Interviews expanded from 45 minutes to 90 minutes and more. In the case of this study, I feel strongly that my decision to present the most authentic version of myself created a safe space where participants felt likewise safe to be themselves.

Analysis

Participants included women ages 24 to 52 with a mean age of 35.6, but a median age of 33 (Table 1). Of these women, 87% were white, 9% were black, and 4% described themselves as "of mixed-Asian descent." Eighty-two percent of those interviewed did not have children. Nearly 44% of study participants worked in either secondary or post-secondary education and 78% mentioned religion over the course of their interview.

Table 1. Characteristics of Study Participants (n = 23)

Age, n	
24-29	4
30-39	13
40-49	5
50-59	1
Age (mean), years	35.57
Children, n	
No	19
Yes	4
Partner Status, n	
Has a Partner	14
Not Partnered	7
Not Specified	2
Race, n	
White	20
Black	2
Asian/Pacific-Islander	1
Religious, n	
Yes	18
No	5
Occupation, n	
Education (secondary or postsecondary)	10
Professional	5
Service Industry	4
Yoga Instructor	2
Disabled; Unemployed	2

Interview analysis did not officially begin until August 2020, after the 22nd interview. Informal analysis began with the first interview. Prior to each meeting, I printed a copy of the interview guide and used it for jottings during the interview. After, I would assign an identifying marker to the top of each and then file it in a 3-ring binder. Before a new interview, I would page through previous interviews to see if there was

anything I wanted to bring up. For example, it is not in the interview guide to ask participants if they grew up in a rural area, but participants would often mention it of their own accord when asked about what physical activity looked like in their family while growing up. Likewise, I asked no direct questions about whether someone considered themselves a competitive person, but liking or disliking competition was almost universally mentioned when I asked about physical education during schooling. The jottings were treated as part of the interview data and were similarly coded.

Similar to the analysis of my ethnographic data, I followed an abductive approach (Burawoy 1998, Paine 2021, Tavory and Timmermans 2009). With the interviews, data were collected and systematically analyzed based upon an a-priori theoretical framework: stigma. Interviews were conducted via Zoom and the audio files were exported. Next, those files were uploaded to an automated transcription service called Otter.ai. When the program notified me that the transcription was complete, I would use the built-in edit function provided by Otter.ai to listen to the transcript while following along in the text, stopping to correct any missed or incorrect transcription. Once complete, I exported the transcription as a Word document and saved it on a locked jump drive reserved solely for data storage. Each transcribed interview was marked with a deidentified tag and that code was used to mark any materials related to that interview (e.g. jottings, memos, etc.). This method kept the participant's information confidential while providing me with any easy way to cross-reference and track materials. All interviews were conducted on my locked private computer that is kept in my home office and the jump drive designated for storage was stored in a locked drawer when not in use.

Akin to my experience with coding fieldnotes, I was eager to begin interview analysis. I used a multistage coding process and initially started with line-by-line coding, but then transitioned into thematic coding as I identified themes and subthemes (Charmaz 2008, Wray et al. 2007). Analysis began with line-by-line coding the interview transcripts and looking to the case-specific codebooks from the ethnographic observations to see if there were similarities. This process was time-consuming and ultimately unproductive. Had I been able to pursue my original study design to interview individuals at my ethnographic field site, there may have been more overlap in case specific themes. However, due to the ongoing COVID-19 pandemic, I interviewed only two individuals from the field site and recruited the remaining 21 from social media platforms.

In September 2020, I moved onto thematic analysis. Using the thematic codebook from my ethnographic findings, I began identifying parallel themes. I soon moved beyond the comparatively small ethnographic codebook with 19 theme codes (Appendix A) to an expanded interview theme codebook with 35 themes and 87 subthemes (Appendix C). While a handful of codes transcended methods, the study design and choice of field site inevitably produced richer nuance from the interviews. I followed a process of categorization directed by the data, writing conceptual, methodological, and reflexive memos for each case. Next, I evaluated how codes were connected to broader social processes and social structures, looking to the theories (stigma and body surveillance), and back to codes. Throughout coding, I used multiple analytical memos to explore how categories related to each other on a conceptual and theoretical level.

During the analytic process, several authors published work relevant to my research. After reading heretofore anonymous writer @yrfatfriend, nee Aubrey Gordon's, *What We Don't Talk About When We Talk About Fat* (Gordon 2020). I was blown away by how central her experience of gender and performance of femininity was to her life as a fat woman. I returned to the interview data and re-read the transcripts with a new eye for all the little ways gender shows up in the fat experience.

Given the breadth of themes and subthemes, a comprehensive and detailed explanation of my findings is beyond the scope of this dissertation. Instead, I chose to present a non-exhaustive selection of findings: two empirical chapters from the ethnographic study and two empirical chapters from the interviews. In this way, I am able to introduce some of the themes most salient to my original questions regarding physical activity and health beliefs.

My case for claiming data and theoretical saturation is a strong one. I began coding field notes before exiting the site and reached a point of such data redundancy that I felt I could accurately predict the outcome of each class before it ended. Likewise, I began coding in-depth interviews before they concluded in October 2020. By August 2020, I felt I could close recruitment because I was hearing many of the same things from study participants. I conducted the final interview in October because the individual had spoken with me in May about interviewing, but had lost the interview information in her email and wanted very much to participate. So, I conducted the interview.

While the content of the interview was similar to the interviews before, the unusual set-up of the interview introduced novel methodological insights. This participant sent a follow-up email a few days after the interview. She had thought about

our conversation and wanted to expand upon a few items. I think this would be a fascinating study design where study participants are interviewed and induced to submit some kind of reflection or response at a later date. However, that is beyond the scope of this study.

Positionality and Reflexivity

From the moment I first decided to pursue this topic for my dissertation, I knew my embodied experience as a fat person would have an unavoidable impact on the study design, field site access, recruitment, data collection, and analysis. I literally used my fat body to collect data during ethnographic observation and relied upon it to confer alliance with other fat individuals in these spaces. Over the last two years, I have sought conference and conversation with other fat scholars and learned from their respective approaches. Doing this, my feelings about my body evolved from a wary truce to a peacefully utilitarian approach. This transformation impacted how I engaged in the interview process. Because I had no room for body hatred in my life, I reflected that acceptance towards the study participants. This took the form of empathy for painful experiences, taking delight in their successes, but never performing the socially anticipated (expected) role of encouraging self-denigration. On one hand, I would hold space and, of course, record these dark moments, but I did not push respondents to dig deep and share moments of anti-fatness or self-hatred. I take very seriously my perceived expert status as a fat scholar and try to be careful not to reify harmful constructs. What I, or other sociologists, might see as a legitimate academic curiosity, study participants may feel is trauma mining.

Another role that influenced my research, I am a mother to a pre-teen girl. Reflecting on the messages I received as I entered adolescence, and my desire to break cycles of intergenerational harm, impacted how I related with some participants. Just as I engage reflexively as a mother to avoid compulsory heterosexuality, assumptions about gender, bodies, or health- I likewise engage as a researcher. Unexpectedly, this was typically reflected by study participants. The median age of respondents was 33 (my age). This meant building rapport with study participants based on a similar timeline of cultural experiences.

Beyond these two primary items, I am also a white, highly educated, disabled, and non-binary femme. These identities provided a social matrix of me as a person and shaped how people decided whether to participate in the study and how open they wanted to be with me. It was my experience that being heavily tattooed sparked countless conversations in my field site. Likewise, conducting interviews via Zoom meant participants had a window into my world. This glimpse sometimes meant hearing my dog bark at the postal carrier, but more often meant asking about the books on the shelf behind me.

My experience suggests that this leveled the playing field and removed the socially constructed barriers one might typically find in a researcher/study participant dyad. Moving forward with my research career, I want to further delineate the roles and categories of power in the research process. There is a place to be an authority on a topic and to be treated as an expert without buying into the historical approach of being an authority figure and undermining people's expertise about their lives and conditions. This is one of many steps we can take, as researchers, to make science more accessible.

CHAPTER FOUR

WEIGHT NORMATIVE DISCOURSE IN A BODY-INCLUSIVE SPACE

Introduction

The purpose of this chapter is to show how bodily hegemony is reproduced even by people who find it antithetical to their personal beliefs. Using ethnographic data collected over an almost yearlong field study, I examine how deeply ingrained culturally normative body ideals emerge in social interactions (Kwan 2010). Even in a space specifically designed to be inclusive and accessible, individuals reinforce body norms and uphold a body hierarchy. It's important to examine the translation of anti-stigma messages within and by an organization into group members' professed attitudes and patterns of behavior.

My observations were situated within curated body-inclusive yoga studio. I chose this space because I wanted to learn how individuals participate in physical activity in a space where the typical "goal" of exercise is discarded: changing the size, shape, or appearance of one's body. My research is guided by two questions: how do people act in places where it is made explicitly clear that 'all bodies are good bodies' and do people engage as though "body privilege" exists in these mindfully crafted body-inclusive spaces? Answering these questions will help shed light upon efforts to subvert body-normative physical activity and potentially illuminate best practices for improving physical activity accessibility.

FINDINGS

Normative/Hegemonic Discourse

Good Fatty

The "good fatty" is a trope developed by fat activists and used to describe individuals in larger bodies who align themselves with dominant "obesity" discourses and perform proof of health "in spite" of living in a larger body. Borne of Healthism, the neoliberal ideal of health as a moral imperative (Cheek 2008, Crawford 1980), a good fatty may communicate their adherence to biomedical and/or diet culture shaped norms of movement or food consumption. There are assumptions that underpin the Good Fatty performance: the association of "obesity" with morbidity, mortality, the belief that weight loss will improve and prolong one's life (Bacon and Aphramor 2011), and the idea that a fat individual is burden upon society (Pausé 2017). During informal conversation in the studio lobby after class, one student described her experience with family comments about her weight.

> Eliza set her shoes on the bench next to her and leaned toward me. She took a breath, held it for a second before exhaling through her nose. "You know…so, my grandmother, she would always point out my backside like it was some huge problem. Ok, yeah, I get it. I'm fat, but I'm a vegetarian- mostly. I do yoga and Pilates and I used to do horseback riding.
> Do you know how much strength it takes to ride a horse? It takes a lot!

In this excerpt, there are several assumptions that must be accepted if one is to understand that the speaker feels she is successfully performing health: vegetarianism is healthy and moral, engaging in physical activity is healthy and good, and it is a worthy

pursuit to be strong and seek strengthening activities. Perhaps less overt is the underlying assumption that one understands and accepts the "energy in/energy out" diet and exercise model of weight control; where an individual's caloric intake (diet) can be offset or "burned" by their energy output (physical activity) (Bombak et al. 2019). The speaker is making clear that she is putting "good" things into her body (i.e. her predominately plant based diet) and seeks to use the resultant energy for "good" activity (i.e. demanding physical activity).

In this passage, she communicates exasperation with a noted pattern of behavior. Namely, her grandmother's comments about her (the student's) body. However, the conversation doesn't include any assessment of why her grandmother felt entitled to comment upon her body or about larger social discourses surrounding bodies, especially female bodies. Rather, the student provided a verbal evaluation of her individual behaviors and felt compelled to list her experience with food and physical activity. Presumably to communicate that she is doing the "right" things, despite her body's "wrong" size. By listing observable behaviors, people move the problem outside of themselves while leaving the normative assumption in place; thus, potentially averting social sanctions for their body's failure to conform. This passage can also be interpreted as an example of self-surveillance wherein people in larger bodies are compelled to maintain a state of hypervigilance about their respective bodies and its links to health performance (Foucault 1975, Henderson, Harmon and Houser 2010, Kwan 2009). Had the speaker merely complained about her grandmother's negative body comments, the speaker may have left herself open to critique by listeners. The intrinsic logic of this social process being that if one calls attention to their flaws and addresses the steps they

are taking to attend those flaws, then outside criticism is rendered moot. It matters less how probable this feared outcome is; it matters most that it is possible.

For example, if she had said, "My grandmother is always talking about how large my backside is," then, hypothetically, someone listening to the story could have replied, "well, your backside *is* large." Which then opens the possibility of anyone providing a series of recommendations to alter her backside into a more socially ideal form. Further, the anticipated stigma could extend beyond concern for what others might say and refer solely to what others might think. Thus, the speaker making a statement and then providing both background and clarification is an example of the self-monitoring prompted by anticipated fat stigma.

It was not only students who engaged in this trope to manage interpretations of their bodies. One instructor who had previously exclaimed, while gesturing to her abundant midsection, "I know it's stupid, but there is a part of me that still believes there is a diet out there that will work for me," often communicated how she engaged in body surveillance through monitoring her food intake.

> She described the day her blood pressure got so high. She'd gone to a fast food chicken restaurant for lunch because she only had an hour, but *got a salad* [speaker's emphasis] and had to eat it while driving back to work. She continued to describe the potential sodium content and how that may have influenced her blood pressure, but how she didn't have much of a choice. She only got an hour for lunch and traffic was a nightmare. Shaking her head, she set her hands on her desk and said, "I hate eating in the car. I feel like everyone is judging me."

By emphasizing that her meal was a presumably healthy choice, a salad, this excerpt describing the instructor's performance of the "Good Fatty" can be interpreted as an experience of anticipated stigma or stereotype threat. Stereotype threat can be

understood as a situation in which people are worried or fearful that they are fulfilling a stereotype about their social category (Spencer, Steele and Quinn 1999, Steele and Aronson 1995). She explains how she feels like eating in public, as a visibly fat person, is fulfilling the stereotype of the insatiable fat person and thus makes her a target for judgement and/or derision.

The instructor went on to describe how she took steps to drink even more water that day, a behavior so uniformly accepted as health-promoting that it was never critiqued in any of my observations. She also described how she regulated her breathing, tried to lower her heart rate by lying on the floor with her legs raised, and felt she'd done everything she could think of to bring her blood pressure down. Critically, what is missing from her description is any mention of the various social structures and processes that could be contributing to her blood pressure in this scenario. At the time of this conversation, the instructor was working full time at a high end organic grocery store while also teaching yoga full time. This left her with limited opportunity to eat outside of her vehicle while traveling between the two sites. She doesn't mention the stress embedded in this lifestyle, but she did mention an awareness of other's noting her food consumption and assigning a moral value. This awareness and constant vigilance is fundamentally linked to the experience of fat stigma.

One of the challenges I faced in the field site was walking the line between gathering data about anti-fat bias and protecting my own mental health from its effects. There were occasions when I became aware I had not reacted nor responded in the expected way. One such occasion involved a discussion of food after a class one day.

> Like always after a 12-1pm class, I was starving and ready to find lunch. I was mentally reviewing the food options between the studio and my home: pho, sushi, or maybe a giant salad with some salmon. I used the front desk for balance while sliding into my Birkenstocks made gross by the August heat. I stood there and listened to some of the other students talk about a cooking competition show. I turned and asked the class instructor if the macarons at the bakery of her other job were any good. The same student always mentions a "healthy alternative" to any food someone mentions took the opportunity to interject, "They aren't gluten-free! The macarons…they aren't gluten free."
> Before I realized what I was doing, I responded, "I don't…care? I don't have celiac?" She was visibly taken aback and goes, "What? Don't you know what gluten does to your gut?" and followed up with a series of statements about gluten, gut health, leaky gut, inflammation, and weight loss.

In this passage, I make two decisions. The first, as a researcher, I could have adopted a more objective stance and responded to the student's interruption with curiosity and patience. Instead, my embodied experience as an overly-warm and very hungry human person took precedence and I responded very authentically. My second reaction was as a fat person. I was asking about a special treat, a cookie made with sugar and butter that does not fit neatly into the Good Fatty framework of acceptable foods. By warning me against the potential gluten content, the student was communicating her belief that the macarons I sought were a "bad" food. When I made it clear that I did not care about their gluten content, she barreled forward with her explanations and warnings of what dire consequence awaited if I did not restrict this wheat protein from my diet.

This interaction feels religious in its fervor and in the evangelical way she imparted her testimony regarding how she was saved from a terrible fate by her good choice. This is a strong example of how Healthism, the moral imperative to seek health, is performed as the Good Fatty. In this example, a fat person is communicating her alignment with health-centric discourse verbally and with full conviction. This

performance tells me and everyone who witnesses it that although she is in a fat body, she knows what it means to be healthy and is actively pursuing it. Compared to other bodily conditions that may require a shift in food choices, but that were not mentioned nor lectured upon in the studio (e.g. allergies, food sensitivities, gastrointestinal distress), the choice of foods as it pertains to the condition of fatness were often up for discussion.

Fat Stigma

Fat stigma, the social devaluation of an individual due to body size or weight, is embedded within social interactions long before one enters a yoga studio. It is nearly inextricable from Western conversations about physical activity, food, and health. Because Breathe Yoga is specifically designed to avoid any weight-based body goals, nearly all the fat stigma I observed was introduced to the space through indirect or internalized means.

> There was a new student, this evening. An older woman, maybe in her 50s, with light brown hair cut in a soft bob. There was ample space next to where I'd set up my mat and she and her friend settled their things, there. Upon sitting down and noticing herself in the wall of mirrors across from us, she ruffled her blue t-shirt over her abdomen and commented, "you'd think seeing myself like this would get me to stop eating." Hearing this student express her body dissatisfaction in such explicit terms was a shock for me. I felt it like a physical blow. I had been in this space for several months and had started to take it for granted that I—we—all of us fat people were safe here. I wasn't able to form coherent words in the moment. I just looked at her, blinking in what felt like slow motion, caught somewhere between bafflement and horror, before finally making some kind of an, "oh? Hmm?" sound in her direction.

Stating her displeasure with her reflection to me in such stark terms was unexpected. Until this time, I had not been privy to any explicit statements of anti-fatness. This is perhaps why I was so puzzled that the student thought that this sort of

comment was acceptable, or even expected, in this space. An example of internalized fat stigma, she signaled her belief in the potential, and imperative, for the modification of one's body mass through intentional food restriction. This is in line with previous research documenting the social bonding practice undertaken by women called "fat talk" wherein individuals engage in self-denigrating talk about their bodies (Salk and Engeln-Maddox 2011). Previous research has established the contagious and harmful effects of engaging in this sort of behavior (Salk and Engeln-Maddox 2012, Tucker, Martz, Curtin et al. 2007). The strength of my reaction was borne of a combination of dismay that a person I did not know would assume a joint embrace of body dissatisfaction and fear that other students in the space may overhear her comments and interpret my actions as my sanctioning the anti-fat stance. Moreover, since it is considered normative for a woman to communicate body dissatisfaction as an overture of bonding (Britton et al. 2006) my opaque reaction was most likely unexpected, or downright odd, and may have introduced some desire social distance into the space.

Navigating diet or fat talk in the studio was not an experience unique to me. I overheard several conversations over the course of my observations where other students were subject to an overture of fat talk and engaged in different tactics to evade being drawn in by it. One such scenario happened in a Restorative Yoga class. The purpose of this class is to tap into the parasympathetic nervous system and trigger deep rest and healing. I'd participated in an earlier, very active class and was ready to rest my body. I dragged three long purple bolsters to my mat and used them to support under my neck and beneath both of my arms as I reclined under an air vent.

An older woman in a matching blue top and leggings, who I will refer to as Judy, walked in, saw me on the floor propped up by bolsters and laughingly said, "you look comfortable," and placed her mat on my left between my space and next to another older woman. Since I was, in fact, very comfortable and the lights were off in the studio, I leaned my head back against the bolster and stared at the ceiling while listening to her speak to her friend, Marie, who was already seated who I've interacted with many times before.

> They were talking about how Judy's mother was in such physical pain that it caused her to vomit. She said, "I think mom may need surgery in order to keep going," several people walked into the studio, then, and I couldn't hear what she said, but then heard,
>
> "I haven't been eating much since the procedure, but I had a huge supper, last night, and this morning the scale said I'd gained 3 pounds!" Judy is a tall woman with long hair and I imagine she's somewhere between 60 and 70 years old. I would not classify her as fat. I could hear how upset she was about those 3 lbs. Marie, who is around 55 or 60 years old, a smaller fat, and more physically active said, "...well…in all my years of yo-yo dieting, I would finally lose 10 pounds and then have a big dinner and then would gain it back, so-"
> Judy interjected, "-maybe your supper was high in salt? Could just be you've gained water weight."

After class, while milling about in the lobby, I learned that the procedure Judy referenced having had was brain surgery. Eight weeks prior to this class, she had undergone a procedure to address compression on her cerebellum. My first reaction to this was shock, followed by dismay. When writing my reflective memos after compiling that day's field notes, I wrote extensively about how I was struggling to understand why someone would care about gaining 3 pounds when they had, what I interpreted as, an immediate threat to their health and well-being. This exchange occurred in February 2019 and so was very early in my observations. After months of coding and reflecting, I began

to interpret this passage in a new light. While the explicit message is about weight gained, the implicit message embedded within the exchange is about belief in control over one's body.

Throughout my analysis, I relied heavily upon reflective memos to document and my own thoughts, feelings, and reactions to observations. Using these memos, I was better able to acknowledge and analyze instances where "big feelings" came up for me. This passage with Judy highlights one of those times. While I cannot speak to her inherent motivations for engaging how she did, I can speak to my own. From my perspective, Judy had, presumably, experienced severe enough symptoms from her cerebellar compression that she had to undergo a surgical procedure to alleviate her suffering. I felt, and still feel, that is more serious than a weight fluctuation of 3 pounds.

The second factor triggering my emotional reaction to this exchange was that Judy is in a smaller body than the rest of the people at the field site. She wears straight sized clothing (US women's sizes 0-14) and so does not experience fat stigma as a source of oppression; rather, she is constrained by her own internalized fatphobia (anti-fat bias). By referring to her objectively smaller body as evidence of a size or weight problem in conversation with Marie, who is significantly larger, Judy is centering her feelings in a space designed to make Marie feel safe.

The last bit of dialogue in the passage where Marie tells Judy that dieting has never worked for her and seems to be on the precipice of communicating her lack of desire to continue fighting it (her weight), Judy interrupts and interjects her own rationale for why Marie's efforts may have not resulted in sustained weight loss. Judy posits that perhaps it is excess sodium triggering Marie's rebounding weight, rather than accepting

Marie's position that yo-yo diets do not permanently alter her body composition. Why would this be a problem for Judy? Perhaps it's associated with internalized fat phobia, Healthism, an aversion to the subversive anti-diet discourse, or any other combination of factors. At its core, whatever selection of values motivate Judy's stance, it is rooted in the belief that one can modify one's body through diet.

This relationship between food and body size came up many times during my observations. In the next excerpt, I describe I was confronted with the prescriptive role diet culture has for me.

> While waiting for the previous class to conclude, I stood in the lobby and looked at the tray of crystals and geodes displayed to the left of the desk. Unprovoked, a student with whom I often talk mentioned that she hadn't eaten anything since breakfast and that was why she was eating lunch quickly (in the lobby) before class started. I nodded, smiled, and gave her a thumbs up because I hadn't noticed she was eating. I asked her what she had, "chicken salad," she answered, quickly adding, "I usually don't like things with mayonnaise, but I had to have something." Once we were in the studio, she spread her mat next to mine and began explaining how she had to take iron supplements and that she didn't have breakfast since she had to take them on an empty stomach. "I wish I'd had time to make something else," she added.

On the surface, a mention of mayonnaise seems fairly innocuous. However, for those steeped in diet culture and who have had their food choices judged and remarked upon, explaining away one's consumption of mayonnaise is a protective act. Generally composed of some variation of egg yolk, vinegar, lemon juice, oil, and spices, mayonnaise is probably not anyone's idea of a "health food." By communicating that 1) she felt it was a strange (i.e. abnormal) time to eat 2) she was concerned that I would know that it has mayonnaise it in and therefore may judge her choice for a meal 3) she had limited choices/time for her meal and would, presumably, make a different choice if

she could, the student was signaling (in the complicated way that diet culture teaches us) that she knows she's being "bad." This is very much in line with Michel Foucault's (1976) discussion of how self-control is the internalized gaze of the authority Samantha Kwan's theory of body management (Kwan 2010). This is an example of both anticipated and internalized fat stigma: noting my presence and feeling compelled to defend one's need for food because the dominant message is that fat bodies rarely need food and when they do, it's never something with mayonnaise.

My role in this exchange was, presumably, as a reminder of the self-control and body monitoring the student "should" have used. Though I said nothing to provoke the discussion, it was triggered from the internal mechanisms in place within her own mind. This is how the biopolitics of fat stigma function to keep individuals aware of the potential consequence of their deviant (fat) bodies. The anti-fat narrative plays in the background of every interaction like some kind of terrible elevator music and serves to remind everyone, but especially fat people, that all choices, all interactions will be interpreted through the lens of their fatness.

Discussion

During this study, it became increasingly evident that body liberation in the realm of physical activity is not a static concept. It's a continually moving target that requires flexibility on the part of the fitness instructors and a willingness to make oneself vulnerable. Likewise, health is not an endpoint, but a process. Listening to innumerable body-centered conversations made it clear that health is a resource that individuals can access to greater or lesser degrees throughout their lives.

I sought to document how individuals engage in physical activity in a body-inclusive space and to determine how body privilege existed in this space. It's important to note that leveraging a critique does not diminish the value of what has been achieved in this space. Body privilege does exist in this space because the hierarchy of bodies exists in the minds of the people who come to this space. These dispositions are constructed and reinforced over a lifetime of social interactions (Bourdieu 1984).

The specific dispositions introduced into this space are those espousing anti-fatness. The passage wherein the instructor described how she feels like she is the object of scorn as a fat person eating in her car shows that despite working at a studio where she enthusiastically teaches all people with bodies of all shapes and sizes, her belief in a compassionate narrative is externally directly only. Internalized fat stigma is one form of internalized oppression—when members of an oppressed group accept the biases, prejudice, or antipathy against them by members of the dominant group (Pheterson 1986). Therefore, individuals who are not, nor have they ever been, fat cannot experience internalized fat stigma because they are not behaving in a manner which makes them complicit in their own oppression.

Rather, non-fat individuals who "feel fat" or otherwise espouse anti-fat beliefs and attitudes are upholding the oppression of others through *internalized fatphobia*, the internalization of anti-fat beliefs and the social devaluation of an individual on the basis of body weight or size. The very phrase, "I feel fat," communicates the belittling way fat people are interpreted: gross, unlovable, not worthy of respect or care, sloppy, etc. Oppression and marginalization are not two-way streets in which the powerless have equal ability to affect the lives and resources of the powerful. The structures in place

were designed, and continue, to support the interests of the powerful. In this case, people in non-fat bodies.

This distinction is especially important when looking at body inclusive spaces because the processes for divesting oneself of internalized fat stigma are different from those combatting anti-fat attitudes in weight-normative spaces, policies, and individuals. My observations of performed internalized fat stigma demonstrate that organizational policies can alter how individuals engage in an official capacity (within the studio), but they do not automatically direct people to make connections between behaviors and the social practices, processes, and structures that shape and guide them. Namely, the discourses of the biomedical, fitness, and wellness industries.

Fat stigma becomes embodied through a lifetime of navigating spaces as a fat person. What Kwan (2010) calls self-surveillance and body-management; the monitoring one's body lest it become an even greater deviation from the norm results in a particular type of muscle memory: immediately adjusting one's waistband to conceal a fat tummy, shaking out the front of one's shirt to lay more smoothly across skin rolls, concealing one's breathlessness in a forward bend for fear of being labeled unfit. My observations were filled with instances of compensatory behavior; through my analysis, I became hyperaware of my own compensatory behaviors. From this, my conclusion was that a successful commitment to body liberation requires more than an academic awareness of internalized fat stigma, one must continually confront and interrogate our beliefs about health and bodies.

There are important implications for these findings. Extending to individuals the opportunity to engage in physical activity, not for the purposes of an aspirational

physique, but for the joy of movement is a social justice issue (Bacon 2010). Emphasizing body size as the metric by which we gauge the efficacy of health behaviors is a reductive and oppressive method. The assumptions tied to "obesity" discourse are all predicated upon correlational study design and do not account for the effects a lifetime of fat stigma and the stress of weight cycling (yo-yo dieting) have on a body (Bacon and Aphramor 2011). Building physical activity spaces and designing interventions based on these assumptions does harm.

First, by communicating stigmatizing messages to individuals whose bodies do not conform. Second, by denying individuals in larger bodies full social participation, which includes the free, safe movement of fat bodies in a space. Previous studies have found higher rates of internalized weight stigma to be negatively associated with health-promoting behaviors (Mensinger and Meadows 2017). Thus, an essential goal for any space or group invested in increasing access to health should be the reduction and elimination of both external and internal fat stigma.

Study findings present several avenues for future research. It is beyond the scope of this study to ascertain any life course patterns of the themes or to assign motivations to observations. I was not able to ask students how they found the space or explore any social networks. Future studies will include a series of interviews examining how individuals learn and interpret messages about health and bodies.

CHAPTER FIVE

RESISTING BODILY HEGEMONY

Introduction

The purpose of this chapter is to highlight the tensions within the field site. This chapter serves as a foil to the findings in the first chapter. Whereas in Chapter 1, I explore how hegemonic discourse leaks into an inclusive space, here, I examine how individuals apply inclusivity in practice. How do people act in places where it is made explicitly clear that 'all bodies are good bodies'? Specifically, how do individuals behave in spaces that serve as havens (i.e. designated safe spaces) for people who do not have a history of being physical active, who have a greater body mass, or who have a complicated relationship with physical activity?

These findings also reflect the year I spent in the world of individuals who participate in fitness classes at a body inclusive yoga studio in the Southeastern US. My goals were to document how participants navigate the embodied stigma of larger bodies and to explore how individuals learn and apply information as it pertains to their understanding of health. These findings discuss accessibility and how the normalization of bodily variation makes a space safer. For details pertaining to data collection and analysis, see chapter 3.

FINDINGS

Accessibility

The emphasis on making movement obtainable to all, accessibility, was the most common theme in any of my observations. Teachers and students in classes place a very high premium upon making the yoga class available to anyone interested. Breathe Yoga provides everything one might need to participate in a class. There is an abundance of props (e.g. bolsters, yoga straps, blankets, chairs, and blocks) made available for use. The instructors emphasize placing a wide selection of props close to your mat, rather than suggesting you walk to their storage space as needed. The props are not presented as exceptions to the rule, but rather as essential components that improve the experience for all. Beyond the physical trappings of accessibility, the spoken narrative from instructors reaffirms each person's bodily autonomy and self-awareness with a constant discussion of how a student's somatic, emotional, and spiritual needs are all equally welcome in the space.

> Sid transitioned us to balancing poses. AE said she would not [follow the class] and lay on the floor. Sid stated that it is still balance, even if done on her side. We moved to tree pose. I found a spot on the wall and stared. I was rooted enough to reach my hands above my head. Leaning forward into another warrior pose, I felt I could go further, so I tried. I became unbalanced and nearly fell. Sid laughed, I wasn't embarrassed. I could fall a thousand times in that studio and not feel like I was failing.

This excerpt provides a unique glimpse into some of the fundamental tenets of this particular yoga studio. First, both I and AE both have postural tachycardia syndrome (POTS) which makes standing and balance very unreliable for us both. This example from class highlights how Sid, the instructor, reaffirms our bodily autonomy by not

enforcing that our practice "look" a specific way. Second, she accepts the limitations of our abilities as a normal part of the experience. Falling is a part of learning balance.

Not every class was focused on moving as much as possible during the hour-long session. The owner of the studio, Sid, often focuses conversations of yoga on its roots as a practice of breath and breathing. Typically, she will start class with a call to focus on your breath and to be in the moment; to disconnect from the outside world and its demands and instead look within and see what each of us needs from class that day.

> The instructor walked into the studio and a student asked,
> "Is this going to be a real yoga class or just a sit and talk class?"
> "This class can be whatever you need it to be," she replied.

This comment about "real classes" reflects the cultural schema for what yoga looks like. What is a yoga class supposed to be? If one were to rely on media depictions, then a yoga class is a room full of thin, able bodied individuals on colorful yoga mats all crammed into a space with bamboo floors. In the front of the room, the instructor is a thin, white woman performing aspirational contortions at the front of the room (Bhalla and Moscowitz 2020, Freeman, Vladagina, Razmjou et al. 2017, Webb, Vinoski, Warren-Findlow et al. 2017). In this framework, the instructor isn't a person; she is an ideal and a goal. She *is* the yoga body (Singleton 2010). Conversely, my experience in this space was rooted in pragmatism: not all bodies can do the exact same things, few bodies can do the same things every single day, and not all bodies need the same things every day. Messages about the goal of each class were affirmed and reaffirmed: this is your class, your body, you make of it what you will.

> As the class began, the instructor led us through some gentle warming up movements. We start with coming to a comfortable seated position and trying to notice our breath. Is it too fast? Are we anxious about something and it's showing up in our breath? How does that feel? If you're dizzy or don't feel like balance poses are what your body needs today, you can skip this, or do them on the floor…After each direction, the instructor offered alternative movements or modifications so that no one tried to force their bodies into an asana that did not feel good to them. Repeating the refrain, "this is your practice…your body…you get to decide what to do…you decide what feels good. Being able to breathe comfortably is more important than touching your toes."

By telling students to tune into their own bodies and become aware of their needs, this instructor is subverting the gender socialization into diet culture that most women in the West experience wherein individuals are trained to eschew internal cues regarding hunger, satiety, and desire for movement and, instead, follow an external framework for regimented consumption and movement (Bordo 2004). This introduces the potential for embodied changes. Repeat students who continually engage in the practice of self-listening and familiarize themselves with the process are breaking patterns and learning to identify what their bodies are saying and doing versus whatever social strictures have prescribed for them.

Another instructor described herself as, "old and broken and only suited to teaching heavily modified yoga." The instructors routinely discuss their own struggles with movement and do not perform aspirational movement for their students. The emphasis remains rooted to the immediacy of the class and its needs. Continuing the focus upon accessibility, they do not rely solely upon material clues and social cues, rather, instructors explicitly describe methods for improving the experience for students.

> She directed us through seated, bending forward postures and offered that it's helpful to push excess skin (bellies) to the side to bend more deeply. This

> suggestion was well-received and every person pushed either their bellies or bust to the side to stretch more fully. I had to tuck my belly to reach past my feet. This allowed me to take a deep breath and bring my forehead close to my knees. How do I describe the profound relief of being able to fully inflate my lungs after minutes, or maybe years, of taking tiny sips of air? There didn't seem to be any embarrassment or self-consciousness from other students about doing this. The tone was matter-of-fact...she directed us into a pose that involved lying on my back and hooking the first two fingers of my right hand over my big toe and then stretching my right leg up into the air and then moving it to the side. I'm not nearly flexible enough to do that with any sort of ease. I could feel my hamstring and hip socket screaming in unison. Without breaking her stride, the instructor noted my distress and slid a purple yoga strap to me. I looped it over my right foot and the extra 3 feet of slack was enough for my leg to stretch nearly to the floor.

Here, the instructor emphasizes modifications to the movements, even in classes comprised solely of frequent, repeat students. This reaffirms the policy of accessibility by removing the assumption and expectation that students be constant advocates for their own comfort. Instead, the instructor researches and makes those accommodations preemptively, while also remaining aware of any evolving needs within the class. This passage also highlights the sensitivity to expressions of distress that the instructor has developed. I did not make any sound, nor did I signal for aid. The instructor intuited my struggle and interceded to make the movement obtainable for me. This presents a fundamental connection between the identification of an opportunity to improve accessibility and action, rather than assigning a judgment to my lack of flexibility. This is important because people in larger bodies routinely cite fear of judgement, mockery, and a lack of skill-specific competence as reasons for avoiding physical activity (Chastain 2014, Dark 2019, Harman and Burrows 2019, Seacat and Mickelson 2009, Vartanian and Novak 2011).

Normalizing Variation

I spoke with owner and instructor of Breathe Yoga about her thoughts on bodies and anti-fat bias and how her experiences shaped the development of her own studio.

> I do get why some people that work out hardcore get mad at somebody else for being fat. Well, "I have to do that or this, so why can't you do that?" Also, I recognize the side of that is like, "Fuck you, it's not your body". You don't get to choose what I do with my body. Maybe my body doesn't look like this [gestures showing a smaller size] because I don't exercise like you. Maybe I *do* exercise like you…When you can pull yourself away from that whole being attached to: this is what people are supposed to look like, this is what I'm supposed to feel like, this is what we're supposed to do—until you can kind of take yourself out of that space—which I feel like Yoga is the ultimate tool for that—taking yourself away from that. That's the only way that we're going to understand how we can be more kind to each other. It is when we're able to detach from it. That was the whole purpose and putting together Breathe Yoga in the first place.

In this passage, Sid explains that she understands the diet culture imperative to shrink one's body and how that has a negative impact on both large and small bodies. Further, she expresses compassion for individuals on both sides of the body size gradient. It is with compassion, for others and for ourselves, that we're able to move forward with kindness. Thus, these are the foundations of this studio.

Earlier in our conversation, Sid mentioned how she used to be an avid runner. She would run miles each day, but between years of standing on unforgiving concrete floors at work and its toll on her knees and hips and how the running world was very triggering during her eating disorder recovery, she sought something new. At the urging of a friend, she developed a practice at a local studio and pursued teacher training before long. Compared to activities like hiking, swimming, or cycling, yoga requires very little in the way of space or gear. It's easy to find free or reduced cost classes and people can

typically begin a practice at home and stream classes online. Running had invigorated her and given her a peace of mind. In yoga, she found a way to achieve peace while also supporting her body's needs.

Bodily Pain

The normalization of bodies was a common occurrence in the studio. The climate of accessibility made frank descriptions of bodily pain or impairment a frequent topic of conversation.

> An older woman with short blonde hair walked into the studio…she described how much her body hurt…She's had her ovaries and bladder tacked in place. She cannot bend backwards and it causes her enormous pain just to put away the silverware from the dishwasher. She can't bend over that far. In a previous conversation with her, she'd told me she would know what kind of day it was based on how her body felt after yoga. Everyone in the immediate area began talking about body pain and treatments.

This type of casual discussion of ailments and treatments is common in this studio. There is no expectation that anyone hide or minimize their symptoms or to even to engage stoically. This open acceptance of embodied experience is important because perceived social support is associated with better pain coping (Gil, Keefe, Crisson et al. 1987, Zhou and Gao 2008). Students also use this time to exchange information about resources that have worked for them. This is, of course, a double-edged sword. While the free exchange of ideas and resources can feel supportive and potentially fulfill unmet need, it can also serve as a site of misinformation or pseudo-science. Health is an often fraught topic and individuals in pain may seek relief from unreliable sources.

Alternatively, it can serve as a space to trade information about evidence based care and treatment. After class one day, everyone had gathered in the lobby to find shoes and replace hair ties cast aside. I was stretching out my upper body that had remained semi-permanently tense since the beginning of graduate school. Noticing this, the instructor mentioned seeking sports massage for her body pain.

> …she gets sports massages and he (the massage therapist) had warned her she was developing a dowager's hump and that she needed to watch out for shortening of her pectoral muscles.
> I asked what the difference between a sports massage and a regular massage was. She explained that during a sports massage, you remained fully clothed and the guy [sic] uses a combination of percussive massage, passive stretching, and trigger point therapy to activate your body's own healing.

The instructor brought her embodied experience and perceptions of health into the studio. By describing her physical challenges and the steps she takes to mitigate her pain, she is being indirectly transparent about the expectations one should have regarding adherence to a yoga practice: it can't fix everything. Further, as a person in a position of perceived health authority, her use and mention of sports massage can be interpreted as an endorsement of the practice.

The next excerpt dives a little deeper into my embodied experience as a disabled person in the field. I was often required to navigate my own physical limits and my desire to not influence class proceedings.

> Ari entered the studio asked how I have been feeling. Her POTS has been acting up. I said I was also falling prey to the heat and not feeling my best.
> Class was composed of me, Ari, Jamie, a new older woman I've never seen before, and a younger, medium bodied woman that I have seen, but not spoken to before.

> The youngest woman said she struggled with pain and a total lack of flexibility. Ari mentioned that her hips were very tight and hurting her and that she would like to take it "fairly easy" during this class.
>
> As we moved through the opening sequence, I felt poorly. I had terrible acid reflux and could feel the acid sloshing up my throat into my mouth. I don't know why it struck so suddenly. I felt fatigued and disoriented. I kept yawning and struggled to focus on my practice.
> There were several times that I just wanted to stop and lie down but I didn't. I pushed through because I didn't want to be a distraction.
> I was trying to push through when I noticed Ari was very red and flushed. She took a break and sat with her back against the wall. The young woman from before was struggling to move through the poses. Her said back was giving her pain and she made a lot of modifications to the movement.
>
> The instructor stopped, looked us over, and went to turn the lights down.
> "We're going to stop and close class with an extra-long Savasana. I'm thinking we need more rest and less moving today."

This class was a difficult one for me. I later learned that I was very ill, though fortunately not contagious. I was aware in the moment and made more so during analysis of my refusal to take a break. While other students were comfortable stopping when they needed to, I was so concerned about drawing attention to myself, that I was committed to finishing the sequence even if I passed out. This is not the mindset the owner wants brought into the studio and it's not the mindset she has about the practice of yoga. Rather, the instructor communicating that she places equal value on rest and movement, rather than espousing diet culture's mandate for perpetual physical activity is much more germane to the site. In this case, I had committed to not unduly influencing class due to my role as researcher. Upon reflection, I don't think my fellow students would have interpreted my taking a break as unusual, since many of them were already doing so. However, during classes, I was hyperaware of the instructor's knowledge of my role as

researcher and did not want to conduct myself in a way that may be misconstrued as inappropriate or as taking advantage of my status.

Emotions

Social support was not limited to expressions of physical pain. Emotional support was introduced as intuitively as physical bolstering in the space.

> Woman, Cara, who is older and said she likes when people wear tank tops, but she doesn't because she's fat. She mentioned waking up a little late. She's supposed to take her grandchild to school and to pick her up and she feels neither of her daughters care about her. Once, she overslept and they called the police and showed up at her house knocking on doors and windows. She said it made her feel cared about, for once.

In this case, Cara is made several very vulnerable statements. The first, the she feels her body prohibits her from wearing clothing that she likes (e.g. tank tops). The second, that she is capable of mistakes and once overslept thus failing to follow through on her commitment to take her granddaughter to school. The third, that she does not feel her daughters care about her. It took a wellness check by local law enforcement to communicate that perhaps they do care if she's around. This series of comments by Cara was made in the lobby during a pre-class period. All the students waiting for our class listened carefully and were quick to comment that Cara is well loved and very much cared about in this space. I commented that it sounds like a difficult situation and that I hope she finds comfort here.

This kind of emotionally raw conversation may seem out of place in a publically accessible studio. However, there is something unique about this place. First, there is no

sense of gatekeeping—at all. While there may be internal processes regarding boundary keeping or social grouping (cliques), it is not something I observed at any point in my observations. Further, the owner takes a very holistic view on health and leads by example when it comes to holding space for the feelings and needs of others. There are several possibilities for why Cara felt safe making such a vulnerable statement to us. It could be she sees herself in us: fat people, parents, humans, people with our own pain. It might be that there were conversations had prior to my entry into the field site and it was made clear that this is a safe place for disclosure. Since I was unable to formally interview Cara, I cannot say with absolute certainty why she made her choice that day.

During emotionally heavy conversations, I don't like to interject myself out of concern that it might be considered disingenuous when individuals at the study site learn of my role as researcher. That said, here were two individuals at the field site who knew that I was observing and did not interact any differently with me than they had prior to my role revelation. Beyond this initial concern, I am not generally comfortable in highly emotionally charged situations. However, there are instances when my embodied and emotional responses cannot be curtailed. These are typically anything to do with animals, children, or any injustice. In the next passage, I discuss the day that I struggled to regulate my emotional response in the field site.

> The was a new student there: a woman I've never met before. She immediately gave me a very pushy, I know it all vibe. Sid was crying as she told the story of how her cat, Ella, had died on Sunday. I was very upset by this story and became teary-eyed. I could feel the sob caught in my chest and I didn't think I could talk without crying, so I set my things up in the studio and overheard New Person saying "our pets are our good friends". I said I consider mine to be my children and that my human daughter refers to them as her siblings. She scoffed and insisted they were more like friends. Irritated with her for being dismissive, but not wanting to

> cause a scene or make Sid uncomfortable, I nodded and moved away from New Person to a new spot.

Here, I was overcome by my emotional response to a story in the space. I was comfortable letting Sid see how moved to tears I was by her story because, while this space specifically integrates physical accommodations for a diversity of bodies, it also holds space for a diversity of emotional experiences. It is not unheard of that people cry or laugh during yoga. The practice of yoga is predicated upon the integration of body, spirit, and breath. Crying and laughter are likewise an expression of these three things. My honest emotional reaction highlights the dual nature of my role as observer and participant (Parvez 2018) and has inspired forthcoming work on navigating conformity in a ritual space (Cain 2021).

Discussion

First, these observations demonstrate a series of best practices for improving accessibility and inclusivity in physical activity spaces. Integrating accommodations as organic aspects of the space can widen the field for participants. Historically, individuals who require accommodations have been forced to seek them on their own. This expectation disproportionately places a burden on individuals already marginalized within physical activity spaces that privilege abled bodies. People unfamiliar with the practice may have little idea what sort of accommodations would be needed or helpful. Instructors who become experts in their fields can serve to education on modifications and help participants learn about their own bodies.

Second, the findings support a model of physical activity for self-care, rather than "self-improvement." This could be especially useful tool for increasing participation in physical activity among adolescents and older individuals, both of whom have low rates of physical activity participation (Grieser, Vu, Bedimo-Rung et al. 2006, Wilcox, Oberrecht, Bopp et al. 2005) and for people in larger bodies who would benefit from a stigma-free movement experience.

Third, teaching individuals to tap into their internal cues, desires, and motivations is fat positive work. In Western society, fat bodies are not imbued with autonomy nor are they encouraged to seek joy or pleasure. These restrictions aren't limited to spaces for fitness or activity—it's anything: jobs, travel, clothing, friends (Bishop, Gruys and Evans 2018). There is an expectation that fat individuals will monitor and address the space their bodies take up (Kwan 2010). Women in this specific studio routinely spoke of their hesitance to attend a class at a different studio because they're scared it will not be a safe space for them. There is a fear of comparison, of not being able to participate like everyone else, of standing out, and of judgement. However, the alignment of explicitly stated organizational policies and consistent application of those policies has dispelled some of this anticipatory stress for those I observed. This suggests that when health-oriented goals and descriptors of success are internally derived and defined, and then supported—adamantly and vocally—by a group of people, then the fear of judgement or of failure has some space to diminish.

My embodied experience played a large role in this chapter of findings. I was first confronted with somatic discomfort and then with emotional pain. Prior to entry and during my time in the field, I read mounds of research about how to navigate emotions

and physical pain while in the field and how to approach data gathering with an eye to embodiment (Allen-Collinson and Owton 2015, Kwan and Haltom 2019, Maslen 2020, McGuire 2007, McGuire 2016). I felt confident that I could embed myself in the field site and maintain an "outside the lines" distance from those I was observing. However, the longer I remained in the studio, the more I rooted I became in this liminal space of observation and recording, while also learning and internalizing. I didn't "go native" but I *was* forced to confront challenges to beliefs I held regarding bodies and movement.

Study findings present several avenues for future research. I have completed a series of interviews inspired by this study examining how individuals learn and interpret messages about health and bodies; results are forthcoming.

CHAPTER SIX

FOOD RULES AND BELIEFS

Introduction

The previous chapter discussed how descriptive body ideals can be resisted, to a point, within a specific field. The purpose of this chapter is to show how adult women recall the learning process for prescriptive food rules and beliefs were introduced, or not, as a child and adolescent. While adults in larger bodies are deemed responsible for their own size, parents are culpable for the size of their children (Gorlick et al. 2021). Since, within families with children, body weight and size are typically believed to be solely the result of dietary consumption and physical activity practices, parents and their children are forced to navigate a complicated series of choices and behavioral decisions (Claydon, Zullig, Lilly et al. 2019, Rogers et al. 2019, Thomas et al. 2014, Wansink, Latimer and Pope 2017, Winkler et al. 2018). This chapter explores how adult women in larger bodies recall food and eating as children and adolescents. This focus is important as it explores how fat individuals learned about food and eating and how it relates to their bodies. Moreover, it adds nuance to studies documenting the intergenerational transmission of diet proneness and anti-fat bias (Claydon et al. 2019).

This chapter relies on qualitative data from in-depth interviews with 23 women between April and October 2020. The in-depth, semi-structured interviews lasted from 1-2.5 hours. The majority of participants were in their homes. Participants were asked to respond to the prompt, “Tell me about your relationship with food while growing up.” If

asked for clarification, I would respond, “Tell me what you remember about food from when you were little all the way to whenever you moved out.”

Findings

The inextricable nature of a food and bodies quickly became apparent when discussing participants’ respective memories of food, and their relationships with it, when growing up. Many respondents immediately began describing how food was used and regulated in the household. Other’s don’t recall food playing a central role in their childhood memories, for good or ill. Findings are divided into three subsections based on the level of control recalled by respondents.

The first section, No Food Rules, has excerpts from individuals who do not remember food occupying a focus in their childhood memories. These women recall food as just being there. It was a fact of life and far from the most interesting part of it. The second subsection, Covert Food Rules and Beliefs, include instances of indirect messages in the home about how food should be approached. For example, parents and caretakers may have curated their home food choices to reflect a specific goal (e.g. weight loss, healthy eating etc.) but did not explicitly detail these choices. While there existed a definite awareness of food and the expectations surrounding it. In the third subsection, Overt Food Rules and Beliefs, study participants recall often painful memories of how their bodies and their need and desire for food was consistently problematized.

No Food Rules

When asked to describe their respective relationships with food while growing up, a few women could not recall any rules or beliefs around food. Rather, their memories are filled with food as a neutral family experience.

> I can remember that we were—I remember this because my friends' houses were not the same—but we could eat whatever we wanted, whenever we wanted. Like, there was no…I could just go into the cupboard and eat a cup of pudding or a fruit roll up or whatever. Nobody ever said anything…So yeah, our relationship with food was…it wasn't really ever talked about. There was never "Oh, you should eat this. You shouldn't eat that". I don't ever remember being told to eat everything on my plate. I don't really remember that. I do remember there were comments when my cousins from Toronto would come up. I had two male cousins. One was my age, one was a bit younger, and they were very peckish eaters. They didn't eat a lot. So I know it was always a topic of discussion when they were visiting like, "Oh, you don't eat enough" and, "you play with your food on your plate." So, that was really the only time, but other than that like you- nobody ever talked to us about what we ate ever.-Jade

Jade noticed even while young that there were food rules in place at her friends' houses, but not at her own. Food was not couched as an adversary to be overcome, rather it was just there: you ate it or you didn't—but it wasn't anyone's business. Food as a fact of life was common for families with low budgets, specific priorities (eg sports), and latchkey kids. Naomi recalls that having an older brother who played competitive sports dictated their family meals significantly.

> My dad was a bigger guy, my brother's four years older than me. So, like, growing boy that played competitive soccer, you know, so like, fuel- not that we thought of it that way.
> But like, you know, he wasn't eating salads…I definitely don't have a lot of like good or bad memories [about food], it just was.- Naomi

There are several key points in this memory. The first, her father was a bigger guy. Growing up with a parent in a larger body, but who is not derisive nor seeking to alter that body might have normalizing effects for a child. Second, her older brother playing a highly active sport that required an enormous about of energy to sustain highlights food as a necessary source of fuel, rather than something to be avoided. Finally, Naomi stating that she has neither good nor bad memories about food reinforces the idea of food neutrality. It wasn't automatically linked to the appearance of a body, it was used to produce energy to do the things her family wanted to do. Her family made a point to produce meals that would nourish and sustain children in their pursuits and didn't assign a moral value to that endeavor.

For the latchkey kid, the lack of parental control or supervision over consumption was sometimes balanced with meal time guidance.

> We always had dinner, mostly chicken. My dad said he was allergic to red meat. So, I don't know…a lot of chicken a lot of pasta and not a lot of vegetables. And then, to get me to eat vegetables, we've put like nacho cheese sauce on broccoli. So good! Um, I guess it's important to know, I was on free and reduced lunch at one point, but I didn't know. So, I always had access to the daily school lunch. And I always just could, like, get whatever I wanted. whenever I'd come home, you know, let myself in while my parents are still at work and make a snack -Leah

Leah was encouraged to eat vegetables and would have dinner as a family, wherein one learns any number of social, familial, or religious food rules. But her freedom to explore and make her own choices after school show a more intuitive or internally directed path.

However, extended periods of time alone without any guidance or attention can be hard for some children. Krista remembers being alone a lot and learning to both feed and soothe herself in the absence of caregiver input.

> I loved it. I would eat basically whatever I wanted to. I would ride the school bus and I would get home from school and I had my own key. From the time I was in about second grade until I was 13. And we moved back to my grandmother's, and then I would be by myself at- during the day, during the summer. So, I basically lived off of pizza, Chef Boyardee, and tuna and mayonnaise and mustard and relish. Like…stuff kids can make for themselves instead of…it was just all delicious things. Absolutely no vegetables. Um, spaghetti is literally still my favorite thing. I wouldn't be cooking spaghetti for myself, but I would be popping open a can of spaghetti and meatballs. And I think that it was always just kind of like a comfort to me, you know, I mean, like comfort food was definitely a big go to coping mechanism for anything. I guess for being happy. And for being upset: well, fuck it- I'm gonna go get a milkshake. Like you know what I mean? I had a great day. I deserve six brownies.- Krista

Krista is from a rural area in the Deep South and her family didn't have access to affordable childcare nor summer time activities. Thus, she spent her summers alone and unsupervised. This is a choice many parents are forced to make in the face of inflexible employment structures and insufficient community resources. Krista recalls that, like many children would, she was drawn to easy to make, tasty, often energy-dense food. These foods are delicious and make you feel good to eat. It is therefore not surprising that she would choose some of these foods as a coping tool nor is it a surprise that is shaped a lifetime of preferences (e.g. spaghetti is still her favorite). This is, in and of itself, a relatively benign practice. However, when paired with a lack of self-care guidance, inadequate mental health support, and the anti-food messages of diet culture, having food as a coping method is demonized and is typically insufficient for one's coping needs.

Covert Food Rules and Beliefs

The most common experience for the women I interviewed was what I have categorized as "Covert Food Rules" or indirect messaging. The stories in this subsection don't recall food as a point of contention, nor as a site of struggle. Rather, they describe the rules and patterns as being, "just the way it was."

> My mom was pretty health centric. Um, we never had, like, soda in the house. I remember being older than most people, like, we couldn't get cokes with our meal, when others would get like a 7Up or something like that. Didn't keep a lot of sweets and—we weren't, like, *never* had sweets, but we didn't have *a lot* of sweets. And that wasn't something she pushed on us. It wasn't like we must eat healthy. And we would eat spaghetti for dinner or tacos or make homemade pizza. So, it's not like we were just eating vegetables, but she was definitely more like, she didn't want to do a lot of processed food or fast food and stuff like that. But, I also remember like really wanting to have the joy [of fun food]. I think sometimes it was like so much exclusion that I didn't learn balance well and I like still struggle with that sometimes. My dad was the opposite, of course, and like, would let us eat whatever we want. We would go visit and just eat like Doritos and Coke for dinner. - Emmaline

Emmaline doesn't recall her mother (her primary and eventual sole caregiver) issuing specific mandates about food and bodies. However, some of her words show a reflective understanding of how food morality is baked into social interaction. By deeming some foods as "junk" and identifying sweets as something that must be limited foiled against her presentation of vegetables as "healthy", she shows an understanding that food has a morality value assigned to it. This is additionally shown by her statement that one must have balance with foods. Thus, underscoring the idea that foods have a positive or negative effect on a person and the "good" can counteract the "bad." Further, the covert messaging embedded in this recollection shows that she identifies mother as being the food educator, whereas her visits with her father were more of a consumption

aberration. These dichotomous thinking patterns followed Emmaline into her current roles of adult woman and mother. She later described how she must maintain a state of near-constant reflexivity about messages she has internalized versus the food peace she seeks when making food and eating decisions for her toddler.

Another respondent, Kimmie, at first doesn't recall any food rules or beliefs, but then realizes messages aren't always verbal. Many of the covert messages around food and bodies are transmitted through practices, rather than simply conversations.

> We had no food rules—well, actually, now…when I was older in high school, when I was cheering and doing things I stayed active doing that and then she didn't keep any junk in the house—we had *no* junk in the house. There was no…there are no cookies in the house. Nothing bad for you, um, lots of chicken breasts. That kind of stuff. Lean cuisines for snacks, all that…it was very weird. But then, we would go out and we went *all out*. I mean, it was drive thrus and gas station junk and all this and so much fun. So, food was a very—it was—we were rewarded with food. Something great happened? We went out to eat! Something terrible happened? We went out to eat. -Kimmie

Kimmie was not specifically told that she could not have a food item because it would make her gain weight. However, her home was stocked with items that diet culture specifically deems acceptable. That said, diet culture and the morality of food places very little value on satiation and fun, so her mother introduced her to the idea of food having a time and a place. In other words, while "junk" could not be in the home, it could be enjoyed outside the home. Further, food was marked both a reward and a solace. This is the making of an adversarial relationship with food, or, at the very least, the framework of a double life with food. In the home, there are rules about what is allowed in, but outside the home, those rules have feel less constraining. Thus, breaking these food rules

resulted in both a somatic pleasure (i.e. taste, satiation, food enjoyment) as well as an emotional release from the strictures that bound her.

Body size and food practices are both associated with one's social position (Bordo 1993, Bourdieu 1984). The primacy of the thin body and the accompanying styles, clothing, and behaviors are introduced in the home via family preferences and practices and reinforced in schools and other social arenas (Finch 2007, Harman and Cappellini 2015, James and Curtis 2010). This concept of consumption practices being tied to one's position in society was introduced by a participant named Lorelai.

> And even, like, you know, just going out. There's one time, I remember we went out to the Cape with one of our family friends and they also had three daughters. But they were more upper middle instead of lower middle class. So, like, they ordered like one, like, combo meal at the seafood restaurant that we went to and got a small soda, and just all shared that among themselves. But meanwhile they you know, we were eating bigger portions and getting all their own things. And, so it was like, oh man, like, I wish, you know, we could just be like that, but it's not gonna happen so…-Lorelai

Lorelai's family was lower-middle class until she entered college, when both of her parents entered a higher income bracket. She remembers idolizing the consumption practices of higher SES friends while on vacation. She notes that they were happy to share this special food amongst themselves and didn't feel the need to take larger portions. She attributed to them the powers of restraint and the ease of money. What isn't discussed is that perhaps this food wasn't all that special for them. Families with higher SES are able to consume "special" foods more often and thus these may lose their special status. Conversely, for her lower SES family, they wanted larger portions and plates to themselves. Ostensibly because this is food they rarely, if ever, get to enjoy and the priority is to consume as much as possible because it may never happen again. While diet

culture would deem this gross and crass—something Lorelai seems to have thought, as well—it does make sense that individuals would seek to hoard the joy and delight that comes with getting a rare treat.

Jasmine made this even more clear with her recollection of special food when growing up.

> We don't—see we never ate out growing up. Ever. You got to go out to eat on your birthday. But only with one parent and no sibling. Because that's all we could afford. And so you could either go to Olive garden or O' Charlie's. -Jasmine

Covert messages around food and eating aren't solely tied to bodies and body size. In the case of Jasmine, the overt message was, "we don't have enough money to do this a lot," while the covert message was, "enjoy this while you can." This aligns with what the previous respondent, Lorelai, recalled about lower-SES families and eating out at restaurants. It's not something that happens very often, so it truly is a special thing to be enjoyed. And how do people enjoy food? They eat a lot of it and in wide a variety as they are able.

Overt Messages

When developing this project, I expected to hear stories of parents who required that their children eat a specific number of vegetables or that they not be allowed certain energy-dense treats. These examples reflect patterns I've seen in childcare my entire life. However, the stories shared by respondents were more fraught and resulted in anger, resentment, and self-doubt. When discussing their relationships with food as a children and teenagers, some women referred to it as traumatic. One participant, Anne, referred to

it as a “fucking train wreck,” while others, like the following individual, Sid, cope with humor. Reflecting on her experience growing up in the eighties, Sid remembered the impact of her mother’s dieting habits on her food consumption as a child.

> There was a lot of expectation around what [food] was allowed and what wasn't. She was always on Weight Watchers, so we always had to eat what she ate. Back then, once a week, you had to eat organ meats. So, we would eat liver at least once a week and I fucking hate liver. It's like, I can't handle the texture of it. And I'm sure probably some of that might have to do with being forced to eat it once a week as a child. My relationship was, like, I loved what I loved. But there was a lot of restriction around certain things. I remember sitting at the table and eating cornflakes before going to school. That was just one of the things I really liked- Frosted Flakes. That was like a big deal. We got to have Frosted Flakes sometimes. –Sid

Here, Sid describes the control her mother’s diet plan had over the entire family’s food choices. If mom was on a diet, everyone was on a diet. Further, she ties this lack of agency in her food choices to a lifetime aversion. Similarly, the joy of a sweet cereal likewise holds strong memories for her.

It was common that participants recalled one or both of their parents actively seeking to shrink their bodies through restrictive eating practices.

> My mom's saying is, “that has carbs.” That's the, her tagline for everything. “That has carbs”. And so she's always been on—my mom—has always been on a diet, but she's not good at it. Because she says she's on a diet, but then she just sits there needs chocolate. But then yeah, she just takes…she's not good at taking care of herself. -JoAnn

In this case, the participant recalls overt messaging about what is good or bad to eat. Her mother demonized carbohydrates and continues to identify them as something one should not consume. However, this passage also shows that the speaker has

developed her own ideas about what it means to be “good” at a diet and that her mother’s consumption of chocolate is antithetical to it. Presumably, one is “good” at a diet by consistent reject of bad foods and by adhering to this diet, one takes good care of themselves.

In some cases, the parent’s obsession with food and body can have very direct effects on the child. Grace, whose first language is German, recalls how her mother’s history with anorexia often caused traumatic events in the home.

> We had messages about food that were very confusing at times…My mother doesn't like to cook and she doesn't like to eat. So, most of the time, she doesn't eat for the whole day and just eat a little bit in the evening…I talked to my parents about trying to lose weight. I told my mother, “I want to do [play] a lot of sports and I want to move [exercise] a lot…I want to eat healthy. And we could have fruits and vegetables!” And my mother just said, "You always think about eating, you always think about what food you want to eat!” [angry tone] And although I was talking about healthy food, she just restricted [shut down] that conversation. –Grace

Grace understood from an early age that her body was a problem and it ostensibly needed to be solved by changing her diet and seeking to exercise more. However, her mother’s disordered eating resulted in fraught relationships: both between mother and daughter, and between Grace and her body. Her mother’s antipathy towards food and eating meant Grace could not have a conversation about food without it escalating into conflict. Berating Grace for thinking about food, which is a non-somatic hunger cue, unscored for Grace that her internal processes were not to be trusted.

The first three examples are of overt messaging around each of the respondents’ mother’s food choices and beliefs and how that impacts family food rules and beliefs. Other respondents described even more explicit expressions of control. Rather than

stemming from a desire to modify or control the mother's body, these rules were clearly linked to the problematization of the child's body.

> I think it was more what I was eating was closely inspected by my mom. My sister had kind of free rein to food but I didn't. So, anything that was deemed as unhealthy was kind of hidden. So, like, Halloween candy would be hidden and anything that was really sugary was really discouraged. However, that didn't happen until I think Middle School where it was really frowned upon, like, I would get kind of the evil eye if I went back up for a second for something.
> Oh, um, but I mean, I would say we always had food. I don't, like, I didn't go to sleep hungry at night. But, also, I went to sleep hungry. So, I had food but it might have not been enough or, or I couldn't eat when my body was telling me it wanted to do… my mom is very much control of the food of the house. And it was almost like we had to ask for permission to eat all the time.
>
> And I remember coming home and oftentimes, there not being good enough options that would keep you full. So, I was just like, I would eat a lot of whatever was available. Yeah, so I think that's where we didn't have a lot of choice. And things were withheld. So…and kind of judged whenever I would want more food, which wasn't a lot of food. Like in my memory. It's like, gosh, I didn't want that much. It's just like, I was a kid. –Kelley

Kelley recalls being specifically targeted for restriction, in contrast to her sibling who did not receive the same treatment. Her sister, who she elsewhere described as being in a smaller body, had full and unrestricted access to a wide variety of foods. Kelley, however, was taught from an early age that her embodied sense of hunger was not something to be trusted. Her mother's vigilant control over the food in the household signaled that an external cue (mother's permission) is more important than an internal cue (feeling hungry). Thus, this mimics the messaging of restrictive diet programs wherein participants are instructed to follow a plan (external cue) rather than to adopt an intuitive approach to food (internal cue). This can be very confusing for children and adolescents who are trying on different personality traits and characteristics as part of their natural

maturation process (Rice and Dolgin 2005) as they are getting social messages about fitting in alongside familial and food messages about how they cannot trust themselves to make good choices.

The overt messaging that a child's body is very much an issue and that food is the key to that issue can have a lifetime of consequences. Anne describes how she took extreme steps, as a child, to stop eating to shrink her body. The family rules about eating impacted her relationship with her brother, resulting in competition for food and these early food rules and beliefs still shape her relationship with her body and eating.

> Food has always been an issue with my family…As a child, it was always one of these like, "you need to eat differently so that you can change your body" or whatever. Like one time I drank so much water I threw up. You know, they [family] said water would make you full—like water would make you full and make you not hungry.
>
> I was super religious growing up. I used to pray that God would shut my mouth so I wouldn't eat. You know, I would pray that He would make me not hungry so, I could be skinny like everybody wanted me to be.
>
> I would get up in the middle of the night and eat food or sneak food or hide food. Me and my brother were really competitive about snacks. We would hide food from each other. Like if there were cookies, we would put some Ziploc bag and hide them so the other one can't have any. Um, it's always been a real like adversarial food situation. Like it depresses me to know that if I want to maintain a healthy weight that I have to constantly battle my entire life, every second of it. And that's, I mean, that's the truth. -Anne

Anne calls her relationship with food "adversarial" which is apt term for how many respondents describe their own situations. From an early age, these women have been marked as different, if not outright wrong. Through messaging passed down through generations of families navigating their own relationships with food, respondents

internalized the idea that the desire and need for food is obstacle to be overcome. It is not enough to sate a nourish one's body in an intuitive response to hunger cues. Rather, those cues are faulty alarms that need to be ignored.

Discussion

Fat people's experiences are no more monolithic than any other marginalized group. While research has shown that families with larger children view food and eating as intrinsically related to health and body size, this is not the case for all families. While some individuals I spoke with recall overt messages regarding their weight, health, and food while growing up, other participants remember, instead, there being a set of covert, unspoken rules in the home about what was expected or acceptable. Still others have no memories of food being presented as either a positive or negative entity. Rather, in their own words, it just was. Guided by theories of stigma and identity management, I present how women in larger bodies describe their respective relationships with food in childhood and adolescence. A key finding of these interviews was the awareness of socioeconomic factors on childhood food experiences. Respondents described how finances kept them from accessing certain "fun" foods or that it directed whether the family frequented restaurants. One participant described aspiring to how a higher SES family approached eating in a restaurant. This is way, food and eating are tied to one's position in society. This position likewise influenced when one lives in a stigmatized or discredited body.

My findings that women who were large children recall food and eating in such diverse ways was unexpected. Additionally, narratives of a food neutral household as

larger-bodied child were surprising and in direct contrast to studies examining the moral imperative some parents feel to intervene with their child's weight (Davis et al. 2018, Gorlick et al. 2021). When learning about how fat adults recall learning about food and eating in childhood, it can be tempting to assign full blame for any pain to the parents and assume they made decisions as fully informed actors. This would not be a prudent route to take, however. The literature examining the messages and pressures parents experience shows that parental stress (Berge, Tate, Trofholz et al. 2017), food insecurity (Gee and Asim 2019), access to resources (Sano, Routh and Lanigan 2019), and internalized anti-fat bias (Claydon et al. 2019, Rogers et al. 2019, Winkler et al. 2018) all shape food parenting practices.

Participants in this study are all ages 24 and older. This is conceptually important as a common critique of small-scale qualitative studies is the lack of generalizability and the temporal anchoring of findings. However, findings from this study are reflected in contemporary practices. In 2019, Weight Watchers, now branded WW, launched a diet app for children and teens called Kurbo (WW 2019). Touted as a health promotion solution for families with children, this app allows parents to monitor both their child's food intake and movement practices from their own app. A primary selling point of this service is that parents retain control over their child's behaviors even when not physically present. This supports research discussing the "psychological police state" that mothers occupy due contemporary parenting expectations wherein they constantly surveil themselves and others to ensure their adherence to ideal motherhood standards (Henderson et al. 2010). Further, where Foucault discusses how those within the

Panopticon were constantly aware of the gaze, so too are the children targeted by this app. In this case, the gaze of their parents looms (Foucault 1975:203).

Within the framework of this study, this children's diet tool can be interpreted as an instance of overt messages around food and health. It reinforces outside control and cues for a child's food intake and categorizes foods using the typical good vs bad framework couched inside an easy to understand traffic light metaphor: green light foods are unlimited, yellow light foods are to be approached with moderation, and red light foods are only allowed sparingly. This is directly related to an overarching theme of these findings: the centrality of mothers in respondent's respective food narratives. Whether it's remembering the control one's mother welded over food in the home, the directives issued by one's mother, or fonder members of bonding with food.

Not included in these findings, interviews included a question about the role of physical activity in the family while growing up. In response, participants were more likely to bring up things their fathers thought or did. Taken in conjunction with findings from the present study, traditional gender roles continue to play a large role in the rearing of children in Western society. Femininity is accomplished through self-control; it is the feminine imperative that one control one's emotions, desires, and body (Bordo 2004). Mothers inhabit a domestic role beyond simply embodying femininity for themselves wherein food, childcare, and preparing children to be members of society are the primary goal. Similar to mothers of fat children, mothers of disabled children are denounced for this lack of control (Kanemura, Sano, Ohyama et al. 2016, Manago, Davis and Goar 2017). It is irrelevant, in practice, whether there is an axiomatic link between the mother's behavior and the child's condition. It is the state of being out of control that is

the source of censure. In this case, the body size of the child is a moral issue for mothers; both as a disavowal of any courtesy stigma, as the mother of a fat child, and as a method of protecting one's child from the consequences of living in a stigmatized body (Davis et al. 2018, Gorlick et al. 2021). However, all participants in this study are adults living in larger bodies, the efforts to mitigate fatness were not successful. Rather, the outcome most commonly mentioned by study participants was a disordered and confusing relationship with food and eating.

CHAPTER SEVEN

ANTI-FAT BIAS IN EXERCISE

Introduction

This chapter explores how adult women in larger bodies approach and make choices regarding physical activity, especially in social spaces. These findings build upon the previous three chapters by examining the decision-making processes women in larger bodies must navigate when deciding to engage in physical activity. The findings contribute to current literature examining how anti-fat bias shapes physical activity outcomes (Harjunen 2020, Meadows and Bombak 2019, Thedinga et al. 2021).

Physical activity is an important component of a healthy lifestyle. It improves quality of life for individuals regardless of weight, chronic illness, or disability (Harjunen 2019, Harman and Burrows 2019). Despite the clear benefits for both physical and mental health, fitness spaces are often not welcoming to people in larger bodies. Though many fitness centers are marketed as spaces for ostensibly improving health through weight loss, the respective needs of larger bodies are rarely accommodated; nor are any assurances made for the safety, physical and emotional, of people who are larger (Flint and Reale 2018, Thedinga et al. 2021).

The findings in this chapter relied on qualitative data from in-depth interviews with 23 women between April and October 2020. Participants were asked, “How do you

decide where to go for physical activity?" If asked for clarification, I would respond, "What classes do you take, or have you taken? Why those?"

Findings

When talking to participants about how they decide where to go for physical activity, it quickly became clear that there are a series of internal and external factors that shape this process. I have organized findings to highlight how some women considered their bodies the source of conflict (microsocial interaction) and others identified barriers outside of themselves (mesosocial). The first section Anticipating Fat Stigma, has excerpts from women who described feelings of apprehension and fear about entering a fitness space as a larger person. Some detail their concern of fulfilling negative stereotypes and others relate their fear of repeat exposure to enacted stigma. In the second section, Organizational Fat Stigma, study participants describe their experiences in fitness spaces and how they interpret resistance to their bodies.

Anticipating Fat Stigma

When speaking with participants, something that came up repeatedly was this sense of anticipatory rejection. In the following passage, Emmaline, a woman raised by a dancer and who has been dancing in a studio and onstage since she was a toddler, describes how she fears her larger body will undermine her credibility.

> Definitely something that would maybe deter me [from pursuing movement she enjoys] is not knowing anyone. I do a fundraiser that—a Dancing with Our Stars fundraiser—for the American Cancer Society and I'm always really nervous about who I'm going to be partnered with. Because, a lot of times, I have gym owners be

> "the star" and I've been like…don't—don't put me with a gym owner. [gesturing to her body] doesn't go together, you know? So, I definitely have some…I think nowadays, I have more fear about being judged by people I don't know, because I think anyone who I know, who knows my personality—and a lot of times, especially in a fitness scenario, I'm worried that people will see me and make those assumptions based on how I look.
> And I don't know what I think they're going to conclude that would be so life changing, but that's kind of the fear that would make me hesitate before jumping in somewhere. –Emmaline

Despite a lifetime of dance experience, for Emmaline, the threat of having her body discredit her expertise before being given a chance to prove herself triggers anxiety. She relies on her social networks as her "in" into new places and spaces. In this way, she's leveraging social capital to avert the assumption that fat individuals are incapable of physical prowess.

This fear is a common refrain among fat women who participate dance classes where one's body is a focal point for viewers. Another woman, Elizabet, discusses how she becomes fixated on how she is being perceived by others in the class.

> It was so hard for me to go [into the gym] and feel like okay, I can do this. Nobody is judging me and everyone cares so much for themselves. But I'm always the biggest girl in class. Always. I did contemporary dance because I just like moving, but then you roll around on the floor and you have to jump. I know when there were not so many people in the class, because it was like normally holiday [school break] but they would do the class anyway. It was fine, but when there were more people in the class, I would listen to myself walk on the ground and when the bang-bang-bang [pantomiming footsteps] and that makes [my thoughts] click and then I would like jump wrong and then I would do it. Like, I would make really a lot of mistakes. Normally, I wouldn't do it, but because I'm so in my head about it, I'm making mistakes.- Elizabet

Here, Elizabet describes how when the class isn't quite so full, she participates and enjoys herself. However, when there are more people and things are running closer to full capacity, she is overwhelmed by her position as the largest person in the class. It

makes her a focal point. This, in turn, triggers a cascade of thoughts that disrupts her dance sequence. For Elizabet, the loudness of her footsteps as she walks across the studio feels like an announcement that the largest, and presumably heaviest, person is breaking a rule of fatphobic society which is that fat individuals should not seek to be perceived, much less call attention to themselves with movement or loud sounds.

For some individuals, their anticipatory fear of stigma is borne of living in a fatphobia society where the messaging is both covert and overt. However, in this study, all respondents who grew up fat have clear recollections of times individuals or groups made them a target for hurtful comments related to the size of their bodies. These comments do not occur in a vacuum and their impact is reflected and amplified by the fatphobia embedded in Western society. The purpose of which is to keep individuals compliant with the status quo (Bordo 1993, Foucault 1975). When women are scared of being attacked for their bodies, they are less likely to engage in bold behavior.

Elizabet went on to tell me about how bullying in her younger years has made it feel impossible to pursue something she really loves—swimming.

> And yeah, but they've got better. I'm just afraid. I'm choosing the things that I like to do. But I'm still afraid of it. So, I would never again, choose anything that I really hate. I like swimming, I would never sign up for a swimming course. I go swimming but would never do it in a group… [BS prompted "why"] Oh, because of bodies. Having a big body. People would see and know that. If people look at me, they see that I'm fat. But if you're in a swimsuit, is somehow I feel more vulnerable… I think you would have to interview more people than me. But I think because in, well, in the surroundings where I grew up, I, I was a lot of times I was the only bigger or a lot larger girl. And that's why I stick out and that's why I would have a lot of people call- calling me names or just laughing at me. And I know I stopped participating in swim classes when I was in seventh grade. I just didn't participate. I just sat at the, at the side because I was so afraid –Elizabet

While it made seem counterintuitive that one would sit on the sidelines and not participate because they don't want their bodies to be perceived as fat, when bodies are more visible out of the water than in it- there is something significant at the core of this practice. Something that follows the circuitous logic of diet culture—it is not that Elizabet is less fat out of the water, it is that she is compliant and not enjoying herself (as a fat person) if she is not in the water. It is about paying the price for her bodily deviance (i.e. fun in the pool is only for smaller bodied people).

This sort of interaction and reaction is common for individuals in larger bodies who have been targeted. Another participant, Saleemah, describes how after months of doing an activity she enjoyed, she stopped due to harassment.

> So, and that's so important [feeling safe] when you're trying to exercise you know, because I'm this type of person, if somebody joke—so, when I was in high- no I was in college, my first year, my second, my freshman, sophomore year, I lost about -- pounds going to the gym. And one of the guys that used to pick at me in high school, came to my college and was in the gym and he made a comment. He said, "Look, Saleemah the fat girl is trying to lose weight" or something like that. And I was so embarrassed that I left the gym. So, one of my friends said that he, you know, him and his friends were laughing, but she said, "You left too early. No one was laughing. As a matter of fact, some people made comments to him because of what he said." I just never went back. -Saleemah

In this passage, Saleemah describes how a place that she had visited any number of times was transformed into an unsafe place by a young man who sought to humiliate her. The rationale behind fatphobic harassment is tenuous, at best. A common explanation is that the harasser is trying to shame the fat individual into taking better care of themselves. However, when the fat individual is engaged in a behavior so universally accepted as "healthy" that no one could argue its virtue (i.e. exercising regularly at a gym), then what is the intended outcome except to ostracize?

Organizational Fat Stigma

Fat stigma is not always as overt as an individual or group of people making comments or laughing. More often, it is baked into the policies, practices, and assumptions of a space. Lenore sought to develop a yoga practice as part of her self-care and management needs.

> When I'm exercising in a yoga class, often times, the teacher will tell the class not to let your stomach touch your thighs as you raise up or forward fold, or whatever...but when I bend even a little, my gut touches my thighs. So, that feels annoying to hear them say. Or during Chaturanga in yoga—which is like a plank and a push-up—you are supposed to let your chest hit the ground before the rest of your body, but my belly protrudes the same amount as my breasts, so both hit the ground at the same time...And lastly, during a plank they say tighten your core or engage your belly and I don't know what that looks or feels like for someone who isn't a size 2...-Lenore

In an Ashtanga Vinyasa class, like Lenore is describing, the instructor will verbally guide the class participants through a series of asana (poses). [check yoga book about origin for young boys to burn energy and also incorporating gymnastic moves].

In this case, the message is to fit one's body to the sequence of asana and not to suit asana to one's body. Lenore feels annoyed and confused by the messages the instructor is giving, because they do not apply to her body in a meaningful way.

Leticia, a yoga instructor, tells me about her entry in to the world of yoga.

> I never forget, when I was learning—when I was trying to do a run, a 5k. My trainer was like, "Hey, I need you to do yoga." I was like, "What you want? Because to do—I've never seen, first, a black person, and second, somebody plus size, do yoga. And it was in the beginning, I tell everyone, it is the most terrifying thing ever, because you see a lot of skinny people. You're the big one there and you see the teacher who was just like everybody else [thin and white], but except for my teacher, and she was amazing. She helped me modify everything so I became more acceptable of my body.–Leticia

Fatphobia has its roots in racism and the contemporary Western yoga-as-fitness movement is criticized for appropriating yoga and then whitewashing it for consumption (Bhalla and Moscowitz 2020, Freeman et al. 2017). Before ever entering a studio, Leticia had internalized the knowledge that yoga is not for black people and is not for people in larger bodies. As a self-described plus-sized black woman, she was terrified to put herself in the position of being othered in this space. Fortunately, the experience turned out positively. Unlike with Lenore, Leticia's teacher offered and taught a series of modifications wherein props and posture changes make the movement accessible to more bodies.

Instructors hold a special place in the perpetuation of anti-fat bias in fitness spaces. One way that fat individuals engage with their physical health is by setting non-weight loss related goals. Instructors and teachers can facilitate health promotion without anti-fat bias by supporting these goals. However, as Marlene recalls, fitness without weight loss goals feels inconceivable to some.

> There was times when I was like, "Well, my goal is to do 20 push ups," right? And they [Crossfit instructors] didn't—they wanted a weight loss goal, right. And, so I got frustrated and I was like, "No, I have tangible measurable goals that I want to achieve around my fitness." But they wanted, you know…and they're like, "…and lose weight?" And I was like, "No. No." So, I don't know, I might revisit them. I really miss the exercises. I found it really fun and challenging. It was something different, and I met some good people. But I just mentally, it was getting too toxic, maybe I'll try a different CrossFit place. –Marla

Marla, a long-time athlete, has worked on her relationship with her body through much of her adult life. No longer wanting an adversarial relationship and done with weight cycling and restrictive diets, Marlene set a series of achievable fitness goals for

herself and shared them with her Crossfit intructors (is crossfit trademarked?). Her instructors were confused about her lack of interest in purposive weight loss. Their lack of compassion and understanding ultimately lead to Marlene choosing to pursue her fitness goals elsewhere.

At the core of this exchange, there are underlying assumptions about the reliability of fat expertise. Previous research has documented the beliefs that fat people are less intelligent and capable and this incompetence is particularly salient in regards to movement (Greenleaf et al. 2019, Meadows and Bombak 2019, Thedinga et al. 2021). Predicating physical activity and this skill-specific competence upon the premise that "larger bodied individuals cannot be experts on fitness, because if they were experts, they would be thin," is harmful and deeply ingrained. It perpetuates the acceptance of thinness and fitness being inextricable. One of the many reasons this is problematic is because it reinforces the idea that all fat people are unhealthy and therefore all thin people are healthy.

Kara is one of the most athletic people I spoke with. She's a lifetime athlete and pursues leisure time physical activity with her son. Doing everything from scuba diving to rock-climbing.

> I had this instructor that could just not stop trying to correct me or like, I don't know if he thought that because I was bigger than I was going to hurt myself or what, but he just, it was weird, but he was laser focused on me all the time. And everything I would do, he would have something to say about it. And I finally just stopped going one morning after he said, "You know, athletes of a certain size have this- blah blah blah"...and I was so mad because I was like, "Dude, I've been in this gym for a year. Like, I know what I'm doing by myself." Yeah, I'm not gonna do it now…I quit going because of him. Another bad experience: I joined a gym and had—you get a free workout with personal trainer. I went and did that and this guy could not believe that I had actually been inside a gym before or touched a weight. He was like, "You must have some sort of athletic background," after, but we'd had this whole

> conversation about all the different kinds of exercise I've been part of? This is post CrossFit. I did Crossfit for a while, I've done all this other stuff. I've cheered in high school, I've run a half, done two half marathons, I've done all this stuff. And I was just kind of looking for somebody to write me a program, so I'm not just floundering around in there. This is before I found all the apps I love a good workout app. That just really kind of soured me on that guy. –Kara

In this passage, Kara talks about two times when male personal trainers undermined her athletic expertise in a gym setting. While all fatphobia is gendered, fatphobia in a gym/fitness space (which is typically masculinized) is amplified. Despite having ample experience, Kara sought more information as she genuinely enjoys working out. However, the trainers made assumptions regarding her experience due to her size and potentially due to her gender. Due to lack of instructor support, Kara found alternative avenues for physical activity.

In both of these passages, professional fitness instructors were sought to hone and enhance the participants current level of fitness expertise. In neither case were the professionals interested in engaging with the participants individuals capable of making informed, educated choices regarding their physical activity. Two potential explanations for this are both rooted in fat stigma. The first, that a fat body is a clear signal that one's fitness acumen is negligible. This is predicated on the assumption that fat bodies are not fit bodies as a rule. The second interpretation may be that the professionals are seeking to avoid being discredited by associated with a person in a stigmatized, fat, body. While the first interpretation is solely about engaging with a fat athlete in stigmatizing way, the second relies on the fitness professional acknowledging that the athlete's stigmatized body may negatively affect them.

Discussion

The decision to pursue physical activity as a person in a larger body is complicated and made more so by the concrete and discursive barriers one must navigate. Guided by theories of stigma and surveillance, I document how women in larger bodies describe their respective approaches to fitness and physical activity (Foucault 1975, King 2004).

A key finding from the first section, Anticipating Fat Stigma, was the need to ensure both physical and emotional safety by maintaining vigilance over oneself and working to predict anti-fat bias in others. In this section, the participants are all highly aware of their larger bodies as sites of social opprobrium and sought to avert potential stigmatizing interactions by self-monitoring (Goffman 2009; 1963, Kwan 2010). Reports of apprehension and anticipatory stress when approaching an untested physical activity space were common. Participants describe how the fear of enacted stigma (comments, looks, or other discriminatory behaviors) weigh heavily upon their minds before they entered a space. This stress is related to one's knowledge and acknowledgement of their bodies being stigmatized, or socially discredited, site. This hypervigilance regarding how their bodies are perceived and the compulsion to self-manage and monitor themselves requires a lot of mental energy and could therefore the energy available to participate fully in movement. Further, the awareness and internalization of stereotypical beliefs about large bodies and physical activity reduces levels of self-efficacy for individuals (Mensinger and Meadows 2017). This is a crucial point since self-efficacy and skill-specific competence are two important factors for people approaching a new physical task (Chastain 2014).

Conversely, in the second section, Organizational Fat Stigma, the women interviewed place the blame for their barred participation with the instructors, trainers, and/or facilities. By identifying the source of conflict outside of themselves and onto modifiable factors in their environment, the participants are exercising a level of agency in line with social disability theory and activists who contend that social structures are to blame for individual's limited participation and integration into society (Kwan 2010, Tremain 2015). Further, these women are managing the stress of spaces constructed specifically for thinner bodies by advocating for themselves and also by redefining their motivations and goals for movement. While this does not subvert the hierarchy of body privilege wherein thin bodies are the standard by which all bodies are judged (Kwan 2010), engaging with the system (fitness industry) without accepting that their respective bodies are a problem to be solved, the women in the second section are making space for other women to act likewise.

These findings build on previous research proposing how the negative effect of weight stigma on one's likelihood of participating in exercise could be buffered by seeing other large people engaging in similar activity (Meadows and Bombak 2019). Having a social anchor, an individual they knew, a familiarity with the space or seeing someone with a similar body type, did somewhat mitigate fearfulness. These findings are in line with other research examining the impact of weight stigma on an individual's participation in social physical activity. Thedinga (2021) noted that participants worked to manage their exposure to stigmatizing social relations by self-excluding in certain activities. This is reflected in the final two passages in this article. Both respondents reported how they'd established their boundaries around movement and made clear their

goals, the fitness professionals were disinclined to work with them. In response, the study participants excused themselves from those spaces and, instead, sought physical activity elsewhere.

An overarching theme from these interviews is the description of joy and enjoyment respondent report when detailing their desire to engage in movement. The narrative reflecting the weight-normative approach to health and movement typically depict larger individuals as disinterested, incapable, or incompetent when it comes to movement (Dark 2019, Flint and Reale 2018, Harjunen 2019). However, the interviews in this study tell a different story. There are lifetime athletes, dancers, professional fitness instructors, marathon runners, and yoga teachers who are in larger bodies. These activities demand a level of expertise that is not immediately attributed to fat bodies in physical activity. Future research should examine the erasure of large bodied athletes to address the disparity in access for non-weight normative individuals who seek physical activity.

CHAPTER EIGHT

DISCUSSION AND CONCLUSION

This dissertation contributes to the fat stigma literature by documenting the process of how messages become action for women in larger bodies. One of the biggest through lines of these four pieces is the difficulty individuals face when navigating the illogic of anti-fat bias. The discourse of the "Obesity Epidemic," which is one of the structural manifestations of fat stigma, operates on the premise that there is a correct way to live one's life and that by doing so, one will not be fat (Satinsky and Ingraham 2014, Scambler 2018, Schafer and Ferraro 2011). Fat is conceived not only a bodily characteristic, but also a placeholder for the stereotypical traits demonized in Western culture: lazy, a freeloader, someone disinterested in health, and someone doomed to die an early death. Rather than interpreting BMI as one of many biomarker numbers that offer an incomplete picture of an individual's health, both researchers and healthcare providers translate BMI into a definitive judgement of health status and behaviors (Gutin 2021).

Due to the nature of healthcare as an institution of significant social and political power, this pattern of leveraging body size as a mark of success or failure is reflected in social embrace of healthism (Crawford 1980, Crawford 2006). The power of the healthcare (and research) institutions is internalized and reproduced by the pursuit of

health being done with moral conviction and with the knowledge that there are consequences for those who do not conform (Foucault 1975).

Further, anti-fat bias is an extension of prolongevity, the desire to live forever, or for as long as possible, no matter the cost (Dumas and Turner 2007, Turner 2010). Thus, at its core, the fear of fatness is a fear of disablement and death. Media depictions of "headless fatties" show photographs or video footage of large bodied individuals with the frame ending at neck level, thus rendering them headless bodies (Cooper 1997, Frederick, Saguy, Sandhu et al. 2016). These images are typically accompanied by fear-oriented messages about how these individuals are destined for an early death or how they are "eating themselves to death." Conversely, when previously large individuals shrink their bodies, they are praised to stepping back from death's door. However, their newly smaller body is praised for being healthy and more attractive to look at, but the disordered means used to arrive at this body are glossed over (Frederick et al. 2016, Gordon 2020).

These competing frames of health and beauty are complicated discourses for academics and researchers to navigate. In this study, I sought to examine how normal people sort through messages of health and beauty to arrive at choices for their own lives. Through my recruitment process, I specifically sought out women who have participated in fitness classes and physical activity in their adult lives. Doing so, I potentially collected a self-selected sample that has already navigated many of the anti-fat messages one encounters over a lifetime. They may have already developed the skills and sufficient attitudes and behaviors to successfully resist the most pernicious of anti-fat messages and policies. Of the 23 women I interviewed, 20 were no longer dieting or pursuing weight

loss in any way. The three women who still wanted to shrink their bodies sought it for either health or aesthetic reasons.

The cultural narrative surrounding health and healthy living is focused upon two main ideas: diet and exercise. From an early age, individuals are taught that what you eat and how much you move your body are central to your health and quality of life and that an individual's weight is within one's control. Despite research demonstrating the greater effects of the social determinants of health and epigenetic factors (Agarwal, To, Zhang et al. 2020, Aphramor 2009, Bacon and Aphramor 2011), this reductionist belief persists due to neoliberal ideals of health as a personal responsibility.

Findings from Two Methods

In Chapter 4, I discussed how, even with forthright organizational directives to accept, accommodate, and welcome all bodies within a space, the broader social messages that demand adherence to a slim interpretation of ideals can still be introduced. Individuals are in a space aligned with a body-inclusive mission, but their own internalized fat stigma emerges in social interactions. Messages pertaining to the imperative for a slender body are subtle and guileful because they are represented as a bid for health promotion and better quality of life.

However, previous research has demonstrated that while there is no safe, sustainable way to lose weight or shrink one's body (Bacon and Aphramor 2011, Guardabassi and Tomasetto 2020), there are a multitude of benefits to be had from engaging in health promotion without the pursuit of weight loss (Meadows and Bombak

2019, Mensinger and Meadows 2017). Therefore, if improved health and quality of life are the goals, then it is essential to increase accessibility for individuals of all body types.

Chapter 5 introduces findings which detail the efforts made to improve accessibility and safety (both physical and emotional) in a physical activity space. These findings tie into broader social disability activists and body theorists who posit that a fat body can be interpreted as a disabled body, since social barriers and structures bar their full integration and participation in society and that it is the privilege of non-fat bodies to assume spaces are made for them (Cooper 1997, Kwan 2010). These findings are reflected in Chapter 7, where I present a series of passages describing how women in larger bodies are required to navigate anticipated fat stigma before entering a facility for activity and how, despite this, some are able to resist anti-fat discourse enough to leverage critique against the spaces unable to accommodate them.

Family Fat Stigma

In Chapter 6, I discuss findings from a series of interviews I conducted where I asked women to tell me about their relationship with food while growing up. These findings, interpreted with my three theoretical perspectives in mind (stigma, biopower, and body privilege), resulted in the development of another concept: family fat stigma. As the smallest institution of power and the site of many individuals' first introduction to body-based values, the family is also often where people first learn to stigmatize fatness.

The practice of family fat stigma has several competing frames and goals as its foundation. This phenomenon places belief before action, where beliefs are confirmed through interactions, and thus reified (Feenberg 2015). The first, and most essential tenet

is that the parents or caretakers essentialize body size as the direct result of diet and exercise. Second, a belief that fat bodies are inherent unhealthy, unworthy, and socially devalued. Third, that parents are responsible for instilling in their children the belief that health, and, as a proxy- weight, is paramount and fully within each person's control and reach (Beagan et al. 2015, Cairns and Johnston 2015, Patel, Karasouli, Shuttlewood et al. 2018).

These beliefs set the stage for the actions and behaviors that parents and caregivers undertake to offset the social ramifications for their large children as a discredited identity, and for themselves as potential sites of courtesy stigma (Goffman 2009; 1963, Gorlick et al. 2021). Parents use a variety of methods to teach their children these lessons: modeling, direct messages, indirect messages, and relying on non-familial sources of information (Berge et al. 2013, Thomas et al. 2014).

The women I interviewed reported parents who approached food from one of three stances: no rules, covert (indirect) rules, or overt (direct) rules (Chapter 6). They described learning about food and eating while growing up within their respective families. These stories included a spectrum of food-based rules and control. Some recall very few rules about food and eating and relied upon their own intuition to guide their choices. Others remember parental control manifesting as restriction, required diets, and frequent comments about their choices in consumption. The smallest group recalled zero direct messages, but received messages nonetheless. They learned by watching and listening to things said not to them, but around them. A pattern mentioned was when a parent or guardian would demonize their own bodies and, by doing so, would transmit the idea that their respective bodies were a problem to be solved via diet and exercise. These

messages are often at the core of intergenerational transmission of anti-fat bias. It can be further damaging when the parent or guardian's body is closer to the cultural idea (i.e. thin) than the child's, thus the child internalizes the idea that proximity to thinness is key.

The findings from Chapter 6 about food and eating align with ethnographic observations in Chapters 4 and 5. In Chapter 4, one of the instructors at the studio talked about how she felt villainized for eating, as a fat person, even though she was eating something she deemed morally positive: a salad. This relates to the food and eating rules and discussion of surveillance. The instructor may fear that people note that she is both fat and eating (anticipated stigma) but she did not disclose any experiences to suggest that this was rooted in a trauma related to food and eating in the car. Rather, it seems most related to some of the overt food rules in Chapter 6 wherein respondents describe parents being upset about their food consumption perhaps due to anticipated courtesy stigma.

In Chapter 4, I also described an experience during ethnographic observation where a woman tried to both explain and justify her consumption of chicken salad to me. This conversation would not be out of place in Chapter 6 where individuals recall their mothers demonizing specific food groups or macronutrients (e.g. carbohydrates). In terms of temporality, the memories of food and eating in Chapter 6 would take place before the experiences of adults in Chapters 4 and 5. However, there is also a cyclical relationship between what individuals are told as children, what they talk about with their adult friends, and what each adult then teaches their own child in turn. After conducting the observations and interviews, I would be hard pressed to say that any of these messages come from a place other than genuinely wanting to help people. Whether that is by

improving one's access to safe and enjoyable fitness or a parent seeking to mitigate the social ramifications lying in wait for their fat child, there is plenty of nuance to explore.

In response to messages from one's family of origin and other sources: friends, current family, healthcare, or fitness providers, many individuals undertake what is generally believed to be a healthy lifestyle that includes exercise. However, as Chapters 4, 5, and 7 show, participation in exercise as a person in a larger body is more difficult than just making the decision to do so. There are multiple barriers, both concrete and social, that one must overcome. Anticipated fat stigma, the fear of discrimination in a space due to an individual's body size or weight, is a cognitive burden for many of those I interviewed. Chapter 5 describes the ways fitness providers can become experts in accommodation and modification for whatever movement they teach. By deepening their expertise, they can also teach students more about their own bodies, thus improving their options for self-care and self-management.

Increasing bodily autonomy for individuals with disabilities or people in larger bodies is a site of social justice. Since both groups of people (groups which overlap) are often subject to infantilizing treatment and their bodies regarding as "out of control" (Gorlick et al. 2021, Manago et al. 2017, Nehushtan 2021, Phelan, Burgess, Yeazel et al. 2015). When taken in context with additional marginalized identities, the saliency of the social justice and equity aspects become even more acute. People who are members of the LGBTQ+ community report instances of felt fat stigma and anti-fat bias, both in the context of healthcare and social arenas (Austen, Greenaway and Griffiths 2020, Paine 2021). Women of color, especially black women, report the lowest rates of physical activity and it is overwhelmingly due to lack of access and issues of safety (Child,

Kaczynski, Fair et al. 2019, Kinsey, Segar, Barr-Anderson et al. 2019, Knapp, Gustat, Darensbourg et al. 2019, Lanza, Stone and Haardörfer 2019, Nyenhuis, Shah, Ma et al. 2019, Payán, Sloane, Illum et al. 2019). Chapters 5 and 7 both demonstrate the physical and emotional safety and access are essential components for the consistent pursuit of physical activity (Thedinga et al. 2021). When interpreted with data describing health promoting behaviors for nonwhite and/or gender nonconforming people, is clearly a problem for future intersectional inquiry.

Limitations

There are limitations to this study. My ethnographic observations were confined to a single body-inclusive studio that was composed, overwhelmingly, of women in a suburban area. My decision to restrict my observations to this site was predicated upon the idea that this site is different than other studios in the Southeastern US. I did not want this study to become a laundry list of comparisons between size-normative studios and the single body-inclusive studio. Further, it was theoretically important that I seek a site where the instructors did not shy away from the material reality of fat bodies. Saying all bodies are welcome is different from modifying a practice and space to welcome all bodies. An important limitation when discussing the reality of accessibility is my role as an abled person. My interpretations are shaped by previous experiences in typical studios where no accommodations were made. However, I cannot make any definitive statements regarding the thoroughness of the space's absolute, practical accessibility.

Another limitation is the relative racial homogeneity of the study site. Through the study period, only two non-white individuals were noted participating in any class.

Two potential explanations for this: first, the studio is in a suburban area in the Southeastern US. While strides have been made, there remains a pattern of residential racial segregation. Second, it is possible students of color participated when I was not present.

The most interesting limitation of this study is my own positionality. As described in Chapter 3, I am fat and white. This may have been off-putting to any number of individuals. Recruitment took place during a time of historic change for the United States. On May 25, 2020, George Perry Floyd Jr., an African American man was murdered by a police officer during an arrest in Minneapolis. His death sparked months-long protests for Black Lives Matter. Protests were met with police violence which did not dissuade protesters. Because of these monumental events, I did not pursue black and women of color as participants as eagerly as a might have done in the past. This choice was made after seeing swathes of social media posts from black and brown women asking people to stop demanding their emotional labor.

Thus, I recruited, I pitched my flyer to black-owned businesses and social media accounts, but I did not persistently follow up to fill any kind of representation quota in a futile attempt satisfy arguments about generalizability. As we know both bodies and body size are racialized, we need more studies from and of black, indigenous, and communities of color.

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APPENDIX A

Ethnography Codebook

Ethnography Codebook

Codes	**Descriptions**
Accessibility and Inclusivity	Times when specific measures were taken to be inclusive and welcoming.
Alternative Modalities	Anything related to health or wellness, but not a class.
Anti-Diet	Expressions of fat solidarity, anti-diet, or otherwise fat positivity.
Apparel	What are people wearing?
Body Apologists	Individuals making excuses for their bodies or the things they do to support them.
Boundary Work	Times when boundaries were introduced, reinforced, or clarified.
Cost	It's about money
Embodiment	Descriptions or conversations about sensory experience
Food	Any and all discussions or references to food or food consumption
Good Fatty	"I'm fat but at least I'm healthy!"
Health Discussion	People talking about their health or health issues
Information	How do people learn what they know
Ritual	Ritual process
Social Relationships	How are people relating to each other in the space
The space	Describing the space
True Believers	The people who internalize any and all messages and seek to Win Yoga by being the most committed
Weight Stigma	Both explicit and implicit, external and internal experiences of weight stigma and fatphobia.
Wellness Lifestyle	For any reference to "wellness" diet/lifestyle
Researcher Discomfort	My own experiences of discomfort, irritation, confusion, or upset.

APPENDIX B

Interview Guide

Interview Guide

Introduction: I'm interested in how people make meaning from cultural messages about bodies, health, and/or fitness. I would like to learn more about where individuals get information and how they use it.

1. First, people learn a lot from their families. Can you tell me about your family of origin?
    a) Tell me about the role of physical activity in your family while you were growing up.
    b) Starting from when you were young, tell me about your relationship with your body and physical activity.
    c) I would also like to know about your relationship with food growing up.

2. How would you say your relationship with your body has changed over time?
    a) How would you describe your body, now?
    b) Maybe: How do you feel about your body now?

3. Can you tell me how you decided to come here for classes?
    a) What role has your body played in your decisions around physical activity?

4. Can you tell me if the pandemic changed physical activity for you?
    a. Tell me about food and eating during the pandemic.
    b. Has the pandemic impacted how you think about your body?

5. I would like to know about your thoughts on health.
    a. Have your ideas about health changed since the pandemic?
    b. Has the pandemic impacted where you get health information?

Do you have anything else you would like to add or questions for me?

APPENDIX C

In-Depth Interview Codebook

In-Depth Interview Analysis: Thematic Codebook

Codebook represents all codes used in the analysis presented and discussed in this dissertation.

IDI Analysis: Thematic Codebook 1

Codes	**Description**
2020 Interviews	
April Interviews	Took place in April
August Interview	Took place in August
July Interview	Took place in July
May Interviews	Took place in May
October Interview	Took place in October
Access	References to any social or physical barriers to agency
Age	Age or age-related items
Adolescence	Bodies, food, movement, etc. during adolescence
Pre-puberty	Bodies, movement, and food before the onset of puberty.
Disordered Eating	Patterns or beliefs related to a disordered approach to food; diagnosed or not.
Diet bingeing	Discussion of food binges
Diet Restriction	Discussion of restricting any or all foods
WW	Specific references to weight watchers
Family of Origin	The network or group that was involved in the upbringing of participant
Fathers' Influence	The way fathers think about bodies, movement, food, etc. How is dad showing up when participants are learning about bodies and health and attractiveness?
Grandparents	References to grandparents' thoughts, actions, role in the home, feelings, impact.
Latchkey kid	Either specifically referred to themselves as a latchkey child or described a situation that would be considered so.
Mother's Relationship with her Body	Comments, reflections, thoughts, or concerns about mother's body and how she felt about it.
Mothers' Influence	How mom thought about bodies and food. What she said. What was her role?
Parental Attention	Seeking, receiving, or being denied parental attention.
Parental control	Parents/guardians exerting control over food, bodies, or physical activity.
Parental Job Prestige	What did the participants' parents do for work while they were growing up?
Siblings	References to siblings in the home now or ever.
Single Parent	Participant either is a solo parent or was raised by a solo parent.

Strategies for Family Fatphobia	How are people dealing with fat phobia from their families?
Fatphobia	Expressions of internalized or externalized fatphobia
Negative body talk	Participant describes their or someone else's body in negative terms.
Rationale for fatness	Making justifications for why someone is fat.
War battle fighting	The use of combative language when describing body control
Feelings and Emotions	Any mention of specific feelings.
Bullied	Experiences of bullying
Compassion	Feeling compassion for self, others; Alternatively, recalling compassion from others.
Competition	Describing oneself as competitive or not. Referencing competition in sports or life.
Feeling Good or Not Good Enough	Imposter syndrome, never feeling good enough; mentioning times when they did feel good about themselves or their bodies. What makes someone feel good.
Fun and enjoyment	Descriptions of joy, fun, having a good time.
Losing a loved one	Death and grieving over a loss; loved one, pets, etc.
Motivation	What motivates a person. What gets someone going and makes them do what they do?
Food and Eating	Any reference to food or eating or drinking
Cooking or preparing food	Food preparation by self or in family/group context.
Food rules and beliefs	How was food thought about and presented? How do you remember food being?
Food while growing up	Tell me about your relationship with food growing up
Fulfillment	Descriptions of contentment and feeling good about life.
Health Physical	All references to health or healthiness
Condition or Disorder	A diagnosed or suspected condition that is mentioned
Injury	Any hurt or injury that is described
Pain	Specifically physical pain
Healthcare	Any interaction with healthcare services
Mental Health	Any mention of mental health; direct or indirect
Social anxiety	Commentary upon social discomfort and anxiety
Stress	All mentions of stress or distress, regardless of situation
Okay, I'm different and people they're gonna notice I'm different and they'll make comments.	In-vivo code: used to describe anticipated stigma
Physical Activity	Any reference to physical activity
Being Outdoors	Being, enjoying, experiencing, or otherwise referencing the outdoors. May be pro or anti being outside.

climate controlled exercise	Description of preferences for HVAC in exercise spaces as opposed to being outside
Crossfit	Specifically references crossfit
Dance	Specifically references dance or dancing
Physical activity as an adult	Discussing types, preferences, and patterns of physical activity now that participant is an adult.
Physical Activity in Family	What did physical activity look like in family while growing up.
Riding Bikes	Specifically references riding bikes or cycling
Rules for Movement	Thoughts, beliefs, feelings, or rules for movement. Parameters for movement to count.
Running	Specifically references running
Sport Teams	Specifically references playing team sports as a child or adult
Swimming	Specifically references swimming at any time
The role of physical education	What was PE like when you were growing up?
Weight Training	Specifically references training with weights or strengthening machines
Yoga	Specifically references yoga
Race	Any mention of race or ethnicity
Relationship with Body	How do they think about, related to, or view their body and how has that changed over time?
Breasts in the way	Specifically references breasts
Bringing up bodies	Participant brought up bodies or body size unprompted.
Clothing	How does clothing impact the body and thoughts about the body?
Photographs	Participant brought up camera, pictures, photographs, social media posts, etc. unprompted.
Reducing body to its parts	Mentioning or discussing a part of the body as if it is its own entity. “Problem areas”
Social media impacting self-image	Any social media use, apps, references. Talking about seeing or posting photos. How does it make this person feel. How does social media show up in their lives.
Relationships Not Family	Any relationship that is not part of the family of origin or married-into family.
Friends	Friends at any time over the life course
Recommendation from friend or family	Pursued something due to a recommendation from friend or family. Social network.
Romantic Relationships	Partner, marriage, etc.
Religion	Any mention of religion or spirituality or lack thereof.
Safety	Describing safety, safety measures, or lack thereof.
SES	Socioeconomic status at any point in the life course

Food insecurity or financial strain	Talking about access to food and other resources.
Weather	Any reference to weather or climate; summer heat; winter snow, etc.
Weight fluctuation	Weight gain or loss
Weight loss	Any reference to previous, current, or aspirational weight loss. Pressure to lose weight or disinterest in losing weight.
Family incentivizing weight loss	Specific comments about families offering some kind of incentive for weight loss e.g. money, clothes, etc.

APPENDIX D

UAB IRB Approval Forms

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Office of the Institutional Review Board for Human Use

470 Administration Building
701 20th Street South
Birmingham, AL 35294-0104
205.934.3789 | Fax 205.934.1301 |
irb@uab.edu

APPROVAL LETTER

TO: Scrivner, Brittany

FROM: University of Alabama at Birmingham Institutional Review Board
Federalwide Assurance # FWA00005960
IORG Registration # IRB00000196 (IRB 01)
IORG Registration # IRB00000726 (IRB 02)

DATE: 19-Jun-2019

RE: IRB-300002936
Participation in Exercise Groups

The IRB reviewed and approved the Initial Application submitted on 31-May-2019 for the above referenced project. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services.

Type of Review: Exempt
Exempt Categories: 2
Determination: Exempt
Approval Date: 19-Jun-2019
Approval Period: No Continuing Review

Documents Included in Review:

- Exempt.190531
- datacollection.190531

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Office of the Institutional Review Board for Human Use

470 Administration Building
701 20th Street South
Birmingham, AL 35294-0104
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irb@uab.edu

APPROVAL LETTER

TO: Scrivner, Brittany

FROM: University of Alabama at Birmingham Institutional Review Board
Federalwide Assurance # FWA00005960
IORG Registration # IRB00000196 (IRB 01)
IORG Registration # IRB00000726 (IRB 02)

DATE: 25-Mar-2020

RE: IRB-300002936
Participation in Exercise Groups

The IRB reviewed and approved the Revision/Amendment submitted on 24-Mar-2020 for the above referenced project. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services.

Type of Review: Exempt
Exempt Categories: 2
Determination: Exempt
Approval Date: 25-Mar-2020

Documents Included in Review:

- exempt.clean.200324
- phonescript.200324
- consent.clean.200324
- flyer.200323
- praf.clean.200324
- interview.200323

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Office of the Institutional Review Board for Human Use

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701 20th Street South
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APPROVAL LETTER

TO: Scrivner, Brittany

FROM: University of Alabama at Birmingham Institutional Review Board
Federalwide Assurance # FWA00005960
IORG Registration # IRB00000196 (IRB 01)
IORG Registration # IRB00000726 (IRB 02)

DATE: 10-Apr-2020

RE: IRB-300002936
Participation in Exercise Groups

The IRB reviewed and approved the Revision/Amendment submitted on 08-Apr-2020 for the above referenced project. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services.

Type of Review: Exempt
Exempt Categories: 2
Determination: Exempt
Approval Date: 10-Apr-2020

Documents Included in Review:

- interview.clean.200408
- praf.200408