Theses, Dissertations, and Projects

2014

A sense of pride over my size : a qualitative study of women of size who consider themselves body positive

Ruth A. Salen
Smith College

Recommended Citation

Ruth Anne Salen
A Sense of Pride Over My Size: A
Qualitative Study of Women of Size
Who Consider Themselves Body
Positive

ABSTRACT

This qualitative exploratory study investigated how women who self identify as a person of size and who have a positive body image developed their positive body identity. Through the process of a semi-structured interview, the study explored the personal experience of the participants from their youth into adulthood regarding the messages they received about their bodies and how they responded and resisted the impact of those messages. The theoretical underpinnings of this study were based on body objectification theory, stigma theory and feminist theory.

Sixteen female participants participated in the study and shared what they believed contributed to their body positive identity. Major findings were that all of the participants had significant memories of receiving and internalizing negative messages about their bodies and most of the participants responded to these messages with shame, dieting, anger, and overachievement. Additionally, all of the participants reported utilizing multiple factors of support as a strategy to resist the external and internal messages and to develop a positive body identity. This study revealed the deep impact of familial and societal messages about body size on a woman's mental well-being. It also identified the incredible resilience and strength of character the participants embodied in order to arrive at and maintain a body positive image.

A SENSE OF PRIDE OVER MY SIZE: A QUALITATIVE STUDY OF WOMEN OF

SIZE WHO CONSIDER THEMSELVES BODY POSITIVE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Ruth Anne Salen

Smith College School for Social Work
Northampton, Massachusetts 01063

2014

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

CHAPTER I

Introduction

We are bombarded with messages about an idealized body image focusing on body weight. Googling the word "fat" results in the following terminology: overweight, obese, chunky, husky, butterball, big, beefy, dumpy, elephantine, gargantuan, gross, heavy, heavyset, portly, potbellied, pudgy, roly-poly, and whale-like. Fat Activist Charlotte Cooper (2008) notes that people with excess weight are described as, "lacking in moral fiber, diseased, potentially diseased, greedy and lazy, not just ugly but disgusting, pathetic, underclass, worthless, a repulsive joke, a problem that needs to be treated and prevented" (p.1). As cited by McKinley (2004), "dominant culture associates fat with everything from being ugly to being weak-willed and morally impaired" (p. 214). The negative connotations associated with these words seem to be proof of how socially imbedded in our culture the fat=bad, thin=good binary is. These concepts are polarized in that a person is either ideal or in need of change. This has an impact on self-worth and self-esteem that affects more than just an individual's psyche; it contributes to a cycle of systematic oppression and marginalization for the individuals who are fat.

Brown and Rothblum (1989) suggest using the term "fat" because it is the preferred term of the fat acceptance movements. The term "fat" is used as a descriptive term because it is considered stripped of cultural baggage and has no necessary implication of wrongness or deviation. According to Brown (1989), the term "overweight" is a negative term implying excess above an ideal weight, and "obese" is similarly negative as it is considered a term created

1

by the medical community for bodily size, with an underlying message of pathology. Brown also discourages the connection between eating and weight, explaining that disordered eating is not always related to body size. She recommends a need for changes in attitudes and assumptions because associating the two feeds into the binary of disordered thinking and promotes discrimination.

Much of the current research available on persons of size is based on a dominant model of thinking, centered on a biological-medical model of fatness, which in more simple terms would mean to "fix" the fat person. Cooper (2004) challenges this "fixing" model suggesting that many of these medical model interventions are not based on improving the quality of a woman's emotional life and that they create stigma and psychological distress for the person of size which in turn can alienate fat people from each other and the wider community. Some of the medical interventions include: diet medications; cosmetic alterations such as liposuction; and bariatric surgery such as gastric bypass surgery, the gastric band, or gastric sleeve.

While people of size are faced with a medical community that is trying to fix them and a society that discriminates against them, few studies focus on the concept of having a positive body image and few studies have been conducted in the United States using a participant pool identifying as having a body positive identity. The few studies on this topic also have a number of methodological limitations. A study by Wood-Barcalow, Tylka, and Augustus-Horvath (2009) had a small sample size, a focus only on college-aged women, and a participant pool which included "normal" sized bodies. Dickins, Thomas, King, Lewis, and Holland (2011) had a lack of diversity in age and gender since the participants were predominantly women around 40 years old. Donaghue and Cleminshaw's (2012) study did not have direct contact with their participants; they simply analyzed blog commentaries. The current study interviewed

participants who self identified as being a person of size with a body positive identity, and also included age diversity (ages 23-63), geographic diversity, and some racial and sexual orientation diversity.

While the focus of this study was to investigate body positive attitudes in women of size, there is research that suggests there are medical risks and negative physical implications associated with being a person of size. The website for the Center for Disease Control (CDC) notes a ratio between an increased body size and an increase in physical health risks such as coronary heart disease, type 2 diabetes, certain types of cancer, dyslipidemia, and stroke ("What causes overweight," 2013). While medical professionals give educational and research information about the health implications and risks associated with being a person of size, the idea or concept of promoting a positive or healthy body image regardless of size is not the norm. The current study does not aim to refute the medical risks claimed by the CDC and other medical organizations; however it does strive to shed light on the overarching cultural and societal stigma aimed at the person of size (even within the medical community) and how certain women have been able to resist this stigma.

Schwartz and Brownell (2004) emphasize the difficulties of facing stigma related to weight by arguing that western culture highlights the ideal for thinness, is critical of those with excess weight, and demoralizes the person of size, suggesting that the person of size internalizes these messages making it impossible for them to feel good about themselves because of their physical presence that brands them. Tiggemann and Stevens (1998) believe the relationship between body and self esteem changes through one's life span and that women who subscribe to nontraditional values or a belief in feminist ideals place less emphasis on the ideal of thinness and have more body acceptance. Using a theoretical foundation of social constructionism,

stigma theory, and feminist theory, this qualitative study investigated how certain women of size with positive body image developed this positive body identity.

This study explored the strengths of women of size who have a positive body image and tried to better understand what factors contributed to this and, therefore, is important in assisting the therapeutic, medical, and social justice communities working with their clients about issues pertaining to weight-related stigma and discrimination. This current study contributes in particular to the field of social work because there is no research which includes participants of size that examines how they have developed a positive body identity. The implications of this research can contribute to the field of social work by helping professionals identify their biases towards the person of size and help them develop prevention and intervention models to better support their clients as whole people. This study also adds to the body of literature identifying how to help women of size develop a positive body image and in doing so shows that many women of size can have healthy attitudes about body and identity no matter the number on the scale.

CHAPTER II

Literature Review

The dominant themes of literature related to this study focus on weight and body

consciousness and weight and body awareness, and they fall under four main categories: body

image, body image in women, fat oppression and fat acceptance. Using social constructionism,

feminist theory, and stigma theory as a theoretical lens, most of the literature indicates that body

awareness, whether it is positive or negative, is a learned concept, based on the influence of a

dominant cultural ideal, social norms, media, and other sources. Some of the literature focuses

on discrimination, stigmatization and fat oppression, while other literature focuses on the fat

acceptance movement based on promoting human agency and the ability to choose body identity.

Body Image

The majority of the literature reviewed suggests that the concept of body image is a social

construction. Fredrickson and Roberts (1997) believe that the concept of "bodies" exists due to

social and cultural constructs, which evolve through sociocultural practices and conversations.

Using the construct of objectification, they argue that internalized ideals about the body are

cultivated by what others think and are targeted at women and serve as a way to oppress and

marginalize women. These ideals force girls and women to have an adopted view of self.

Furthermore, looking through a feminist perspective along with a sociocultural lens, Fredrickson

and Roberts suggest that body image has less to do with biology and more to do with gendered

and socialized constructs. Part of their feminist argument suggests that women are treated as

bodies in use for pleasure and to be used by others. While their study attempted to uncover the negative impact of objectification on body image, limitations within the study included that the participant sample did not take into consideration age, race, class, sexuality, personal histories, and physical characteristics.

In following the trend that body image is considered a social construct, Robinson and Bacon (1996) focused on the drive for thinness in fashion, also considered a social construct. Robinson and Bacon suggest that women learn negative beliefs about their bodies by internalizing the belittling messages received from family, friends, intimate relationships, and through the media. Their study focused on 47 women clients from a community center who utilized a specific treatment plan, which was adapted based on interventions used to treat clients with anorexia and bulimia. The plan included increasing daily activity, reviewing eating patterns, redefining beauty ideas, and teaching assertiveness to push against discrimination and prejudice towards people because of their weight. The hope was that by adopting these actions, the mental well-being and self-esteem of their clients would increase along with potentially providing some difference in physical well-being. Positive improvements in self-esteem and mental well-being were found in the study subjects. The researchers found that a major contributor to the positive results was the camaraderie and cohesion found in the group/community orientation of the program. Additionally, they found that changing the focus from a "dieting" perspective to a healthy living perspective seemed to have a significant impact and helped change some perceptions of negative body image. An unintended significant finding was that when the group was opened up to not just fat clients but to any women who had a negative body image, the groups together were able to change some of their biases toward people of size and develop

better body appreciation for themselves and each other. Limitations of this study include a small

sample size and no long-term follow up to understand any lasting effects of the intervention.

The majority of research about body image seems to agree that negative body image is

also based on a concept of social construction. Robinson and Bacon (1996) identified specific

environmental elements as the source of this construction. Frederickson and Roberts (1997)

argued that social construction has to do with the gendered objectification of women. As stated

by Schwartz and Brownell (2003), women seem to have more issues pertaining to body

dissatisfaction, seek treatment for body dissatisfaction and eating disorders more often, and

generally are more at risk for developing a negative body image. Their study helps validate that

negative body image seems to be more gender specific to women than men. As the literature

suggests, if body image is a social construction and women, especially, are impacted by negative

body messages, this current study adds to the literature in its attempt to find out how women

resist the social construct of the thinness ideal and embrace a body positive identity. Building on

these ideas, the following section will look at body image as it relates only to women.

Body Image and Women

Peterson, Tantleff-Dunn, and Bedwell (2005) cite the work of Cash and Henry (1995)

that negative body image is experienced by almost one-half of American women. Peterson,

Tantleff-Dunn, and Bedwell also cite the research of Leon, Fulkerson, Perry, and Cudeck (1993)

and Stice (1994) that the main characteristic of negative body image in women includes the ideal

of a drive for thinness, which correlates with symptoms of disordered eating. Fraser (1997)

suggests that the ideal of thinness developed in the United States during the late 1880's-1920's,

not just as a shift in fashion, but as a way that women's bodies were looked at by men and

experienced by each other. The predominant measurement currently used in body image research

and literature on women is the construct of the thinness ideal; this ideal construct is evidenced through scales and measures created by multiple researchers. As cited by McKinley (2004), the concept of the thinness ideal is the most significant component of acceptable appearance for women. They further suggest that many women make losing weight their most important goal above job or relationship success.

Frederickson and Roberts (1997) suggest that physical beauty can translate to power for women. Their research demonstrates that how a woman's body appears to others can determine some of her life experiences. Additionally, Frederickson and Roberts note that many studies demonstrate that obesity negatively affects women's, but not men's, social mobility, with obese women, but not men, showing lower educational and economic attainments than their parents. They found in Wooley and Wooley (1980) and Wooley and Dyrenforth (1979) evidence that young women with excess weight were less likely to be accepted to college. Snow and Harris (1985), Bar-Tal and Saxe (1976), Cash, Gillen, and Burns (1977), and Wallston and O'Leary (1981) found that unattractive women were looked at more negatively in the work place than men. Unger (1979) and Frederickson and Roberts (1997) argued that women's physical beauty is a prime source for economic and social success. These studies indicate that body image and appearance ideals impact women in significant ways in many different areas of their lives.

McKinley (2004) recruited 128 women from *Radiance Magazine,* a leading size acceptance magazine, by mailing recruitment correspondence to the magazine's subscribers. To qualify for the study, the women needed to have a body mass index (BMI) of over 30. The study attempted to see if there is better self-esteem/body image in women who endorse a need for social change concerning attitudes towards fat people. The researchers tested relationships between three criteria: objectified body consciousness (OBC), defined as the way participants

look at their body from a perspective of an outside observer; if participants feel negatively about their own body because they believe it does not meet the social norm/standards; and the assumption that people can be in control of their own appearance. McKinley noted that these ideas are associated in the research literature with body dissatisfaction and also eating problems. The study found that the participants who were involved in social change had higher self-esteem and better body image than those who were only interested in positive body acceptance. Limitations to the study were a small participant pool, lack of racial and ethnic diversity, and the exclusion of participants who would not self-report their weight.

Researchers for over a decade have been pushing for more feminist-based interventions to assist with disordered body image beliefs and eating disorders. Mason and Chaney (1996), Piran (1996), and Steiner-Adair et al. (2002) recommended feminist-based interventions to help change attitudes toward disordered body image beliefs. Peterson, Tantleff-Dunn, and Bedwell (2005) proposed that the ideology of feminism can positively affect how women view their bodies. Peterson, Tantleff-Dunn, and Bedwell argued that there are gaps in our knowledge of body image disturbance, prevention, and interventions in those who suffer from disordered eating. They suggest that general psycho-educational interventions to increase body satisfaction do not offer lasting ways to help adaptively interpret the negative body conscious messages women receive. The researchers recruited undergraduate college-aged women to participate in two different survey scenarios. The first was to rank their level of feminism from very feminist to very traditional. The participants were then asked to complete a number of surveys on feminist identity, physical appearance, anxiety about physical appearance, and body image satisfaction. In the second scenario, the participants were split into three groups. Participants in the two intervention groups were asked to listen to two different audiotapes and complete a packet of

questions responding to them. The third group was the control group and was not exposed to any intervention. One of the intervention groups used the Feminist Theory Intervention (FTI), which focused on feminist theories relating to body image and eating disturbance. The second intervention group used the Psycho-educational Intervention, which used a sociocultural theory relating to body image and disorders. The results showed that participants who were exposed to FTI were moderately more likely to self-identify as a feminist and have a more positive perception of their physical appearance. It was also found that prior to the intervention many participants had some negative associations towards the ideals of feminism and the findings reflect a change in attitude towards a feminist ideology, which in turn could mean an increase in the possibility for the participants to have a change in attitude toward their own body ideals. One limitation of the study was that the participants were not screened for prior knowledge on the subject matter, which included potential prior knowledge on eating disorders, plastic surgery, and negative effects of advertising on body image. Another limitation was the intervention was brief and did not include active participation. An additional limitation was that the interventions only utilized an audio tool. Expanding on the kind of media used such as visual aides and video could possibly increase its effectiveness.

In addition to the focus on thinness in the literature, many researchers have also investigated if there are racial differences in body image ideals. As referenced by Davis, Sbrocco, Odoms-Young and Smith (2009), most research on body image has focused on thinness equating to attractiveness. They suggest that attractiveness is a concept stemming from social construction and has deeper roots beyond just the ideals of body image. Their study focused on comparing ideals of thinness and attractiveness between African American and Caucasian women. They believe the definition of attractiveness is a multifaceted construct broadly

including race, style, presentation, and fashion and should not just focus on body image alone. The researchers recruited 160 women (80 African-American, 80 Caucasian) with a mean BMI of 28 from the Washington DC metro area. Using the Model Rating Task standardized approach, they showed images of 20 models with different body shapes, waist to hip ratios, BMI categories, and African American and Caucasian silhouettes. Using the Rosenberg Self–Esteem Scale and the Multi-Group Ethnic Identity Measure, the participants rated the images from extremely attractive to extremely unattractive. Contrary to popular belief, their study found that African American women and Caucasian women did not have a different body ideals. They found there is a need for further investigation and inquiry on racial preferences and differences on racial definitions of body ideals.

Reel, SooHoo, Summerhas, and Gill (2008) also wanted to investigate whether there is a difference in body image and body ideals between African American and Caucasian women since, as they suggest and as was mentioned above, it has been assumed that African American women have a perceived larger body ideal than that of Caucasian women. They found that African American and Caucasian women both engage in body dissatisfaction and partake in many different ways of trying to change or fix their bodies, regardless of their age or race. Their study interviewed 14 women utilizing a purposeful sample so that the participants represented each decade from age 20 to age 70. They used a semi-structured interview guide to collect the data. Three overarching themes emerged. The first theme, the fragile liberation, refers to women's initial embrace of a "healthier body" ideal rather than the thin ideal, but this liberation was easily swayed by external negative messages. The second theme, the panoptic gaze, refers to surveillance. To define the idea of surveillance, the researchers reviewed feminist sociologist Mary Duncan's work, who suggested that society and the media encourage women to surveil

themselves, to view themselves as being seen, and to internalize negative external messages. These messages and surveillance possibly contribute to having a dissatisfied body image and body shame. In particular, they found this internalized surveillance is not limited to young Caucasian women, but also African American women described body flaws with shame. According to the researchers, African American women are conflicted between the thin ideal portrayed in media and a larger ideal imposed by the opposite sex. The third theme, the body molding regime, refers to the drive and impulse to change the physical body through exercise, surgery, and food intake. A limitation to the study was little diversity across socioeconomic status, because the women came from predominantly middle to upper socioeconomic class status.

Another study noted ambivalence towards body acceptance in African American women. Herbl, King, and Perkins (2002) found that through a process of dis-identification, Black Americans rejected the standards of the white community, including the ideal of thinness. They identified that Black women may, however, re-engage in negative feelings towards their bodies, may re-engage in a desire for the ideal of thinness, and may also not be immune to the stigma of obesity. Limitations to their study were a small participant pool because only college-aged students were recruited for the study, and the participants all came from one university.

In a brief review of literature pertaining to sexual identity and how it relates to body image, body ideals, and a focus on a drive for thinness, Share and Mintz (2002) suggested that lesbians tend to have a better body positive image in terms of sexuality, but have no difference in body esteem related to weight concerns in comparison to heterosexual women. In their review of the literature, Share and Mintz found only six empirical studies on sexual orientation and body image. These studies showed mixed results due to methodological issues. Some of these issues

included a small sample size, lack of age diversity, possible participant biases, and an overgeneralized measurement of body satisfaction.

In an attempt to address some of these study limitations, Share and Mintz (2002) compared a community sample of lesbian and heterosexual non-college aged women about their attitudes toward appearance, body satisfaction and eating behaviors. They hypothesized that lesbians and heterosexual women would have similar attitudes toward appearance, but lesbians would have lower levels of internalized needs to achieve a cultural norm. They also hypothesized that lesbians would have less body dissatisfaction and fewer disordered eating behaviors. The researchers found that both lesbians and heterosexual woman had moderate levels of self-esteem toward weight, but lesbians had higher levels of body esteem toward sexual attractiveness. They reported insignificant findings in the difference in disordered eating behavior. Additionally, they found that lesbians have less internalization of cultural and social norms than heterosexual women. Limitations to this study include that the individual experience of the lesbian and heterosexual participants was not explored because each group's data were examined in aggregate. Another limitation was that the participants were predominantly Caucasian, college-educated, and mostly from a middle class to upper middle class socioeconomic background. A final limitation included that the lesbian participants were identified as "out" individuals, so these findings may only apply to other "out" individuals who are more comfortable with their sexuality.

This body image and women section of the literature review revealed gaps in the current research pertaining to race, sexual identity, socioeconomic status, education, and gender as it applies to weight and body consciousness. While it is crucially important to better understand how these factors influence development of a positive body image in women of size, given the

constraints of this study, this current research was unable to make these factors a major focus. The following section will address specifically how weight and the concepts of thinness and fatness are utilized, to not only define, but also oppress, female bodies.

Fat Oppression

According to Scoenfielder and Wiser (1983), fat oppression is defined as the hatred and fear of fat people, particularly targeting women, and includes negative actions taken toward or aimed at fat people, such as disparaging comments, job discrimination, and bullying. Leading fat studies activists and scholars, Fikkan and Rothblum (2011), state that "fat women are subjugated to bias, discrimination, and abuse precisely because they are fat women" (p. 601). Saguy and Ward (2011); Brewis, Wutich, Falletta-Cowden, and Rodriguez-Soto (2011); and Brewis, Hruschka, and Wutich (2011) cite the work of Goffman (1986), who wrote about stigma and discuss its relevance to how persons of size are stigmatized due to their body size. They cite Goffman's definition of stigma as the negative appraisal of traits that lead to the dismissing and judgment of one's social identity. By utilizing Goffman's stigma theory, they suggest that social moral judgment is what shapes much of the social stigma targeted towards persons of size. Puhl and Brownell (2003) and Dovidio, Major, and Crocker (2000) suggest that stigma is best understood as socially constructed, with influences stemming from history, culture, and society.

In their research study, Brewis, Wutich, Falletta-Cowden, and Rodriguez-Soto (2011) surveyed 680 adults from urban areas in ten countries and tested for cultural variation in the way the participants viewed and stigmatized persons of size. Their findings on fat stigma suggest that across many cultures thinness is associated with attractiveness, health, grace and other positive adjectives, and fatness is, on the contrary, associated with being ugly, undesirable, having moral failures, and being irresponsible. Brewis, Hruschka, and Wutich (2011) suggested that being fat

is culturally defined as a personal failing, being lazy, or without self-control. Puhl and Brownell (2001) and Brewis (2011) also cited a similar definition. Smith (2012) suggested that persons of size have the added negative associations of not only being ridiculed for their body size, but also being judged as having a lack of control and discipline. Smith found, through the work of Major and O'Brien (2005), Crandall (1994), Crandall et al. (2001), Greenleaf and Weller (2005), Puhl and Heuer (2010), and Robinson et. al. (1993), that there is a popular opinion that persons of size can control their fatness. Echoing the sexism implied in the Davis, Sbrocco, Odoms-Young and Smith (2009) study, Brown (1989) found that a patriarchal model influenced and contributed to attitudes of fat oppression by carrying messages that women are not to take up space, that they are not to be too large, and that they are not to consume too much food and resources. Feminist theorists attempt to push against this concept of body objectification and encourage women to evaluate the meaning of "femininity" from a different perspective outside of the dominant cultural message (McKinley 2004). Schwartz and Brownell (2003) argued that the stigma against obesity is one of the last acceptable forms of discrimination.

Brown's (1989) study examined the attitudes of clinicians working with their fat clients. Brown was hoping to find emergent themes in order to create strategies and treatments to diminish some of the discrimination targeting fat people. One emergent theme or attitude was that these clinicians were uncomfortable with acknowledging that excess weight is not the problem, but internalized or external oppression is the problem for their fat clients. To improve their sensitivity and helpfulness towards fat clients or clients of size, Brown suggested therapists can first become aware of their own fat oppressive attitudes. Second, Brown advised that they apply this knowledge and take a self-reflexive stance to explore how their own fat oppressive attitudes affect them on a personal and professional level.

The current study aimed to add to the literature about oppression towards fat women by exploring techniques, procedures, and strategies fat women have used to develop a body positive image and resist discrimination and oppression. The results of this study may be useful to the mental health, social work, social justice, and medical communities in helping their fat clients overcome stigma and discrimination and provide useful tools and resources for both helping professionals and their clients. This literature review suggests that discrimination, stigmatization, attacks on the morality of people of size, and therapist bias add to the oppression of the fat person. However, in the 1960's, during the height of the civil rights era, a new social movement and ideology, fat acceptance emerged to counter this oppression.

Fat Acceptance

According to Cooper (2008), the fat acceptance movement emerged in the late 1960's in response to weight stigma and discrimination as a way to change the conversation about obesity. The rise of this movement parallels other social justice movements that were gaining recognition at the time. Cooper documents the beginning of the fat acceptance movement by noting the first social justice event promoting fat acceptance was the "Fat-In" which happened in Central Park in 1967. Cooper also mentions the importance, five months later, of *The Saturday Evening Post* article "More People Should Be Fat" by Louderback (1967), which was inspired by the discrimination that his wife experienced as a fat person. This article led Louderback and William Fabrey to create the National Association to Advance Fat Acceptance (NAAFA) in 1969 (Cooper, 2008).

The NAAFA formed to end size discrimination, to advocate for protection under anti-discrimination laws, and to build a society where people are accepted with dignity and equality, regardless of their weight ("We come in all sizes," 2013). According to Saguy and Ward (2011),

16

many fat activists work together to affirm and reclaim their fatness. Their study interviewed

participants who attended the 2001 NAAFA convention on their experience of being a member

and participant of the organization. They were trying to redefine cultural social standards of

discrimination towards the person of size. Saguy and Ward investigated the concept of "coming

out" as a fat person, comparing it to the experience of a queer person coming out. They noted

that it is interesting that persons involved in the fat acceptance movement would speak about

"coming out," utilizing a history of prior proven strategies to combat discrimination. They also

noted the idea of "coming out" in relation to sexuality is bringing to light something that is

invisible, whereas a person of size would already be identified by others as a person of size.

Therefore their "coming out" seems to refer more to making known their change in attitude

about their size. Saguy and Ward (2011) concluded "…that there is strong evidence that weight-

based stigma itself negatively impacts health. Given this, destigmatizing strategies developed by

the fat acceptance movement may improve the mental and physical health of fat people" (p71).

Another model of size acceptance promoted within the fat acceptance movement is

Health at Every Size (HAES). HAES was created to counter the more traditional medical model

of "fixing" and encourages a health approach through self-acceptance and healthy daily

practices. According to Burgard (2005):

> Correlations between health problems and BMI are typically at most r=.3. A
>
> correlational statistic is squared to give the variation in outcomes due to that variable; this
>
> means that about 9% of the outcome of whether someone has a health problem or not is
>
> somehow related to BMI (correlated to it but not necessarily caused by it). In other
>
> words, 91% of what accounts for a health outcome has nothing to do with BMI (p.43).

Burgard feels that HAES has been considered controversial because societally the idea of the thinness ideal has been the norm and prescription for what is considered happy and healthy. According to Burgard, the mission of HAES is to promote enhancing health including physical, emotional, and spiritual health; to encourage size and self-acceptance which includes respecting all kinds of body shapes and sizes; to educate about the pleasure in eating well; and to help members find enjoyment of food along with how to pay attention to internal cues of hunger and appetite. HAES also encourages members to enjoy movement, promoting a positive and pleasurable approach to physical activity. Other goals of HAES include putting an end to weight bias by acknowledging body differences and embracing a belief that not everyone is made the same and that there is beauty in everyone.

The NAAFA, HAES, and other fat acceptance organizations such as the Association for Size Diversity, International Size Acceptance Association, Chubstergang, Fat Girl Flea Market, and the Council on Size and Weight Discrimination offer a venue for people of size to resist the dominant societal stigma. According to Dickins, Thomas, King, Lewis, and Holland (2011), "the rise of the Fatosphere (or the fat-acceptance Web logging, or blogging, community) has been instrumental in providing an online space in which (both fat and thin) can engage in and contribute to critical dialogue about obesity and receive informal, peer-based support for a range of stigmatizing experiences" (p.1681). Dickins, Thomas, King, Lewis, and Holland studied 44 bloggers (64% were in the US) within the "Fatosphere." They researched how the participants found this online community, how the participants dealt with fat stigma and how they resisted fat stigma. A major finding was that the participants felt empowered by their interaction in the community, and that the online community provided an environment of acceptance where the participants could resist dominant stigma of anti-fat discussion. Limitations included a limited

sample of participants who were chosen from within the fat acceptance community only, a lack of diversity in age and gender, and that no prior members of the fat acceptance online community were interviewed to ask why they had left the movement.

Another study acknowledged that there are many benefits for women within the fat acceptance movement but found that, because of societal messages, it can be difficult to maintain a body positive identity. Donaghue and Clemitshaw (2012) stated that unfortunately, the "thin ideal" has become so normalized that overweight women are still struggling to let go and push against this ideal. Donaghue and Clemitshaw studied blog commentaries of women of size who participated on a fat acceptance blog about their experience to resist the cultural norm to have a thin body and instead be fat positive. They found four emerging themes: diets do not work, thin privilege is a reality, discrimination towards fat bodies exists, and fat acceptance movement members have confusion between wanting to participate and wanting to lose weight. They also explored the benefits of participating in the fat acceptance movement. While the members spoke of having a feeling of being liberated from dieting, being more self-accepting, and believing that personal happiness is not based on being thin, they also spoke of how the influence of the thinness ideal is present in their day-to-day lives, along with the obstacles in maintaining their self-acceptance in an environment bombarded by messages of thin ideals. A limitation to this study was there was no direct contact or firsthand correspondence between researcher and participants. Another limitation to the study was that it only included people who posted to the website. More research is needed on how women have been able to resist the negative consequences of the societal stigma and live their lives focused, not on dieting and "fixing" themselves in relation to weight, but instead on their professional relationships and personal successes. This current study attempted to fill some of this gap in the literature.

Summary

The focus of this literature review centered on four major areas: body image, body image and women, fat oppression, and fat acceptance. This review attempted to identify and evaluate if there is evidence available demonstrating that it is possible for women to have excess weight and still have a positive body image, and what factors might have contributed to this. Most studies, whether they were quantitative, qualitative, or theoretical, all seemed to focus on identifying negative attitudes associated with thinness ideals. The literature suggests that the self-worth of many women is bound up in this ideal. What the literature lacks are studies that explore the concept that accepting a person's larger body size can be seen as normal and good. There is also limited research on differences in women's attitudes toward these issues based on race, culture, and sexual orientation. The intention of the fat acceptance movement is to promote and normalize the existence of people of size and to offer a platform for people of size to resist the dominant societal stigma. This literature review suggests there is a need for a qualitative study on women of size who have a positive body image and body identity to determine the factors that contribute to their positive image. Such studies can assist in the effort to change and challenge the norms of weight discrimination and offer some positive tools to promote an empowered self-identity for a person of size.

CHAPTER III

Methodology

This purpose of this exploratory and qualitative study was to investigate, through the process of interviews, how certain women of size have resisted the social norm to degrade and demean themselves and how they persevered to develop a positive body image. This study explored the strengths of women of size who have a healthy body image to better understand what factors contributed to this. The larger aim of the study was to contribute to changing and challenging the social norms of weight discrimination and stigma and to offer some positive tools to promote and empower persons of size.

Research Design:

A qualitative interview approach was chosen for this study because it best allowed for a rich and nuanced exploration during the interview process. Attitudes about body are not quantitative, but involve diverse factors such as family influences, social interactions, exposure to media, education, peer pressure, and other innumerable factors. The broader analysis of these factors helped identify the influences that contributed to a body positive identity. Furthermore, this study is exploratory in nature. The literature review revealed there is limited research exploring positive body identity in women, particularly in women of size, and that much of this research has methodological flaws.

Sample

This study attempted to employ both purposeful sampling and non-probability methods to recruit the sixteen participants. To be eligible, the participants needed to be women, over the age of 18, who self-identified as being a person of size based on their own definition, not necessarily utilizing the medical model definition of a BMI of 30 or more. The researcher chose to exclude men from this study because, as cited by Schwartz and Brownell (2004), women seem to have more issues pertaining to body dissatisfaction, seek treatment for body dissatisfaction and eating disorders more often, and generally are more at risk for developing a negative body image.

Recruitment

Prior to recruitment, approval for this study was obtained from the Human Subjects Review (HSR) Committee at Smith College School for Social Work to ensure the study met all ethical standards (Appendix A). The recruitment process included distributing an email (Appendix B) to leading fat acceptance groups such as the NAAFA, HAES, Chubstergang.com, the Fat Girl Flea Market in New York City, Rolls Not Trolls, and the Smith College School for Social Work Facebook pages to post recruitment letters on their list serves. The recruitment email explained the details of the research study, including an acknowledgement of approval from the HSR Committee at Smith College School for Social Work, criteria for inclusion, and an explanation of the process for participant involvement. The email asked interested participants to contact the researcher directly either via email or cell phone. Contact was also made with Fat Acceptance advocates such as Marilyn Wann, Dr. Charlotte Cooper, and Dr. Deb Burgard to assist in the recruitment strategy. Additionally, direct emails were sent to the researcher's personal and professional networks to assist in the recruitment process by asking them to email

their networks and contacts for a call for participants. The researcher did not, however, recruit or interview women of size with whom she had a personal or clinical relationship.

Initially, twenty responses were received. Following the initial contact, the participants were mailed an Informed Consent Letter (Appendix C), the interview guide (Appendix D), the demographic questionnaire (Appendix E), and a self-addressed stamped envelope for return. Demographic information was not collected until after the informed consent letter was signed and returned with a wet signature. Sixteen participants in total mailed back the signed Informed Consent Letter, and once received, contact was made with each participant to schedule the 45-60 minute interview either via Skype, telephone, or in person based on what was convenient for them. Because of the small sample size for this study and limited time to complete it, no specific recruitment efforts were made to achieve diversity in race/ethnicity or sexual orientation and these characteristics were allowed to vary randomly.

Data Collection

The interviews took place primarily via Skype and the telephone with one interview taking place in person. The interviews ran approximately 45-60 minutes in length and were recorded using an Olympus digital recording device. A second recording device was used when the recordings took place over the telephone using the IPhone application called "TapeACall." The eight semi-structured interview questions were used as a guide to focus the conversation on body image and body identity. These questions were pilot tested prior to the study in order to reveal problems in the planned data collection procedures and to identify any unanticipated problems in order to plan a strategy around such obstacles.

In addition to the digital recording device to collect data for this study, hand-written observational notes were also taken at the time of the interview. Attention was paid to the body

language and non-verbal responses of the participant in order to be sensitive to participant's level of comfort in answering personal questions about their body. Prior to the interview, a few of the participants changed their interview format from video voice call via Skype to a no picture call or telephone call based on comfort level of "being seen" during the interview process. It was necessary through the interview process to review and revise the interview questions as needed in order to explore the interesting material as it presented itself.

The digital interviews were uploaded via mp3 files onto the researcher's computer and later transcribed by a professional transcriber to create a written account of the voice-recorded interviews. The transcriber signed a confidentiality pledge (see Appendix F). The pledge included requirements not to discuss, disclose, disseminate, or provide access to information for this project except to the researcher. The transcriber understood that violation of this pledge is subject to disciplinary action such as criminal or civil penalties. Identifying information was removed from the transcripts and hand-written notes, and code numbers were used to maintain confidentiality. In addition, the participants' names and other identifying information were removed in order to help protect their identity.

In order to protect the participants' confidentiality, they were encouraged not to give identifying information on the voice recordings, such as names, physical features, names of other friends or family, or significant personal facts. While recording, the researcher did not ask them their names, and did not refer to them directly with any identifying information. A coded number was used on all files, labeling, and written documentation in order to maintain confidentiality. All interviews and participant information was stored in a locked and secure cabinet in the researcher's home; in addition, interview and transcription files were kept in password required secured electronic files. A coding key was created and stored in a separate

locked location from the interview transcriptions. The one in-person interview was conducted at the participant's home based on the request of the participant.

Data Analysis

Open and axial coding methods were used to analyze the interviews. The material was first analyzed by reading through each interview and writing down the major ideas. Three interviews were chosen by the researcher to be reviewed independently by both researcher and research advisor. This independent review was used to assist in comparing preliminary categories, sub categories, themes, and codes to develop a preliminary code list. Using the eight research questions as the main organizing format, the remaining interviews were analyzed, and further categories, themes, and codes emerged from the material. In Vivo Coding was used to assist in keeping the participants individual language in the data (Saldana, 2008). Utilizing the personal experience of the participants through In Vivo coding assisted in providing a deeper and more authentic analysis of the data. This overall process of coding, according to Saldana (2008), is a transition between data collection and deeper data analysis.

Limitations

This study was completed by an independent researcher for the purposes of a master's degree and consequently is limited in scale and scope. An important factor in addressing limitations to the study, in addition to the critical attention that was placed on observing for researcher bias, was not to overgeneralize the information gathered from the participants. To ensure this, each participant's comments were considered as individual entities and also as a collective whole of the sample pool. This study and the data collected is a sample of the participants' opinions on body positive information as opposed to a collective statement about how a majority of women of size feel about themselves.

The researcher paid close attention to reactions and responses during the interview process and was careful not to advise and lead the interview in any way in order to maintain neutrality to assist in increasing the rigor and validity of the study. The interview guide was created to be as neutral as possible and was amended by suggestions from the research advisor and the HSR Committee at Smith College School for Social Work. Unscripted interview questions were used to assist in eliciting a more detailed response from the participant. In order to monitor respondent bias, close attention was paid to the participants' responses to ensure (as much as possible) that they were responding to the questions directly and honestly and not to what they thought the interviewer wanted to hear. The researcher tried to lessen the probability of researcher bias by seeking outside feedback in monitoring bias.

A significant limitation and threat to validity of this study is the small sample size (n=16). The sample had geographic and age diversity, but did not encompass race, ethnicity, sexual orientation, and socioeconomic status. The time constraints of this study limited the ability to include a more diverse demographic. The participant pool was predominantly recruited through body positive websites and list serves because the study was only interviewing women who self identified as body positive.

The following tools were used to enhance rigor and trustworthiness in the qualitative research: triangulation, negative case analysis, and the creation of an auditing trail (Padgett, 2008). The strategy of triangulation included sharing three pertinent interviews with the research advisor, then cross comparing codes, and developing a list of codes and categories which were used to code the thirteen additional interviews. This triangulation increased the completeness and enlarged the perspective of the coding for analysis (Padgett, 2008). Another strategy used was negative case analysis to support the validity of the study. The negative case analysis

contributed to the rigor of the study by identifying anomalies, to avoid research bias in favor of

the positive responses. The third strategy involved keeping an audit trail, which included all

recordings of interviews, list of codes, transcriptions, and notes. Keeping this audit trail would

enable a subsequent researcher to replicate this study at a future time and confirm that the above

strategies for rigor were implemented.

CHAPTER IV

Findings

The purpose of this qualitative and exploratory study was to better understand what factors contributed to certain women of size having a body positive identity. This chapter first describes the demographics information, which is presented in aggregate form to protect the confidentiality of the participants. The data is then presented and organized according to the interview guide. The categories include (in order) how the participants describe themselves in terms of their size; how participants defined themselves in terms of their level of happiness; how the participants describe themselves during different life stages; what messages participants received about their bodies from family, friends, school, media, and other sources; how the participants responded to these messages; how the participants resisted the pressure to be a different body size or to feel bad about their size; what factors contributed to their body positive identity; and where support came from that contributed to their body positive identity.

Demographics:

The sample for this study consisted of sixteen women who were primarily interviewed over the phone or via Skype. One participant was interviewed in person. The interviews took place from the dates of February 1, 2014 to April 22, 2014 and lasted approximately 50-110 minutes in length. The participants varied in age from 23 to 63 years old. The mean and mode participant age was 35.6. In regards to relationship status, six participants identified as single, one identified as single but in a relationship, three were married, five were living with a partner,

and one was separated. Twelve participants identified themselves as white or Caucasian, two of

these participants also identified as Jewish. One participant identified as Hispanic, another as

Latina, one African American, and one Asian / Pacific Islander. The highest completed

academic degree was a Ph.D. with two participants having completed their doctorate, six

participants having finished their master's degrees (one of these was working on her doctorate),

three were working on their masters, four had a bachelor's degree, and one a high school

diploma. In regards to annual income, three of the participants made 0 to $20,000, two made

$20,000 to $60,000, four made $40,000 to $60,000, six made $60,000 plus, and one did not

disclose. Five participants lived in California, three lived in New York, two were from Canada,

and individual participants lived in Florida, New Mexico, Massachusetts, Missouri, Michigan,

and Colorado.

How Participants Describe Themselves in Terms of Size:

All participants had descriptive words that they used to describe their physical size. The

most popular description (n=10) was the term "fat." One described, herself as, "an

unapologetically fat person." Another participant explained why she uses the word "fat":

> I use the word 'fat.' I've used the word fat probably for the last 12, 13 years, and I am
>
> only 27. So I…I'm 5'10", I weigh 340 pounds and there's really no other appropriate
>
> word. Because euphemisms are just another way to say I feel ashamed of this and I
>
> don't.

Another also described why she uses the term "fat":

> I'm about 5'4", I weight about 200 and…somewhere between 220 and 230 depending on
>
> today, what today is, and I wear a size 18…I describe myself as fat. That's the word I
>
> use very intentionally...the neutral descriptor…I'm not really telling you anything about

my health or my relationship with this body, I'm just telling you what my body looks like…I'm not looking for you to reassure me that I'm not fat because I am, and what you're really reassuring me is that I'm not disgusting…like I'm good…I realize I wasn't disgusting, unless of course today was not [a] shower [day].

In regards to other physical labels, two participants called themselves "short and round," five described themselves as "curvy," four participants said they were "plus sized," and two used the word "overweight." Individual participants varied their descriptions using words such as: "obese," "chubby," "holdable," "huggable," "heavy," "sturdy," "healthy," and "hourglass figure." In reference to being obese, one participant said that she was "like so my body fat percentage…was really pretty low, you know, like lower than average…but I was in the overweight or maybe even the obese category of the BMI charts...I'm a very muscular person…I am sturdily built."

Within the fat community, one participant shared an overall evaluation of categories of self-descriptive "fat" labels, suggesting:

This is again within the politics of the fat community, there is like a 'wee fat' or 'little fat,' which is kind of like a size 12 to 16, and then an 'in-betweenie,'… anywhere from maybe like an 18 to a size 26, maybe even up to like 300 pounds. And then I would say a supersize person, who would be like maybe 300 pounds plus.

Another participant, referring to the categories, did not use the term "supersize," as mentioned above, but she called herself, "borderline superfat… between a size 24 and 28 usually about a 26…it's not as much about weight as it is about size." Some participants, though they did use physical descriptive labels, objected to being categorized by their body size and one participant

said, "stop calling me fat or curvy, just call me ["participant's name"]." Another participant also objected to categories:

So while I define myself as a plus size woman, I'm really trying now to steer away from always just labeling my experience and who I am and how other people then see me, because if I'm going to use my body as the descriptor, then that's what they're going to naturally see me as only.

Some participants labeled themselves according to personality also. Two described themselves as "introverted," although these two also described themselves as "outspoken and outgoing." One participant said that she was an "extrovert by nature." Other individual participants used words such as "super-bubby," "plainspoken," "multifaceted," "community based person," "creative," and "comfortable." One participant described herself as a "cheerful optimist," stating, "I generally tend…to look for the good in situations and in people and in life, and I think definitely that the way I feel about my body contributes to that." Another participant described herself as "fem, intentionally performing femininity."

How Participants Defined Themselves in Terms of Level of Happiness

Eleven participants answered the question defining whether or not they were happy. Of these, only one participant stated that she was not happy, but it was unrelated to body. She shared:

I don't think I'm a happy person, but it's just because I work two jobs, and I hate New York City… I really want to move, which I plan to, but it has nothing to do with being fat. It's all very like external.

Another participant qualified her happiness by explaining:

Am I happy, you know, by society's terms? I would say, yes, I am. But happy implies

carefree, and I'm… I wouldn't call it that…I'd say I have this incredible joy and I love

my life and I'm doing amazing things and… I have purpose…and so it's much so much

more than happy.

Later this same participant further explained how her happiness is related to her body identity:

I'm very happy…I do know that the body positivity plays a part of…a part in that. But

more importantly…for that 30 years…I thought I was too fat, I have absolutely no doubt

that it just sucked my life of joy. And so it's more that I don't see that, you know, dark,

deep hole that sucked so much of…my enjoyment of life out. Then I see the positive,

you know, it's there and I'm sure it plays a part.

Two participants also spoke more directly about how happiness relates to body. One participant

explained that she felt that going through difficulties as it pertains to body added a deeper

dimension to her happiness:

I think coming through…having to work through negative feelings about my body,

definitely, is part of what makes me very comfortable now. Because I've had to examine

things in a way that people who maybe go through life in a more socially acceptable body

don't ever really have to think much about.

One participant noted her full time activism contributed to her happiness level "a hundred

percent." She further described her happiness by stating, "I feel happy…I'm okay, I'm good

with myself."

Self-Description during Different Stages of Life

All sixteen participants had something to share regarding how they self-described during

some life stage. Five participants shared that they had no body awareness before age five. Three

32

of these called themselves "a skinny little kid." Two women described themselves as either a "chubby baby" or a "big baby." Ten participants described themselves as "heavy" between the ages of five and puberty. For example, one participant stated after age five:

> The messaging started immediately, you know, like that my body was inferior, that I was fat and that fat was bad… I was learning that fat was bad and that wasn't an inherent natural fact to me, that just made sense, I had to be taught that…And I had to be taught many, many, many, many times, before I actually capitulated to it and…it became part of my psychology. So this was probably around five or six.

This participant later shared that between the ages of five and seventeen, "I was convinced I was the ugliest person alive." Another participant spoke about feeling horrible and invisible about her body starting at age seven up until her mid-20's; she stated, "I was accustomed to being invisible, totally invisible." Other participants described themselves as "little heavier than [my] peers, bottom heavy pear shaped kind of girl," "felt like the biggest person in the world, was the biggest kid in the class," "chubbier kid" in grade eight, "chubbier, huskier," and "I was definitely the weird fat kid who got harassed regularly when I was in elementary school." Another woman labeled herself as fat after gaining 20 pounds at age seven, and another participant described feeling at age nine she had a desire to lose weight.

Ten participants had experiences to share about their body identity during adolescence. Nine women had negative associations with their body image. One participant shared that not only did she gain forty pounds when she began menstruating, she "always felt like my body was something to apologize for." Other participants described themselves as "fat girl, chubby girl," "I was monstrously, disgustingly, humungous," and someone else thought of herself as a "horrendously fat individual…a stinky, smelly, fat person." One spoke about her high school job

at a commercial ice cream store and spoke about "eating her feelings." Another participant talked about comparing her body with her peers which would make her feel worse. Lastly, one participant never felt okay with her body and would never describe herself as "slender or slim." The one positive body identity included a participant who said, "during high school, I had this identity outside of my body…that I knew that I had things really valuable that had nothing to do with the way I looked."

Only eight participants commented on self-description about their body identity in their young adulthood into adulthood. When one woman turned 24 years old, she was horrified by her weight of 250 pounds and described herself as "terribly uncomfortable with my body." Buying into a punitive approach, she said, "that people were fat because they were unhappy and they were eating their pain and you know… I totally bought that." Another described herself as "heavy." Two participants spoke about a connection between their bodies and wanting to find love. One participant shared that she wanted to lose weight because she wanted to wear pretty clothes and find love; she also described feeling like she received messages that she suddenly became desirable when she lost weight and this made her angry. The second participant who shared about finding love was more in search of self-love and she described feeling "incapable of loving." She lost 55 pounds her sophomore year of college and had a revelation that loving herself did not correlate with her body weight. Then "I kind of tabled working on my body or fixing my body, as I call it, and I dove into self-love, self-growth, personal development, and that was my early 20's." Because of an unexplained weight gain in her 20's, one participant said "I've definitely gained enough weight that it's no longer in the socially acceptable range of fat and like…people are noticeably less nice to me." Another participant also spoke about her unexplained weight gain, "I must have gained, I don't know, 75 pounds, over the course of like a

year, and I have no idea why." Only one participant shared about her body identity in her 30's, and she self-described as, "a horrendously fat individual." In her 40's she labeled herself an "in-betweenie," which she described being 100 pounds less than she is now.

Messages Received About Body from School, Friends, Family, Media, and Other Sources

  Messages received from school. Eleven participants mentioned their experience in school. All eleven reported experiencing some level of being teased, bullied, or name calling pertaining to their bodies. One participant shared that when she was in grade five, she was called "thunder thighs" and later experienced some "digs" in high school. Overall though, she felt like she was more or less treated with respect and did not feel like she was bullied. Five participants specifically mentioned being "teased" in school, two described being "bullied," and one used the word "harassed." One said, "it was really hard in elementary school, because you really heard like these malicious comments, or there is, you know, boys that talk about you…" Another subject recollected:

  It was incredibly wounding, when I was a kid…to be teased about weight in the way that it happened for me, and then the way that I think it's still happening, means that the thing that they're picking you out for is the thing that the entire society thinks is not okay and not welcome.

Another recalled "when I was a kid, if there was one day where somebody didn't make fun of me it was like a miracle." This participant more fully explained the negative messages she received in school:

  I learned in school, like you know, fat people are supposed to avert their eyes at all times. Like fat people are supposed to have slumped shoulders. Fat people are supposed to wear big, baggy clothes and no…so nobody has to be exposed to their like disgusting body.

35

Fat people are supposed to speak as little as possible. They're supposed to take up very

little room. Whenever somebody notices they're fat, they're supposed to accept that and

just sort of say…apologize you know. And then …I sort of wrote about it; it's like I feel

like when you're a fat person… the word "sorry" is like half formed on the lips at all

times.

One participant mentioned a specific incident of teasing: "this girl in third grade made it into this

whole thing where she had…people… make fun of me and run away from me on the playground

for months." After being teased in grammar school, one participant said she "decided not to go

to high school with any of those kids… so I went to a private high school, all girls' school, and it

was actually a little bit better."

Messages received from friends. Though many experienced negative messages in

school, six participants said their one-on-one interactions with their friends were more

supportive, because they encouraged them to look beyond their body size. One communicated

that she was "really encouraged by my peers to…stop thinking of my body as the most important

thing about me." Another said her friends "showed me that people can look at you in different

ways than just your body…. My friends weren't my friends because of my body, you know;

we're friends because they liked me." One reminisced that her friends would argue with her if

she called herself "fat," and another said her friends "really got me through." One related that:

I hung out with all the smart kids; they said, this is stupid worrying about how you

look… Who cares about a pimple? We don't… We're in Vietnam. Look what we're

doing in Cambodia, look what we're doing in Laos… that was in '65,'66,'67… I got in

with the smart kids and they didn't care about how I looked and that my whole image of

myself began to change.

36

Finally, one participant disclosed "I don't remember any of my peers saying anything; it was always the adults."

Messages received from family. All participants had something to say about their families' influence on their body identity. Of the respondents, twelve described their mothers' body size as "fat." Four participants said they had average-sized parents, and one did not comment on her parents' physical size, but did say that her mother's family placed significance on dieting and health. Eleven participants recalled that they had family members on diets. As revealed by one participant in regards to the family message about her mother:

> My dad definitely and aunt would always put her down about her weight. And she was
> always talking about, you know, and she was always going around like the Scarsdale Diet
> and you know, crap like that and…it was a thing that was always very clearly
> unacceptable, the size of her body.

Four participants mentioned they had a grandparent(s) whom they would physically describe as being "overweight," or all family members having the "same shape" suggesting they all had a larger physical form. Other descriptions of grandparents consisted of being on diets their entire lives or grandmother being "heavy" and having diabetes. One grandmother told the participant, "you're so pretty, it's such a shame, you know about your body and all." Another grandmother acknowledged that the participant was smart and it's a good thing because she was "fat." An anomaly to this trend was one participant who reported positive family messages about physical size:

> I grew up in a family where all bodies were celebrated…I did not have the issue…I was
> surrounded by my family… is full of women that are big, small, tall, whatever…I had an
> aunt who was what you would call morbidly obese. You know, three hundred some odd

pounds and she would get dressed and party… and so it wasn't…the idea that people who

are fat are not happy.

Fourteen participants commented on messages they received from their mother. Eleven

reported negative messages, two reported positive, and one reported receiving mixed messages.

Twelve had parents who pressed upon them the idea they needed to "diet" and/or exercise. Four

participants did not get direct messages about having to "diet." Out of these four, two mentioned

that their older siblings were negatively affected by parental messages including a brother who

became bulimic, so the participants felt like they were "spared." One participant spoke of

receiving negative messages from her children when they were young but they changed their

attitude when they became older. A separate participant spoke about the unfairness that the

focus was on her body, yet her brother had a similar body size and her family focused on his

education rather than body size. Some of the negative body messages the participants received

included: "mother said she had a weight problem," "mother blamed her for gaining weight," and

"mother was bulimic and taught her to binge and purge too." Another participant after being

teased at school remembered, "she [her mother] wouldn't tell me that they were wrong. Like

they weren't wrong about it being a bad thing to be a fat person, right?" One spoke of a vivid

memory of being:

> In the bathroom upstairs getting ready and my aunt, and my mom, and my grandmother
>
> were in the kitchen, and I don't think my grandmother realized I was in the
>
> bathroom…she started talking about you know… why you can't lose some of this weight,
>
> she's too heavy, dah, dah, dah…. And she kept… and I was in tears.

Another participant remembered not being allowed to eat certain foods:

I bought apples recently and I put peanut butter on them and it was the first time I'd done

it since I was a kid because I wasn't allowed to eat peanut butter because it had too many

calories. So it was… there was like seriously heavy food restrictions imposed on me

when I was a kid because I was so fat… and she [her mother] would go… she would…

put me on these wacky diets and I had to keep a food journal. It was…there was zero

positive influence regarding body image in my home when I was a little kid.

Further messages included mother restricting milk to try to control weight as a baby, family

seemed obsessed with food, mom told participant not to eat extra cake, mom put her on many

commercial diets and said, "you have to look great if you wanted to get married," and mom

bought a treadmill and asked if participant would use it. In regards to being on a commercial

diet program with her mother, one participant shared:

It's interesting because she would pay for me to do these programs and like then it's like

I'd fail at it, and then it was like I suck at life because I can't restrict myself. And…so

then you think you're a piece of shit because you can't eat like 200 calories a day.

Two participants spoke of their father being on diets, and three spoke about receiving

negative message about their body weight from their fathers. An anomaly was one participant

who said her father "had her back" and offered strategies to cope with teasing at school. This

participant shared that "when you feel that sort of support, it's empowering and I think you can

stand up to a lot of the bullshit in the world."

Messages received from men. Many participants reported receiving sexual attention

because of their body size. For example, one participant said "boys would do things with me in

secret, but publicly would call me 'fat bitch' and wouldn't even give me a second look."

Another participant shared that it was easy to attract male attention and sex "it had an interesting

effect on my sexuality. [My] fat body, having boobs, hips, and things like that, created more attention." She also reported that she received a lot of inappropriate male attention from older men in her church and neighborhood. Four participants spoke of receiving messages that if they were thinner or lost weight, they would then become attractive, including being told, "if you were thin, you would be the hottest girl here." One participant questioned if being rejected by men was related to being "fat." Another said "I had dinner with this guy that I like and in the middle of dinner, he said he was embarrassed to introduce me to some of his friends because I was fat."

Messages received from the media. Seven participants declared media was a source of negative messages. Three of the participants spoke about the media dictating proper body ideals and promoting stigma, two talked about the media promoting body shape comparisons among women, and one participant said the media forced her to define herself as "plus sized." One participant talked about her experience with negative body image messaging by explaining:

> School and media worked in tandem; essentially, school kind of primed me to be
> receptive to the incredibly negative body image messaging from the media. So I was
> learning the blatant lack of self-worth at school and then the media served as the re-
> education tool.

Media product marketing of thin body ideals was exemplified for three participants through movies, popular children's dolls, and television shows. One spoke about being "deeply affected… as a little girl, like The Little Mermaid, Aladdin, like all of these characters have extraordinarily small waists…" Another mentioned the television series Downton Abby, where she infers to be thin is to be "the best catch of them all." Finally, one participant spoke about her relationship with her Barbies:

I had a ton of Barbies when I was a kid, in the 70's, and I just knew that I wasn't her…

there was nothing…about me that was ever going to look like her, so … I didn't have to

do the things Barbie did, I didn't have to…have a…a typical life…with the plastic

boyfriend and the townhouse and the whatever.

Messages received from the fashion industry. Five participants felt the fashion

industry gave them negative messages about their bodies. One person suggested that "the way

clothes are fashioned, it's almost like you're punished for being big…you pay a lot more for

your clothes." Two others mentioned how nice it would be if they could walk into stores and

purchase clothes in their size. Another talked about an upscale commercial clothing designer not

accommodating larger than a size 16. One final subject shared about a classmate who said that

she was dressed like a "mom" and she noted how plus sized clothing looked matronly.

Messages received from medical or health industry. Thirteen participants received

negative messages from medical personnel regarding their body weight. Three of the thirteen

reported that, while they did receive negative messages from some medical personnel, later they

found medical practitioners who were not all negative. One said her doctor was "chubby" and

therefore more accepting, and another said that she noticed that heavier doctors and nurses were

less negative. Another participant said her doctor practices the model of Health at Every Size

(HAES), an approach to health that is based on adopting lifestyle and wellness changes as

opposed to focusing on losing weight to increase "health."

Of the thirteen participants who discussed negative messages from medical personnel,

two spoke about their therapists' equating weight with pathology. One noted that her therapist

had said, "my weight was treated as a symptom of my pathology," inferring that she was

emotionally unhealthy. The second said:

41

I had to teach my therapist about size and it's not all about anger, it's not all about stuffing anger, and all that psychological bullshit. And she was open to it and learned it and so if I had come in there agreeing with the psychological community, then I wouldn't have…it would have taken me a long time to reject that.

Two participants noted that doctors blamed everything on their body weight. One said "and if I had a hangnail, well, what do you expect? You're fat!" Another participant said that medical personnel jumped to conclusions because of body size. She would go to the doctor because of a mole on her hand and the doctor would blame her weight for it. On a more serious note, medical professionals misdiagnosed a serious medical problem because they incorrectly attributed the problem to weight. For example, one medical professional blamed her weight for delivery problems and it turned out to be a pelvic malformation. Another participant shared that she went to the doctor because she felt like something was wrong, and the doctor ignored her and said she was "just out of shape." In reality she was having serious heart problems that needed to be addressed. Three participants spoke about their medical professionals making the assumption that they were diabetic because of their weight. One described it as "regardless of the reason, they try to take blood to see if I'm a diabetic. They get aggressive about it like I OWE them my blood." The second felt judged by her doctors, "I mean, they've seen me, automatically I have diabetes, or I have this, I have that…" The third person said "the doctor ran me for every test under the sun and then billed me for it. And I had to pay for it. So he wanted to test for diabetes, he wanted to test for sugar… I had blood tests done." This same participant said that the doctors did not know what was wrong with her, so they took her gallbladder out at age 16. "They stole my gallbladder from me!" she said. Another commented on physicians' lack of competence with treating fat patients by stating:

42

Thin people get knee replacement, you know… if it is a surgeon who doesn't have the technical skills to do a knee replacement on a fatter body…develop the skill of the surgeon. Don't say that [an] entire population…shouldn't exist.

Two participants spoke about being denied health insurance because of their body weight. Nine participants talked about experiences with medical personnel that felt "blaming," "mean," or insensitive. They mentioned being blamed for being fat, not being believed about food consumption, and being told, "girl, you don't need that belly and butt." Two mentioned their doctors were surprised because they did not have any medical issues, and one said her doctor was trying to scare her and change her even though everything was "fine." Another said she "had a wary relationship with the health professionals." One went to the nutritionist and "I felt like I was being punished for being me." One discussed a particularly troubling incident when she went to her student health center because of a chronic toothache to get a refill on her pain medication. The doctor who provided consultation for this issue gave her the following suggestions. First, because she hadn't slept in days, her blood pressure was raised, so the doctor proceeded to prescribe her blood pressure medicine, even though she reported that there was no evidence of having high blood pressure before. Next, the doctor told her:

If you stop eating so much fast food, your jaw wouldn't bother you…and then I got a lecture about how I wasn't getting any exercise and I was like I commute like three or four miles a day either by foot or by bicycle. Like that's not exercise? And she's like, no, that's not exercise… like that's transportation…And her sort of parting jab was that maybe I should think about bariatric surgery.

Messages received from society. All of the participants felt some societal judgment or public surveillance relating to their body size. One talked about identifying societal messages by

43

questioning terms like, "overweight." She asked "is overweight a judgment, and people typically say yes, overweight is a judgment. And then I say, do we say over-height?" This same participant noted that society seems to want an unrealistic world in which fat people do not exist, and "they're reinforcing the idea there is something unpleasant in the fact that fat people exist…And I think this desire for a society with no fat people in it is creepy." Two participants mentioned relentless bullying and street harassment, including being "mooed at." Another talked about surveillance:

> Anything you do as a fat person ... can be very scrutinized by other people...I remember walking through the grocery store … I looked at [my partner at the time] and I said, what did I say? Oh, do we need dessert? And this guy was like…he gave us this look of like…do you two need dessert?

Another mentioned, "people are not crazy about fat people being on the beach…" Another said that she felt that it was not acceptable for her to go to the gym because of her body size, because she felt "intimidated." Another spoke of pressure from affluent neighbors not to be "chubby" since wealthy equals thin. Two mentioned that they did not feel like they could wear a dress, wear make-up, or be "girlie" because of their physical size, and one mentioned that the weight kept her from being looked at like a "normal" person. The other mentioned she felt pressure to "know your size, dress accordingly." For online dating one participant noted, "they judge you from your picture first." Three people felt that public scrutiny correlated fat with lazy; "for some people the…the correlation with fat and lazy is something that… that even if they could ditch it on a conscious level, [they] have a very hard time releasing on a subconscious level." Six participants received messages that they needed to be fixed, including: being told that they just ate bad food all the time, that "you're going to die, your heart is going to give out," that fat is

unhealthy, that there is no way you could be healthy, happy and fit. One reported after a recent weight gain, people were noticeably treating her differently, and telling her that there is something wrong with her and that she needed to change.

Responses to Messages about Body Size

All of the participants had some response to the messages they received about their body sizes. Shame, dieting, the need to overcompensate, and anger had the largest responses. Additional responses included isolation and problems with relationships.

Responding with the feeling of shame and related feelings. Thirteen participants described responding to messages about their weight by feeling shame, isolation, insecurity, and unhappiness. One person described, "I did the whole…the shame thing." Five people felt shame about their bodies and responded with a need to wear baggy clothes. They reported, "maybe no one will notice how fat I am, if I am wearing a shirt that is really big." Two spoke in particular about missing social events because one felt like she could not dress cute for a party and said "I have to wear my dad's jeans," while the other said "I turned parties down because I was so embarrassed, because I didn't have anything to wear." Others responded by believing "I was not feminine for so long because of my fat," "we blame our bodies for the meanness of human beings" and "I was so unhappy, I was, like, so tired of fixating on a number."

Two participants spoke about memories of needing to hide food from others to avoid judgment. One shared a memory of her mother commenting on her eating an entire block of cheese in the middle of the night. She responded by getting "pissed off" because it was true she was eating the block of cheese, but she did not know what to do and she did not want her mother to know and so she kept "shoving stuff in." The other recalled that she and another girl "would steal food, steal money, and ride our bikes around to stores in the neighborhood to buy

food…before we ride home, we would make sure we didn't have like food in our teeth." Five

people described feeling insecure or self-conscious because of what they thought other people

thought of them. One described that people were harassing her with the message "you're fat,

you're going to die." She responded by developing bad health anxiety and purchasing a blood

pressure monitor. Finally, five subjects felt their shame about their body weight made them

believe that their prospects for healthy romantic relationships were limited. For example, that

being too fat put her in bad relationships, that she could not get a boyfriend because of her body

size, and that "boys were out of her league."

Responding by dieting. Fourteen participants reported that they had attempted some

sort of diet tactic or exercise program in response to messages about their body size. Three of the

participants said that their dieting attempts led to weight gain. One spoke of the health effects of

her dieting: "my immune system was shot because the HGD Diet is the shots, but then you have

to live on 600 calories a day. That's less than in Auschwitz." One participant resisted her

doctor's message to diet saying, "leave me alone." Another spoke of resistance:

> I would lose a little bit of weight, but it was never this transformative thing. So I kind of
>
> ended up thinking that given the enormity of the negativity that I was getting about my
>
> body, how could there be anything that I could do that ever… how can I ever do anything
>
> enough to change my body enough to shift into…the accepted people category… which
>
> was really good because then I didn't do a lot of weight loss stuff, that would have been a
>
> kind of ritual self-hate.

Responding by being angry. Eleven participants reported that they responded to

negative messages received about their bodies through anger. Two participants reported that

they directed their anger towards their parents' messages about dieting. One responded "this is

bullshit" and recalled asking her mother to stop talking about exercise and dieting. Another participant reported having a series of confrontations with her mother, which escalated into a blow up:

> I finally blew up, and I must have been like late college, maybe. And I was, like, look, like, you hate your fat body and, like, if you feel that way, that's okay, right, you're allowed to feel however you want about your body. I am not required to hate myself, because you hate yourself. And just because it has made you sad to be a fat person, does not mean that I am sad to be a fat person.

Another participant spoke of her anger by sharing "I was angry…I was angry and it's not helping me." She later talked more in depth about her response to the messages by sharing:

> Before my teen years…I would just hold it all in…I would find relief by crying in my room when I got home…Then I got older, I had like more friendships…I started being more vocal as I got older, so like I said… I was really vocal…I let people know… when they hurt me.

One shared that her angry response motivated her towards activism. She described:

> I became more militant about it, like more political and less just I'm looking for community sort of thing…I wasn't going to sit there and listen to people talk about how fat and horrible they were…I wasn't going to take the 'you're not fat, you're pretty' thing…when you're a kid…everything depends on your friend's opinion. That was a radical act…because girls, I mean, all girls, regardless of their bodies…don't fit in if you don't hate yourself, and I've always been uncomfortable with that…You shouldn't have to fight for your right to exist.

Four participants mentioned feeling angry because they felt that their size could impact their career prospects. One said, "I didn't think I could be professional because I was too fat." Another subject questioned if her weight had something to do with her not being promoted and another had concerns that her body size affected her on the job market. Other general negative responses included feeling angry because of people judging her about her weight, feeling judgment because the message she received was that her weight made her less feminine, and feeling enraged when "the AMA (American Medical Association) had defined obesity as a disease…and I lost it…I was angry…this doesn't make sense…like don't they understand this is just going to make things worse for people who are overweight?"

Responding by overcompensating. Ten participants spoke about a need to overcompensate because of messages they received about their body size. The most common response of over-achievement was either through academic success or being humorous. One said, "I was definitely the class clown, but I was also…the leader of a lot of student organizations and I just sort of put myself and spread myself too thin to make up for what I felt like." Another said, "my body made me an overachiever," and another said that she had to "overcompensate that 'weight problem'." One described herself as the "archetype of the hero child… overcommitted, ambitious, funny, and performative…" Two participants specifically called themselves "nerdy", and a one redefined herself as "I wasn't the fat girl, I was the smart girl."

Strategies to Resist the Pressures to be a Different Body Size

All participants discussed how they used different strategies to resist the pressures to be a different body size. The strategies included self-acceptance, resistance towards societal

judgment and discrimination, finding community through social justice groups and social outlets, and spiritual beliefs.

Self-Acceptance. Eleven of the participants defined their resistance to the messages of wanting or needing to be a different body size by finding acceptance through loving their bodies and challenging their internalized beliefs. The ways participants described coming to love their bodies included statements such as "this is my body and it's okay," "I had to get a good body image and accept myself the way I was," "you have to think about who you are as a whole…you can't let one aspect of you, which is your weight, define you," "I feel like I am the most beautiful I have ever been, like every year I get more and more beautiful," and "I try to keep reminding people there is no wrong way to have a body." One subject found better body acceptance by realizing she was never going to change or convince her family members to change their opinions, and accepting that gave her more control over herself and her body. One participant spoke about finding body acceptance when she began studying West African dance. She observed:

> How different the women who were teaching me were around their bodies and around using their bodies, and using their…sexuality, using their power, using their, you know, dignity, in a very unapologetic way… some of these women were fatter than me.

Another participant spoke about learning to challenge her own internalized body biases, which helped her find personal acceptance:

> I think one of the healthiest things that I have ever done for myself as a fat person is fight back against fat hate, and weight bias…The very first day that I came out as a fat person, my life was a million times better already, even before the world changed…I think that it's…. important to address internalized depression and how you feel about

49

yourself…Challenging my internalized stuff makes me a better fighter, a better fighter

helps me challenge my internalized stuff. You have to be doing both…

Finally, one participant shared having a conflicted coming-to-acceptance experience because on one hand she expressed that she received male attention that was:

Inappropriate and exploitative, on the other hand, it was my first stages of awakening

around like okay…men actually find me attractive… and so [finding my own] sexuality

[is] like the first thread in my ultimate…kind of body liberation experience, oddly

[though]…as fraught as it was.

Resistance to societal judgment and discrimination. Thirteen participants spoke about resistance to societal judgment or discrimination. Seven women had strong responses including: "this is my body and if you don't like it, you can screw yourself," "I felt like my only way of fighting back was just to…blow off what they said," "taking command of her [my] weight rather than being a victim of it" and "if you treat me differently because of my weight, then you suck, not me." Four of the seven women spoke about ideas of becoming visible and existing; they shared "not hating yourself at my size is a subversive act…you're so visible…there is so much of you. But you're so invisible, and I'm like screw you, I am not going to be invisible, I have a right to exist." Another said, "I walk through the world as a fat-bodied woman who refuses to be invisible…I am living my life on my terms, I am flouting convention…I am flouting the rules of patriarchy." One poignantly stated "what a revolutionary act it felt like, the first time I walked out of a changing room in a size 24 bathing suit…There is some sort of radical action to just walk around unashamed in the body that you own." Another shared about being at a NoLose conference and seeing "gorgeous 300 pound women with huge sunglasses and bikinis and, like, fucking amazing outfits…it, like, completely changed my life." One participant spoke of giving

up the scale/weighing herself as her form of resistance towards societal norms. Another shared her coming to terms with rejecting societal messages on dieting and said "a person eventually hits a point where they have to go fat accepting or back to the old dieting habits."

One participant questioned societal assumptions by suggesting "don't assume that because I'm overweight it means that I'm eating hamburgers and cheeseburgers and milkshakes everyday. That's the prejudice…just a misinformed society." Another participant resisted by questioning how society defines normal and argued "I just want to be a normal person, go to work, coming home, you know going out with my friends…I'm a normal person doing very normal things…" Another spoke of a way to challenge societal messages by stating:

It's such a different experience to be challenging that oppression and speaking back to it…I think that…makes one stronger, and more able to challenge the experiences that we have in the world, the situations, the dynamics, the power structures, and challenging the power structures of the world…it has made me feel… in complete alignment.

Finding community. Ten women spoke about the importance of finding community as part of their resistance to negative messages. These included their social circles, internet groups, geographic moves to more urban environments, and participation and membership in social justice groups. Eight women spoke of their friends and families providing nurturing support which assisted them in resisting negative messages. Three women shared specific reflections about being part of a community or group and said "when we hang together in solidarity, nothing can stop us," "it takes a village," and finally, "it is much easier with community." Gaining weight and seeking out fat acceptance helped one participant resist, "as I got into fat acceptance, and then I was gaining weight on top of it; it was amazing, I became more accepting of a bigger body." Seven women spoke about participating in social justice communities such as feminism,

three specifically shared about queer feminism, and three talked about the influence of the civil rights movement. As one stated, "I was introduced to feminism when I was 21…it was like, no, really amazing...quite radical body positive, queer feminism." Another participant shared:

> Coming of age during the second wave of the women's movement and the gay rights movement that was just beginning to sort of, you know, become visible…by the time I'm in college in the late 70's it's like full on, second wave feminism… I'm learning all this stuff about politics and social change movements and feminism, and what has…and diversity…and oppression and stigma… really useful, as a sort of foundational, you know way of thinking.

One said that finding fat community on the internet helped her resist. One talked about the camaraderie of her fat friends and that "there is nothing like fat sisterhood" to help with the resistance. Three participants said that moving to a larger urban area helped them with resisting negative messages; one responded "I've moved cities to sort of feel like I was resonating where I wanted to be." Some of the participants spoke about a "cleaning house," by letting go of friendships or relationships that were promoting some of the negative messages. One said, "I had to clean house. I had to get rid of people in my life that had been there from the get-go. But the new, happy [participants name] was not gelling with them… it's painful…"

Utilizing spirituality. Three participants shared that their spiritual lives were a very important tool used to resist negative pressures to be a different body size. One participant shared that "body acceptance and self-love is totally a spiritual process for me." She further explained her spiritual process and that utilizing spiritual literature started her "self-love revolution" and "that soul work, self-love work…my body was part of that." Another participant used meditation as a way to center her in body acceptance, and the final participant who spoke

about spirituality shared that her spiritual group, composed primarily of women, is one of the most important groups supporting her resistance and body acceptance.

Factors that Contributed to Body Positive Identity

All participants talked about factors that contributed to their body positive identity. Some shared about reclaiming words, others discussed they realized body ideals are a social construct, and others said intimate partner relationships played a part. Finally participants spoke about life style changes that contributed to feeling positive about their body regardless of their size.

Re-appropriating negative terms and making them positive. Five women shared stories or comments about reclaiming negative terms about body weight and changing the meanings to be more positive. One respondent suggested:

I think we can reclaim the word "fat," and I think this is what the fat community has been doing since before I became a fat activist, has been reclaiming the word fat in … two very politicized ways… First, in just the basic way of saying this is the simple word for the subject. There's nothing negative in it… The other politicized angle about it is claiming fat identity as a kind of coming out… as a bona fide… who we are in the face of weight-based bias and stereotype and [all] that discrimination.

Two participants shared that their online writing helped them reclaim their fat identity. One suggested that writing her personal coming out as a fat accepting person was the way she reclaimed her fat body. Finally, one recounted visually reclaiming and making fun of negative media messages:

A few weeks before Halloween… I don't know if you know the movie *Shallow Hal* with Jack Black and Gwyneth Paltrow… we'd gone to see it, because we're like okay, we've got to see what this shit is about…and for Halloween that year, my ex went, she had got

53

herself a pastel cardigan and blonde wig and went as Gwyneth Paltrow in a fat suit… and

it was like, I'm in love. (laughs)…and it was really fun to, like, make people

uncomfortable at a party… it's a very uncomfortable word for a lot of people, you know.

But…in our house…it was always, like, that is just a descriptive adjective… not

something to be ashamed of.

Realization that body ideals are a social construct.   Three participants mentioned

body ideals as social constructs. One talked about "there was something sort of revelatory about

discovering that this wasn't an objective truth, it was an opinion… it was a social construct."

Another commented on the role of the medical community defining the ideal body:

> Medical language…obesity, overweight…excess weight, suggests that there is a correct
>
> way to be… that there is some sort of baseline that you're supposed to be at…that there is
>
> one correct way to have a body… and everything else is sort of outside of those bounds.

The third person argued:

> If you're investing in weight loss goals, you're saying that life can only be better at a
>
> lower weight and so by a corollary, you're saying that life is worse at a higher weight for
>
> all of the people of are inevitably going to exist as fat people and it's just buying into a
>
> whole world view that is exactly the point of that community to change.

Significant Personal Relationships. Close relationships were mentioned by eleven

participants as a factor that contributed to adopting a body positive identity. Two reminisced

about finding a fat role model in "one woman who I knew…I was a folk dancer…man, she could

dance circles around anybody…[and she] was very fat…she would be in the superfat category…

she was just amazing…" The other shared about her mother's friend who was fat and was okay

with herself. Three women talked about meeting "guys" who liked their bodies the way they

were. Seven participants said that their partners contributed to their body positive identity. One said that finding her fat partner attractive "helped me to then make the mental leap that mine could be too." One finally gave up trying to change her body through dieting when:

> I went back on the HCG, but this was a very bad…I had a bowel obstruction…and my husband happened to come home right about that time and I was crying and… he said, that's it!... we're done with diets…. I was so relieved, because I was sick of it, I was sick of dieting.

Lifestyle. Seven mentioned changes in their lifestyle that contributed to their body positive identity. These included two who spoke about a shift in focus from body to personal and professional goals as a lifestyle change, four found a love of physical exercise, and one talked about meditation and writing as a lifestyle change that supported her positive body identity.

Support that Contributed to Body Positive Identity

All participants mentioned they had outside support to assist them in developing a body positive identity. Literature, the internet, and introspection had the most significant number of responses. These women also mentioned support from going to conferences, joining clubs or organizations, the media and activism.

Literature. Twelve participants said that fat positive literature was instrumental in developing a body positive identity. Five specifically mentioned Marilyn Wann's book *Fat!So?* One recalled, "I've read…things like… Marilyn Wann, her book *Fat!So?* and then my ex and I were at this event… and she was there and I was just like oh, my God, it's Marilyn Wann!" Another mentioned that she became more political after reading Marilyn Wann's book. Other books mentioned include *Shadow on a Tightrope: Writings by Women on Fat Oppression* edited

by Lisa Schoenfielder and Barb Wieser, *Fat Power* by Llewellyn Louderback, *Health at Every Size: The Surprising Truth About Your Weight* by Linda Bacon, *Women, Food, and God* by Geneen Roth, *When Women Stop Hating Their Bodies* by Jane Hirschmann and Carol Munter, *The Obesity Myth* by Paul Campos, *Fat Politics: The Real Story Behind America's Obesity Epidemic* by J. Eric Oliver, *Two Whole Cakes* (also an internet blog) by Lesley Kinzel, and *The Fat Studies Reader* edited by Esther Rothblum and Sondra Solovay. Participants mentioned three magazines that supported their fat positive identity: *BBW Magazine, Radiance,* and *xoJane.* Academic literature was also important to five participants. One spoke about seeking literature to find other body positive perspectives:

> In the process of me looking up different things and looking up different books, then I found different authors…[who] are really interesting and helpful to someone who may go through… who are okay with their weight…it kind of reinforced my ideas about body positive individuals.

Another commented on the joy she felt discovering a community through literature, "*Fat Power* specifically. Here we find there is a whole group of people, a whole…slice of the population that don't eat a lot, that get exercise, that are fat."

Internet. Twelve mentioned the internet as a source of inspiration and resource that contributed to their body positive identity. Some mentioned specific blogs such as *Shapely Prose* by Kate Harding, *The Rotund* by Marianne Kirby, *Two Whole Cakes* (also book) by Lesley Kinzel, and *Big Fat Blog* by Paul McAleer. Two participants mentioned being a part of fat studies list serves, and one specifically named *Show Me the Data.* One participant suggested streaming online a television show *My Mad Fat Diary*. She loves this show because it is about a fat teenager "treated like a normal person."

56

Conferences, clubs, and organizations. Six participants said they attended annual conferences such as NoLose, NAAFA, Popular Culture Association, and the Fat Feminist Caucus. These participants also spoke of joining clubs such as Fat Ladies Action Committee, clothing swap groups, and organizations such as NAAFA, HAES, and Size Diversity helped support their body positive identity.

Introspection. Twelve women reflected about how they developed awareness or came to a self understanding which in turn supported their body positive identity. One explained that she came to greater self-acceptance when someone else pointed out to her that she was already body positive:

> I didn't entirely realize how much I was already fat positive…I was still in the weight
>
> loss cycle and things like that, but I was still somebody who was like kind of refusing
>
> to…perform shame in the way that fat people are supposed to.

Another participant said "if you hate fat people, like, you actually hate me even if you don't realize it, so we're probably not actually friends." Another described herself as "I'm not a before picture, I'm not a thing that's becoming. I just am, you know. And that I…have as much right to be exactly what I am right now, as anybody else does." This participant also spoke of utilizing humor about her fatness as a support of her body identity.

Someone else suggested that, through her own self-exploration, she began to ask herself "how do I differentiate between trying to fix myself versus trying to… be myself." She further explained that by deepening her understanding of self worth she believed that "worth is the core of how we interpret our bodies and how we give ourselves to life." Other participants expressed how they began to develop a consciousness of body and an awareness of how their bodies were feeling. They also started questioning messages they received about their bodies and rejected

those messages, which helped them feel more comfortable within themselves. One woman spoke about utilizing the tool of self affirmation to promote a body positive consciousness. Another said "I feel, like, familiar with my body and comfortable with who I am." Three others expressed the concept of looking at themselves as a whole being, with one saying "I'm going to feel whole now" rather than focus on weight loss goals, while another said, "I make decisions for my body for me rather than for other people." Two participants said age and experience helped. One reflected that, when moving from high school to college, she started to look and feel better about herself, which "helped [to] change [my] attitude towards self to feel better." Another participant shared a profound reflection that she observed through her own work:

Here I am teaching my dance classes with these…bouncing, happy, (laughs) you know hooting fat women in my dance classes… this very diverse class of higher weight people…and then I go through the doors of this little hospital and here are all these patients who are struggling with eating disorders and they have perfect nails and they have perfect hair…that are very misleading…it just was so apparent to me, that you know, I'm working with the healthiest fat women and the sickest thin women…here's this association [the thin ideal] that everybody… is immersed in…[and it is] utterly broken in my experience.

Activism. Thirteen women participated in some form of activism in support of their body positive identity. The most significant finding (n=10) was the use of writing a blog, academic articles, "zines," books, and magazine articles as a tool to support their activism and positive identity. Six participants talked about being active within the fat acceptance community and also the HAES movement. One respondent made a declaration of her position on being an activist by expressing that activism has brought her:

58

Not like a hundred percent pain-free happiness, but it's definitely like an engaged citizen

and leading an examined life and all of those kind of classic ideals of being a whole

person…if you are coming from a weight liberation viewpoint.

She further discussed her drive to challenge the societal structures by stating "challenging the

power structures of the world" helped her "feel in complete alignment with that positive voice."

She explained:

The neo-liberal focus on the individual as the source of problems and the location for

fixing things and I think that's just depoliticized to the point of danger…because clearly

as a fat individual, you can't help yourself unless you challenge fat oppression… as a

structure in a society.

In summary, the findings of this study explored some of the impact that societal messages

had on the emotional well being of the women who participated who have a body positive

identity. It can be inferred that the women who have developed their body positive image used

multiple tools in support of their positive body identity. Further analysis of these findings, as

well as a discussion of their implications for clinical use, are included in the following chapter.

CHAPTER V

Discussion

The purpose of this study

The objective of this study was to investigate how women who self identify as persons of size and who also have a positive body identity developed their positive image. The participants revealed through the interview process how they were able to develop strategies of resistance towards negative societal and familial messages. The interviews were conducted through in-depth conversations utilizing an interview guide to help facilitate responses. Sixteen women participated. Once the interviews were completed, they were analyzed and compared to identify key findings. This study investigated the experiences of women of size by embodying ideas of body objectification theory, stigma theory, and feminist theory to address the complexities of the participants' experience.

Key findings

The present study explored the experience of women of size who identify as body positive and revealed the resilience of the participants who traversed the difficult journey from oppression, stigma, and body objectification, to overcoming deep internalized societal messages and then arriving at a body positive perspective. The study began by asking the participants to identify themselves in terms of their size. Most participants, because of their body positive stance, labeled themselves using the word "fat," such as "unapologetically fat." By labeling themselves they inferred re-owning the term fat, and expressed a desire not to be defined by

others by just their body. Another participant insisted on not being called fat, but instead on being called her name.

Out of the participants who answered the question on personal happiness, almost all expressed that they were happy. Some shared that finding a more body positive way of looking at themselves contributed to their happiness. Most participants expressed that there was a shift in their experience from having internalized negative messages and emotional turmoil to adopting a more positive stance towards their body.

The participants were asked to speak about their body identity through different life stages. All participants shared memories of their body identity. Most had memories from early childhood through adolescence and some shared recollections from young adulthood into adulthood. The participants who shared on early childhood through adolescence seemed to have awareness that their body had unusual significance to other people and therefore it should be significant to them, too. Most participants reported negative associations that their body was "different" than others or as one stated, she felt like she needed to "apologize" for it. This study supports the work of Frederickson and Roberts (1997), Robinson and Bacon (1996), and Schwartz and Brownell (2003) because the majority of the participants in this study expressed that they internalized outside negative messages about their body.

Overall the findings of this study suggest that women of size with a positive body identity were affected by objectification (labeling) and stigma (bullying). They internalized those messages until being exposed to multiple factors that supported them in embodying a body positive view of themselves. Fikkan and Rothblum (2011) argued that women of size are discriminated against simply because they are fat women. The overarching theme expressed by the participants was they received negative messages (i.e., were discriminated against) regarding

having a fat body or a body of size not only during childhood and adolescence, but also into

adulthood. These messages came from family, school, media, the fashion industry, the health

industry, and societal judgment. All the participants indicated that they received negative

comments about their size from their families. Many mentioned negative messages from their

mother and said their parents put them on a diet. Many also said they were bullied or teased in

school. This study supports the work of Saguy and Ward (2011); Brewis, Wutich, Falletta-

Cowden, and Rodriguez-Soto (2011); and Brewis, Hruschka, and Wutich (2011) who wrote

about weight stigmatization based on Goffman's definition of stigma which is the negative

appraisal by others which leads to the dismissing and judgment of that person's social identity.

The current study supports these studies because most participants noted that teasing and

bullying began at a young age and continued throughout their lifetimes, which negatively

affected their social identity. From being denied health insurance to learning how to binge and

purge from her mother, from being "mooed" at in her forties, to seeing a doctor for toothache

and being told that she needed bariatric surgery, the participants reported experiencing

oppression, hatred, and stigma towards fat people.

All the participants reported responding to the negative messages. Most participants

noted responding to the messages with shame, dieting, anger, and overachievement, indicating

that they internalized negative messages. Using the construct of body objectification,

Frederickson and Roberts (1997) argue that internalized ideals about the body are created from

outside sources. The data from this study not only support this idea, but suggest that the people

who are discriminated against because of their body size are trained to "fix" themselves. This

response of trying to fix themselves/adapt seems like an appropriate response given these

negative conditions. Taken in total, the respondents' answers to this question seem to indicate

that they all suffered emotionally from the bombardment of negative messages from seemingly all levels during all stages of their lives.

The participants were all asked how they were able to resist pressures to be a different body size. The most common responses included self-acceptance, resistance towards societal judgment and discrimination, and finding community through social justice groups and social outlets. A small number of participants said they use spirituality as support to resist. These data support the findings of Donaghue and Clemitshaw (2012) who studied blog commentaries of women of size who participated in online fat acceptance communities. Donaghue and Clemitshaw concluded that through community, the members expressed feeling liberated from dieting, had more self-acceptance, and believed that personal happiness is not based on thinness. However, their study also noted that maintaining a body positive, non-punitive approach to their bodies is difficult to maintain in an environment full of body thin ideals.

The participants were asked to further elaborate on what they believed contributed to their body positive identity. Some shared about reclaiming negative terms about persons of size and making them positive; others revealed a newfound awareness that body ideals are a social construct. The most important factor that added to their body positive stance was support from their significant intimate relationships. Being cognizant of how others found them attractive helped change their belief about their body identity.

All the participants provided information on the factors that supported and affirmed their body positive identity. Literature, the internet, introspection, and activism were the most frequently cited types of support. These data support McKinley's (2004) study, which found that participants involved in social change had higher self-esteem and body image than those who were only interested in positive body acceptance. Peterson, Tantleff-Dunn, and Bedwell (2005)

63

concluded that an increase in feminist identity was correlated with an increase in body positive identity. As one participant stated, learning about feminism and social change gave her the grounding for her body positive awareness. Other participants' responses also supported the work of Peterson, Tantleff-Dunn, and Bedwell (2005) by mentioning the importance of feminism, queer feminism, queer theory, the civil rights movement, and other social justice communities in helping shape and change their body beliefs. The current study and the literature reviewed suggest that multiple facets of support help affirm achieving and maintaining a body positive image. According to one participant, it is not just the responsibility of the person suffering from marginalization, bullying, and discrimination to find these multiple factors of support, but it is the responsibility of the community to help that person find a way to live productively:

> We need to have…a perspective that everybody is part of the community and as people
> are having whatever problems people are having…[that those problems are] problems
> that the whole village needs to solve…[and that will create] an environment that allows
> people to live as… as fully as possible.

Implications for clinical practice

Leading fat activist Marilyn Wann (2009) suggests that it is important to address weight-based privilege and oppression by identifying both an internalized position, which is a combination of beliefs, prejudices, and influences, and an external position, which is how these beliefs are projected into the world and the power dynamics that result. Not acknowledging both leaves those who are in a position to provide services to persons of size open to fat hatred and bias, and therefore less likely to be fully effective. The code of ethics for most professions

contains the imperative to protect their clients and to do no harm. For example, from the

National Association of Social Workers (2013), section 1.04c of the Social Work Code of Ethics:

When generally recognized standards do not exist with respect to an emerging area of

practice, social workers should exercise careful judgment and take responsible steps

(including appropriate education, research, training, consultation, and supervision) to

ensure the competence of their work and to protect clients from harm.

As shown in this study, the majority of participants experienced negative interactions or

messages from their medical professionals. Some of the negative messages included their

therapists equating weight with psychological pathology, a participant being told she was "just

out of shape" when in fact she was experiencing a serious heart problem, medical personnel

insisting on unnecessary tests, and some participants noting that their medical professionals were

adamant that they must have diabetes because of their size. This study suggests that there is a

need for the medical and therapeutic communities to apply more sensitivity towards their work

with persons of size in order to offer more effective services to their clients. According to

Marilyn Wann (2009):

Calling fat people "obese" medicalizes human diversity. Medicalizing diversity inspires

a misplaced search for a "cure" for naturally occurring difference. Far from generating

sympathy for fat people, medicalization of weight fuels anti-fat prejudice and

discrimination in all areas of society (p.xiii).

Recommendations for future research

The results of this study suggest several recommendations for further research. This

study is limited in scope and scale, and there is a need for a larger-scale study to reduce threats to

validity and increase the rigor and trustworthiness of the research results. Future studies could

include a more diverse sample pool including factors such as race, ethnicity, and sexual orientation, and cast a wider net to recruit participants from a more generalized community source. Diversifying the sample pool could provide a more detailed and accurate experience of the oppression that people of size experience, along with what factors contributed to their positive identity.

Assuming weight-based prejudice is a social construct, further studies could investigate, how this prejudice is created and therefore, identify strategies for social change. Other recommendations for future studies include a longitudinal study on the long-term effects of weight discrimination from childhood into adulthood and possibly the effectiveness of treatment interventions. Another future study could include both the service providers' experience with persons of size and their clients' experiences in order to study both the rate of bias of the service providers and the effect on their clients. This study did not address the difficulty of continuing to embody a body positive image, and future studies could concentrate on the factors that may contribute to the long-term support and maintenance of this positive body identity. A final suggestion could be a study on the effectiveness and longevity of sensitivity training towards persons of size.

Conclusion

According to Marilyn Wann (2009) "Every person who lives in a fat-hating culture inevitably absorbs anti-fat beliefs, assumptions, and stereotypes, and also inevitably comes to occupy a position in relation to power arrangements that are based on weight" (p.xii). This study reveals the depth of the negative impact of societal messages on persons of size and the immense fortitude and resilience, as well as the myriad of other factors, needed to arrive at a body positive view and maintain it. The intersectionality of body objectification theory, stigma theory, and

feminist theory helps to explain the oppression of persons of size. These theories also provided

support to the participants for a strategy of resistance to adopt a more body positive point-of-

view. This study helps provide evidence for including weight in the lens of oppression to help

assist removing this form of discrimination from our society. As one participant in this study

expressed:

> I want all possible mobility and sustainable happy enjoyment of food and activity for
>
> everyone, people of all sizes…I am interested in encouraging all of those people of all
>
> sizes to own our bodies as we are now… and be at home in our bodies, because where
>
> else are we supposed to go?

References

Bar-Tal, D., & Saxe, L. (1976). Physical attractiveness and its relationship to sex role

stereotyping. *Sex Roles*, 2, 123-133.

Body mass index in adults (BMI calculator for adults). (n.d). Retrieved on June 25, 2013 from

the American Heart Association website:

www.heart.org/HEARTORG/GettingHealthy/WeightManagement/BodyMassIndex/Body

-Mass-Index-BMI-Calculator_UCM_307849_Article.jsp

Brewis, A. (2011). *Obesity: Cultural and biocultural perspectives*. New Brunswick: Rutgers

University Press.

Brewis, A., Hruschka, D., & Wutich, A. (2011). Vulnerability to fat-stigma in women's

everyday relationships. *Social Science & Medicine,* 73, 491-497.

doi:10.1016/j.socscimed.2011.05.048

Brewis, A., Wutich, A., Falletta-Cowden, A., & Rodriguez-Soto, I. (2011). Body norms and fat

stigma in global perspective. *Current Anthropology,* (52)2, 269-276. doi:10.1086/659309

Brown, L. S. (1989). Fat-oppressive attitudes and the feminist therapist: Directions for change. In

L. S. Brown & E. D. Rothblum (Eds.), *Overcoming fear of fat* (pp. 19–30). New York:

Harrington Park Press.

Burgard, D. (2005). What is "health at every size"?. In E. Rothblum & S. Soloway (Eds.), *The

Fat Studies Reader* (pp. 42-53). New York, NY: New York University Press.

Cash, T.F., Gillen, B., & Burns, D.S. (1977). Sexism and "beautyism" in personnel consultant

decision making. *Journal of Applied Psychology,* 62, 301-310.

Cash, T.F., & Henry, P.E. (1995). Women's body Images: The results of a national survey in

the U.S.A. *Sex Roles,* 33, 19-27.

Cooper, C. (2008). Working paper WP2008-02: What's fat activism? *University of Limerick.*

Retrieved from http://www.ul.ie/sociology/docstore/workingpapers/wp2008-02.pdf

Crandall, C.S. (1994). Prejudice against fat people: Ideology and self-interest. *Journal of*

Personality and Social Psychology, 66, 882-984.

Crandall, C.S., D'Anello, S., Sakalli, N., Lazarus, E., Wiczorkowska, G., & Feather, N.T.

(2001). An attribution-value model of prejudice: Anti-fat attitudes in six nations.

Personality and Social Psychology Bulletin, 27, 30-37.

Davis, D., Sbrocco, T., Odoms-Young, A., & Smith, D. (2009). Attractiveness in African

American and Caucasian women: Is beauty in the eyes of the observer? *Eating*

Behaviours, 11, 25-32. doi:10.1016/j.eatbeh.2009.08.004

Dickens, M., Thomas, S., King, B., Lewis, S., & Holland, K. (2011). The role of the fatosphere

in fat adults' response to obesity stigma: A model of empowerment without a focus on

weight loss. *Qualitative Health Research,* 21,1679-1691. doi:10.1177/1049732311417728

Donaghue, N., & Clemitshaw, A. (2012). I'm totally smart and a feminist….and yet I want to be

a waif: Exploring ambivalence towards the thin ideal within the fat acceptance

movement. *Women's Studies International Forum,* 35, 415-425.

http://dx.doi.org/10.1016/j.wsif.2012.07.005

Dovidio, J.F., Major, B., & Crocker, J. (2000) Stigma: Introduction and overview. In T.F.

Heatherton, R.E. Neck, M.R. Hebl, & J.G. Hull (Eds.). *The Social Psychology of Stigma.*

(p. 1-28). Guilford Press.

Fikkan, J., & Rothblum, E. (2012). Is fat a feminist issue?: Exploring the gendered nature of

weight bias. *Sex Roles,* 66, 575-592. doi:10.1007/s11199-012-0125-7

Fraser, L. (1997). The inner corset: A brief history of fat in the United States. In E. Rothblum

& S. Soloway (Eds.), *The Fat Studies Reader* (pp. 11-14). New York, NY: New York

University Press.

Fredrickson, B., & Roberts, T. (1997). Objectification theory: Toward understanding women's

lived experiences and mental health risks. *Psychology of Women Quarterly*, 21,173-206.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* New York, New

York: Simon & Schuster.

Kilbourne, J. (1994). Still killing us softly. In P. Fallon, M. A. Katzman, & S. C. Wooley (Eds.),

Feminist perspectives on eating disorders (pp. 395–418). New York: The Guilford Press.

Leon, G, Fulkerson, J., Perry, C., & Cudeck, R. (1993). Personality and behavioral

vulnerabilities associated with risk status for eating disorders in adolescent girls. *Journal

of Abnormal Psychology,* 102(3), 438-444.

Louderback, L. (1967, November 4). More people should be fat. *Saturday Evening Post,*

pp. 10-12.

Major, B., & O'Brien, L.T. (2005). The social psychology of stigma. *Annual Review of

Psychology,* 56, 393-421. doi:10.1146/annurev.psych.56.091103.070137

Mason, N.S., & Chaney, J. (1996). Bullimia nervosa in undergraduate women: Factors

associated with internalization of the sociocultural standard of thinness. *Applied and

Preventative Psychology,* 5, 249-259.

McKinley, N. (2004). Resisting body dissatisfaction: Fat women who endorse fat acceptance.

Body Image, 1, 213-219.

http://dx.doi.org.libproxy.smith.edu:2048/10.1016.j.bodyim.2004.02.001

National Association of Social Workers. (2008). Code of ethics of the national association of social

workers. Retrieved on May 14, 2014 from https://www.socialworkers.org/pubs/code/code.asp

Padgett, D. (2008). *Qualitative methods in social work research.* Thousand Oaks, CA: Sage.

Peterson, R., Tantleff-Dunn, S., & Bedwell, J. (2005). The effects of exposure to feminist

ideology on women's body image. *Body Image,* 3, 237-246.

doi:10.1016/j.bodyim.2006.05.004

Piran, N. (1996). The reduction of preoccupation with body weight and shape in schools: A

feminist approach. *Eating Disorders: The Journal of Treatment and Prevention,* 4(4),

323-333.

Puhl, R. M., & Brownell, K.D. (2001). Bias, discrimination, and obesity. *Obesity Research,* 9,

788-805.

Puhl, R. M., & Brownell, K. D. (2003). Ways of coping with obesity stigma: Review and

conceptual analysis. *Eating Behaviors*, 4(1), 53-78.

http://dx.doi.org.libproxy.smith.edu:2048/10.1016/S1471-0153(02)00096-X

Puhl, R.M., & Heuer, C.A. (2010). Obesity stigma: Important considerations for public health.

*American Journal of Public Health,*100, 1019-1028.

Reel, J., SooHoo, S., Summerhays, J.F., Gill, D. (2008). Age before beauty: An exploration of

body image in African-American and Caucasian adult women. *Journal of Gender

Studies,* 17(4), 321-330. doi: 10.1080/09589230802419963

Robinson, B., & Bacon, J. (1996). The "If only I were thin…" treatment program:

Decreasing the stigmatizing effects of fatness. *Professional Psychology:

Research and Practice*, 27 (2), 175-183. doi:10.1037/0735-7028.27.2.175

Robinson, B., Bacon, J., & O'Reilly, J. (1993). Fat phobia: Measuring, understanding,

and changing anti-fat attitudes. *International Journal of Eating Disorders,*14, 467-

480.

Saguy, A., & Ward, A. (2011). Coming out as fat: Rethinking stigma. *Social Psychology Quarterly,* 74(1), 53-75.

http://dx.doi.org.libproxy.smith.edu:2048/10.1177/0190272511398190

Schwartz, M., & Brownell, K. (2004). Obesity and body image. *Body Image, (1)*, 43-56. doi: 10.1016/S1740-1445(03)00007-X

Share, T., & Mintz, L. (2002). Differences between lesbians and heterosexual women in disordered eating and related attitudes. *Journal of Homosexuality*, 42(4), 89-106. Retrieved from www.haworthpressinc.com/store/product.asp?sku=J082

Schoenfielder, L., & Weiser, B. (Eds.). (1983). *Shadow on a tightrope: Writings by women on fat oppression*. Iowa City, Iowa: Aunt Lute Book Company.

Smith, C. (2012). The confounding of fat, control, and physical attractiveness for women. *Sex Roles,* 66, 628-631. doi: 10.1007/s11199-011-0111-5

Steiner-Adair, C., Sjostrom, L., Franko, D., Pai, S., Tucker, R., Becker, A., & et. al. (2002). Primary prevention of risk factors for eating disorders in adolescent girls: Learning from practice. *International Journal of Eating Disorders,* 29, 247-262. doi:10.1002/eat.10089

Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. *Clinical Psychology Review,* 14(7), 633-661. doi:10.1016/0272-7358(94)90002-7

Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body Image,* 1, 29-41. doi: 10.1016/S1740-1445(03)00002-0

Tiggemann, M., & Stevens, C. (1999). Weight concerns across the life-span: Relationship to self-esteem and feminist identity. *International Journal of Eating Disorders,* 26, 103-106. doi: 10.1002/(SICI)1098-108X(199907)26:1<103::AID-EAT14>3.0.CO;2-0

Unger, R.K. (1979). *Female and male: Psychological perspectives*. New York: Harper

    and Row.

Wann, M. (2009). Foreword: Fat studies: An invitation to revolution. In E. Rothblum & S.

    Soloway (Eds.), *The Fat Studies Reader* (pp. xi-xxv). New York, NY: New York

    University Press.

We come in all sizes. (n.d.). Retrieved on October 2, 2013 from The National Association to

    Advance Fat Acceptance website: http://www.naafaonline.com/dev2/

What causes overweight and obesity? (n.d.). Retrieved on October 2, 2013 from Center For

    Disease Control (CDC) website: http://www.cdc.gov/obesity/adult/causes/index.html

Wooley, O.W., Wooley, S.C., & Dyrenforth, S.R. (1979). Obesity and women: A neglected

    feminist topic. *Women's Studies International Quarterly* 2, 81-92.

Wooley, S.C., & Wooley, O.W. (1980). Eating disorders: Anorexia and obesity. In A.M.

    Brodsky & R. Hare-Mustin (Eds.). *Women in psychotherapy,* (pp. 135-158). New York:

    Guilford.

Wood-Barcalow, N., Tylka, T., Augustus-Horvath, C. (2009). "But I like my body": Positive

    body image characteristics and a holistic model for young-adult women. *Body Image,* 7,

    106-116. doi:10.1016/j.bodyim.2010.01.001

Appendix A

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

November 25, 2013

Ruth Salen

Dear Ruth,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Rachel Burnett, Research Advisor

Appendix B

Dear [To whom it may concern – Friends, Colleagues, Name of Potential Research Participant],

My name is Ruth Salen and I am currently working on my Master's thesis as part of my educational requirements to receive my M.S.W. degree at Smith College School for Social Work. I am conducting a qualitative study, interviewing women of size who have a positive body image and what they believe contributed to their positive body identity. I am writing to you to see if you know anyone who might participate (or who knows other women who might participate) in my study, and/or if, through your organization, there is a list-serve to which this recruitment letter could be forwarded. I am recruiting women (age 18 or older) who consider themselves to be "of size," and who also consider themselves to have a positive body image (however they define that).

Participation in the study consists of a 45-60 minute interview to be completed either in person (if the participant lives in the New York City area), or via Skype or over the phone (if they don't live in the New York City area). NYC participants can choose to be interviewed by phone or Skype, rather than in person, if they choose. Interview questions will be provided in advance after an Informed Consent Form is completed. The Smith College School for Social Work Human Subjects Review Committee has approved this research study.

If you meet the above criteria and are interested in participating, please contact me via email at rsalen@smith.edu or phone at XXX-XXX-XXXX. Also, if your organization has a list-serve to which this letter could be forwarded, please let me know. In addition, please feel free to forward this email to any friends or colleagues who you think might be interested. I am also available to answer any questions you might have about the study.

Thank you for your time and your support!

Sincerely,

Ruth Salen
M.S.W. Candidate
Smith College School for Social Work
Email: rsalen@smith.edu
Phone: (XXX)-XXX-XXXX

Appendix C

Informed Consent Form

Title of Study: A SENSE OF PRIDE OVER MY SIZE: A QUALITATIVE STUDY ON WOMEN OF SIZE WHO CONSIDER THEMSELVES BODY POSITIVE

Investigator(s): Ruth Salen – Smith College School for Social Work

XXX-XXX-XXXX (Tel); Email: rsalen@smith.edu

………………………………………………………………………………

Dear Participant,

I am a graduate student at Smith College School for Social Work and am conducting a research study on women of size who consider themselves to have a positive body image. I would like to interview you about your experience and what you believe has contributed to your positive body identity / body image, I am hoping this research will be used to help remove some of the stigma around being a person of size, empower other women of size to love themselves, and help inform the clinical, therapeutic, and medical communities to work more collaboratively and consciously with clients around these issues. This study is being conducted as a thesis requirement for my master's in social work degree. Ultimately, this research may be used for publication or presented at professional conference(s).

If you choose to participate in this study, there will be a one-time, one-on-one audiotaped interview (either in person, over the phone, or by Skype) that will be approximately 45-60 minutes in length. Along with the audio recording, I will take some hand written notes and observations during the interview. As part of the interview, I will ask a few demographic questions such as your age, race/ethnicity, socioeconomic status, and marital status. The research questions will investigate your beliefs and feelings about what contributed to your self-image, how you describe yourself, and your thoughts and feelings around your body, in particular your experience about being a woman of size. The questions will be sent to you for review prior to the scheduled interview. I will transcribe your responses personally or possibly hire a professional transcriber who will sign a confidentiality pledge.

There are no reasonable, foreseeable, or expected risks to participate in this study. However, it is possible that your participation may trigger uncomfortable or difficult feelings. If requested by you, I will provide a referral list of therapists and organizations for post-interview support. As a participant you may refuse to answer any question. You may also withdraw from the study at any time up to 2 weeks after your interview. Should you choose to withdraw your participation, all materials related to you will be immediately destroyed. There will be no financial compensation for your participation. The benefits for your participation are limited, but hopefully this study will help break down some of the social norms and stereotypes of being a person of size. Other benefits would include assisting a very grateful researcher obtain her master's degree.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researcher(s) of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below.

If you choose to withdraw, the researcher will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by two weeks after your interview. After that date, your information will be part of the thesis.

The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password-protected file. I will not include any information in any report we may publish that would make it possible to identify you. Any identifying information that is inadvertently recorded will not appear in the transcriptions. All transcriptions related to your interview will be linked to an assigned number. My research advisor, Rachel Burnett, Ph.D., will have access to the data with identifying information removed. If an additional transcriber is needed, he or she will be asked to sign a confidentiality pledge. The pledge will include information to not discuss, disclose, disseminate, or provide access to information except to the researcher, Ruth Salen for this project. The transcriber will understand that violation of this pledge is subject to disciplinary action such as criminal or civil penalties. All data (notes, transcriptions, digital recordings, etc.) will be kept in a secured location for three years as required by federal guidelines and data stored electronically will be password protected. If this data are needed beyond this three-year period, I will continue to keep it in a secured location and will destroy it is when no longer needed. If these data are presented in any presentations or publications, they will be presented in aggregate form and any vignettes or quotes will be carefully disguised.

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study at any time, feel free to contact me, Ruth Salen at <u>rsalen@smith.edu</u> or by telephone at (XXX) XXX-XXXX. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

……………………………………………………………………………..

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

……………………………………………………………………………..

[If using audio or video recording, use next section for signatures:]

1. I agree to be [audio or video] **taped for this interview:**

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

Appendix D

<u>Interview Guide</u>

1. How do you describe yourself in terms of your size?

2. Would you define yourself as a happy person?
    - Do you think how you feel about your body contributes to your level of happiness?
    - How or how not?

3. During different stages of your life, how would your describe your body identity?
    - Before puberty?
    - During Adolescence?
    - Young Adulthood?
    - 20's, 30's? 40's? And on?

4. What were the messages you received about your body from:
    - Family?
    - Friends?
    - School?
    - Media?
    - Other sources? (What are those sources?)

5. How did you respond to those messages?
    - Did you feel pressure to be a different body size?

6. How did you resist the pressure to be a different body size or to feel bad about your size?
    - During what life stage did this happen and what do you believe caused the change?

7. What factors do you believe have contributed to your positive body identity?

8. Where did the support come from that contributed to your positive body identity?

Appendix E

Demographic Questionnaire:

Demographic questions will be asked prior to audio interview. No questions will be asked until signed inform consent is presented to researcher. Demographic questions will not be audio recorded.

1) What is your age?

2) What is your racial/ethnic background or identity?

3) What city, state do you live in?

4) What is your marital status?

5) What is your financial status: (Please Circle)

$0 - $20,000

$20,000-$40,000

$40,000-$60,000

$60,000 and up

6) What is your highest educational degree obtained?

Appendix F

Volunteer or Professional Transcriber's Assurance of Research Confidentiality

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

- The researcher for this project, - *RUTH SALEN* - shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *RUTH SALEN* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Jennifer Tall _____ Signature

January 31, 2014 _____ Date

_____ Ruth Salen

_____ Date

81