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Body Size, Gender & Health: A Multi-Method Sociological Exploration

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Body Size, Gender & Health:
A Multi-Method Sociological Exploration

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Abstract

Social science researchers have tackled the social "problem" of fatness across several disciplines, perhaps most directly in sociology. Sociologists analyze the ways that fatness and fat bodies intersect with social locations like race, class, gender, and health status in ways that create meaning. Fatness has also been explored by public health under the "obesity epidemic" umbrella as a medical problem in need of treatment and as a social problem in need of control. At the intersection of critical obesity studies at fat studies, this dissertation asks about the social construction of fatness and health. Using three distinct data sets, I examine how the social construction of fat bodies plays out in three levels of analysis: the media spectacle, the health movement, and the lived experience.

Each of the papers explores a different set of embodied, constructed meanings placed onto fat bodies. In the first study, I examine how contestants on the reality television show *The Biggest Loser (TBL)* construct narrative arcs related to fatness, fitness and health using Foucault's confessional framework of sin and redemption. In the second study, I use situational analysis to show how the Health at Every Size movement (a weight neutral perspective on health) acts as a reform movement from within public health. Finally, I take up intersections of body size, sexuality, gender and aging in an examination of the lived experiences of lesbian and bisexual women over age 40.

The dominance of the public health perspective of fatness as the great moral and physical health concern of our time exists in all three papers. The HAES paper and the WHAM paper show how both professionals and individuals have tried to push beyond the notion of fatness as the great health evil of our time, but are restrained by the

dominant public health/medical ideology of fatness. TBL contestants aligned directly with public health by seeking moral redemption as family members, and parents specifically through weight loss. This media spectacle, the health social movement and the lived experiences of fat women all reinforce the notion that public health understandings of fatness continue to dominate our cultural narrative.

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I. Introduction.

Statement of the Problem

Obesity as a health issue has come to the forefront of many public health efforts in the last decade, especially around childhood obesity and obesity-associated conditions such as heart disease and type II diabetes. The increasing focus on obesity as a health issue calls for renewed examination of how obesity is constructed as a health problem by biomedical sciences, and how individuals and social movements that resist biomedical framings construct the meanings of body size. The discourse surrounding obesity has been critically analyzed by social scientists throughout its meteoric rise as a one of the major health-related social problems of the 21st century (Boero 2007; LeBesco 2011; Saguy 2013). Sociological and cultural framing of fatness and large body size has increased substantially in the last 30 years (Cooper 2016). Multiple meanings of obesity float among involved social worlds depending on who defines it, traces its etiologies, "treats" it and lives with it. Sometimes obese people are labeled as deviant rather than sick, finding themselves targets of moral judgments. At other times obesity is an identity, pushing against the label of illness or deviance.

The relationship between body size and health is often taken for granted realities in the world of public health and medicine. Investigating these relationships using medical sociology ideas about deviance and the social construction of bodies engages in critique of traditional public health frameworks about the relationship between fatness/obesity and health. My dissertation centrally focuses on the intersection between body size and health through an intersectional lens that accounts for gender, race and class. I use sociological perspectives, including symbolic interactionism, deviance and the social constructionist frameworks of bodies

to engage in a critique of traditional public health frameworks about the relationship between fatness/obesity and health. This work critically analyzes the ever-growing obesity epidemic literatures and interventions in public health and medicine. Most work on obesity, even in sociology, focuses on the health impacts of fatness. This leaves a gap in our understanding of the lived experience of fat bodies in various social contexts, including healthcare settings and identity-based communities.

This dissertation examines how the social construction of fat bodies plays out in three levels of analysis: the media spectacle, the health movement, and the lived experience. Three papers attempt to answer the question of how fat bodies are socially constructed in varying social contexts from varying social locations:

1. "Mend this Fractured Family": Sin, Redemption, and Familial Citizenship on NBC's *The Biggest Loser*
2. Health at Every Size (HAES™) as a Reform (Social) Movement within Public Health: A Situational Analysis
3. Out of Touch, Out of Time: Older Queer Women's Engagement with Fat Acceptance Movements

The three papers show how meanings around fatness is constructed in three varying arenas; how the media constructs fat bodies and reifies obesity epidemic messages, how public health and fat activism grapple with the meanings of fatness for health, and how older queer women construct meanings of fatness with their communities. First, a media analysis of the television show *The Biggest Loser* explores the hyper(in)visible fat body as a public spectacle of ill health and sin, redeemed through confession and weight loss. Secondly, a theoretical analysis of the Health at Every Size movement as a reform movement in public health showcases the relationship

between health and body size weave within the social worlds of public health and embodied social movements like fat acceptance. Finally, a qualitative interview study grounds the other two pieces in the lived experience of fat bodies through interviews with queer women over 40 who engaged in a health program at a LGBT and women's community clinic in San Francisco. These three works are embedded in my own background of public health and (public) sociology as a fat activist and reflect the culmination of three separate project embedded in my outside community research and community activism during my doctoral program. All three papers trouble the assumed relationship between body size and health for fat bodies, joining literature in critical obesity studies and fat studies in engaging and disrupting medical knowledge about obesity and fat bodies. These three works are situated within debates about meanings of fatness in the context of a world where the dominant perspective on fatness is that of the "obesity epidemic" as defined and battled by public health and medicine.

Theoretical Frameworks

While each paper references substantive literatures specific to the topic addressed, there are several lines of theoretical work that ground all three papers and my sociological perspective. These theories connect my empirical work because they interrogate the intersection of body size, gender and health at the meso level of sociological theorizing. Symbolic interactionism offers theoretical underpinning for social constructionism and related theories of understandings of the body and health; social construction around meanings of fatness are present in all three papers. Foucault's centering of bodies, social control and health in his work, his concepts of knowledge/power, governmentality and bio-politics feature most prominently in the Biggest Loser paper but underlie much of my thinking on self-control of bodies throughout all three

papers. Finally, identity politics and the intersections of gender, race, and sexuality are incorporated to address these threads throughout all three papers.

Between Critical Obesity & Fat Studies

The meaning of fatness in the United States has shifted over time from a time when fat bodies were reflections of health and prosperity to the current climate of fat hatred and stigma from both popular culture and medicine. Amy Farrell (2011) traces this history in her book, *Fat Shame*, via analysis of political cartoons, historical documents and interviews with individuals engaged in weight loss professionally and personally. She focuses mainly on the idea of fat stigma, a topic not covered in this literature review due to space and it's more psychological rather than sociological lens. Peter Stearns also traces the history of fat in America and comments on the cultural shift of corpulence, noting that the hostility towards fat is likely an "effort to establish a backhanded kind of ethical code in a period of rapidly changing values" (Stearns 2002:xiii) These histories of fat bodies provide foundational information for the shifting view of fat in American society. Another way of tracing changes in the way fat bodies are constructed is through an introduction and review of literatures found in the field of Fat Studies.

The recently created journal, *Fat Studies*, offers this short description of the field of Fat Studies: "Fat Studies is an interdisciplinary, international field of scholarship that critically examines societal attitudes and practices about body weight and appearance." Fat studies explores the lived experience of fat people, including experience of oppression. It's larger project is "to challenge and remove the negative associations that society has about fat and the fat body" and "is similar to academic disciplines that focus on race, ethnicity, gender, or age."

Wann (2009) aligns fat studies with social justice movements such as civil rights and women's rights by tracing its rise alongside both the fat pride and fat acceptance movements. She

traces the history of Fat Studies to the size acceptance movement that began in 1969 with the founding of the National Association to Advance Fat Acceptance (NAAFA) as well as the work of the Fat Underground in the 1970s (2009: x). Wann asserts that a key part of engagement in fat studies is the willingness to examine one's personal involvement with the larger social structures that surround body size such as assumptions of fat as inherently unhealthy, fatness as a disease or the belief that fat people can and should lose weight. This also includes personal examination of both external and internal beliefs about fatness that are a result of our interactions with others, society and the beliefs individuals impose on themselves and others about the meaning of fatness. In this way, fat studies takes up feminist standpoint theory (Hartsock 1983; Smith 1988) in the importance of recognizing your individual standpoint or perspective when taking on the study or observation of others as a way to strive for ethical and egalitarian principles as well as giving voice to the marginalized; in the case of fat studies, fat individuals themselves.

An important part of fat studies, as opposed to the study of obesity, is the word choice around the description of larger bodies. Terms like obesity, overweight or obese are based on medical definitions of acceptable or normal weights rather than terms that merely describe bodies as medicine does with height (Wann 2009). For this reason, many involved in fat studies put the term "obesity" inside scare quotes to denote the assumptions and "discriminatory consequences" it represents (Wann 2009: xiii). Fat studies scholars use the term fat purposively, as a way to reclaim it from the pejorative as well as carve out a political identity.

Discourses of Fatness: Bounding Bodies

Much of the writing on fatness within the fat studies arena has focused on the social construction of fatness and how fatness has been the focus of increasing controls by society, especially in the last 50 years. It is important to note here that many scholars who write on

fatness actively avoid the term “obesity”, as detailed above in reference to writings by Wann and other fat activists.

Farrell (2011) cites the work of Susan Sontag (2001) to argue that the cultural meanings of fatness in the US today include ideas such as an “excess of desire, of bodily urges not controlled, of immoral, lazy and sinful habits. Much more than a neutral description of a type of flesh, fatness carries with it such stigma that it propels us to take drastic, extreme measures to remove it” (2011: 10). This theme of the need to control and contain fat bodies is echoed through Braziel and LeBesco’s (2001) book *Bodies Out of Bounds*. For example, Cecilia Hartley writes on the specific targeting of women and the constant reminders to keep herself contained to take up as little space as possible in order to avoid being considered unfeminine or violate prescribed sexual roles (2001: 61-63). Le’ia Kent (2001) explores recent fat liberationist writings in zines that resist the notion of fatness as a “spoiled identity”, uncontained and transformed into a “horror” of flesh (132). Fat women are depicted as "ugly, disgusting, sometimes laughable objects of derision, or as pitiful victims of bad genes and psychological anomaly" whose greatest ambition is to lose enormous amounts of weight and, in doing so, solve all their problems. (LeBesco 2004: 41).

Braziel and LeBesco consider fatness to be a “subject-marking experience” over which individuals are supposed to have control, unlike race or gender that are "mistakenly" seen as fixed qualities that are not questioned in terms of its cultural, historical, political and economic properties (2001: 2). Like other scholars in fat studies, they seek to problematize the notion of obesity as inherently “abnormal” or pathological. They seek to treat fatness as historical concept that resists medical discourses on obesity (2001: 5).

Health at Every Size: Health and Fatness

Likewise, the subjective experience of health is often linked with weight alone rather than acknowledging the myriad of influences on the meanings of health for individuals. One arm of the size acceptance movement is the concept of Health At Every Size (HAES™). The Health at Every Size perspective approaches health by holding a weight-neutral perspective on health. HAES™ advocates self and size acceptance, enhancing emotional, physical and spiritual health without focus on an "ideal weight", eating based on internal cues of hunger as well as individual nutritional needs, the joy of movement and an end to weight bias (Bacon 2010; Burgard 2009:42–43). HAES™ focuses much of its attention on healthcare providers such as doctors and psychologists as well as health researchers in order to push back against the "medical pathologizing" that results in stigma and associated negative health outcomes for individuals with larger body sizes (Burgard 2009: 45).

Cooper (2016) considers HAES under what she calls a obesity and health “proxy” for fat activism rather than a type of fat activism itself. In her recent book on Fat Activism, her footnote explanation of HAES summarizes the movement as “a health paradigm that does not advocate remedial weight management” with “three clear tenets: self-acceptance, joyful movement, and intuitive eating” noting that while social justice is sometimes included, this cannot be assumed (55). Cooper distances HAES from fat activism because of its central focus on health, which leaves it pushing back against the obesity frame of fatness rather than centering fat activism alone. She also importantly highlights the way that the professionals within HAES reproduce hierarchies (race, class, gender) due to their elite status as highly educated professionals, making some of its knowledge e.g. published academic materials, closed off or unable to access without fees, a distancing from the free flow of information central to fat activism (2016: 176).

Symbolic Interactionism & Social Constructionism

Symbolic interactionism centers on interactions among human beings, the meanings generated and interpretations found in these interactions and related discourses. The interactionist tradition spawned a number of theorists who wrote on identity and identity formation in terms of interaction, interpretation and meaning. The sociological turn to the body as a site of social action over the past two decades or so has implications for how the body has been and will continue to be incorporated into ideas about sexuality and fatness.

Turn to the Body

Strauss (1993) was among the social theorists who ushered in the turn to the body as a site of social action. He explicitly asserts that interactions require bodies to act, individually or collectively toward others who may or may not be aware of the action. This turn to the body goes beyond merely recognizing simple material facts of the body in action, but rather views the body as the center of action and how bodies influence the creation of selves. Kosut and Moore (2010) assert that the body's absence from social theory and the continuing difficulty of discourse around the body is due to a lack of common language about embodiment or ways to write about it that move beyond noting its conceptual complexity. Turner's introduction to a special issue of Body and Society suggests that one "productive way" of understanding the body in contemporary society is via the "legacy of the Judeo-Christian discourse of the body as flesh", a concept undermined but not forgotten in modern society (Turner 1997:104). He says that this understanding of the body might help excavate some of the ethical issues surrounding the body in postmodernity, including the problematizing of food or in images of fat bodies. Turner, like Shilling (1993), concludes that the answer to the question of "what is the body" does not and

may not have an answer, but that the body's "ontological and social insecurity" allows for further questions into the place of the body in society (106).

Dworkin and Wachs (2009) attend to theories of embodiment in their work on gender, health and fitness by discussing the body as a site of injustice and morality as well as citizenship. Second wave feminists saw the body as a site of oppression and sought to solve this by conflating the personal and political in their work towards gender equality, although this came with some essentialist assumptions about culture and race that divided second wave feminist in many ways (138). Third wave feminism has attempted to move away from these essentialist ideas, drawing from multicultural feminism to move towards questioning a variety of privileges as well as recognizing the contradictions of lived experience (140). The body, for third wave feminists, is now constructed, contested site for moral judgments with Dworkin and Wachs focusing on the impact of consumer culture in the shaping of bodies via fitness media and commodities.

Social Constructionism – Out of SI and into Bodies

Social constructionism troubles the concept of a definite, knowable Truth by examining how social relations impact meanings and ways of knowing; there are many subjective truths just as there are many social realities. Within medical sociology specifically, social constructionism problematizes biomedical realities, questioning the supposed neutrality of medical technique and ability of biomedicine to "know" things about the body (Bury 1986). This counters a more traditional, positivist reading of illness that resides within the biomedical sciences, seen as a simple disruption in physiological functioning (Conrad and Schneider 1992:29). Bodies can be viewed, then, as socially constructed as well.

But what does it mean to have body constructed as socially deviant– one that is removed from norms, especially norms around health? In their book, Deviant Bodies, Urla and Terry (1995) asked how bodies become marked in relation to systems of social stratification and how this relates to power. They define embodied deviance as the "historically and culturally specific belief that deviant social behavior (however that is defined) manifests in the materiality of the body, as a cause or an effect, or perhaps merely a suggestive trait" (1995: 2) that exists within a history, a situation. Urla and Terry say that bodies are also effects of specific techniques and regulatory practices. That is, a la Foucault, they are constructed not only by social norms more broadly but in specific ways through policies, regulation and power --- governmentality.

The power of designating deviance then lays in the ability to mark specific bodies as "inherently flawed, immoral or unwilling to do the work necessary to maintain a 'better' form", a body that is more socially acceptable (Crook 1999:165). The social control of deviance rests heavily on the ability to control the unruly, deviant body because it signifies so much in postmodern society where the fit (hegemonic, white, male) body is the symbol for all that is moral and disciplined within the modern capitalist system and increasingly militarized visual culture (Terry and Urla 1995). Although social constructionism allows for many individual, specific and contextual truths (indeed a critique of the theory rests on its sometimes too relativistic stance), these constructions of body that favor rationality seem to hold true, especially in light of the dominance of medicine and the heighted value of health.

Foucault & Biopolitics

Foucault has had a pervasive and lasting influence on theorists and researchers who write about embodiment and health. His influence can be found in the works of Armstrong's (1983) Political Anatomy of the Body, Turner's (1987) Medical Power and Social Knowledge, and

throughout Deb Lupton's works (1995, 1999) among many others who take up his unique notions of power/knowledge and the body within sociology and other social sciences. Importantly for my work, Foucault addresses embodiment and bodies within his theoretical works as well as how other authors have taken up Foucault in their related projects on the social nature of bodies. Foucault addresses the construction of bodies in a number of ways but most importantly recognizes the body as a social entity, produced through discourses around health beliefs and practices. This often occurs within the medical model, which sees the body as an object of regimen and control (Foucault 1979). This has impacted medical sociology hugely in the ways sociologists consider disease and the body.

Foucault – Discourse, Power and the Body

Foucault focused specifically on relationships between discourse, power, and the body. These relationships cross Foucault's work in various ways because he examined how medical discourses related to the exercise of power in society through control of both individual bodies and social bodies of populations via the growth of surveillance sciences like epidemiology.

One major theoretical contribution of Foucault's is his definition of power and the connection between power and knowledge. Foucault sees power as diffuse, with many sources rather than the traditional, Weberian notion of power as a top-down, often state-related phenomenon (Foucault 1979). Power, for Foucault, comes from within not above (1980). "Power is everywhere; not because it embraces everything but because it comes from everywhere…Power comes from below; that is there is no binary and all-encompassing opposition between ruler and ruled at the root of power relations" (Foucault 1980: 93). He calls this "disciplinary power." This diffuse nature of power leaves room for resistance within the exercise of power and, in fact, for Foucault, power and resistance cannot exist without one

another. This produces complex systems of engagement and domination. This is directly related Foucault's notion of discourse as more than ways of producing or understanding meaning, but how knowledge is constituted together with individual and social practices and power relations. It is these complicated notions of power and discourse that give a foundation to Foucault's main concepts: governmentality, subjectivity, and technologies of the self.

Governmentality, Subjectivity and Technologies of the Self

For Foucault, the relationship between power and knowledge was so inextricably linked that he refers to the two terms throughout his work as one: power/knowledge. This is because knowledge, often addressed through the examination of expertise, is directly linked with power and the ability to wield power. One way he expresses this link between power and knowledge is through the concept of governmentality – an expression of power that privileges expert knowledge due to its ability to construct a certain type of subject (Johnson 1993).

Governmentality incorporates two types of governance of individuals, internal governance via technologies of the self and external governance from more recognizable forms such as policing or surveillance carried out by institutions. Governmentality is one aspect of neo-liberal modernity where individual choice is paramount and key to individuals playing active roles in their own self-government through various techniques such as self-surveillance (1979). This expansion of the idea of government goes beyond state politics to think about the many ways in which people are governed, controlled, or disciplined and indeed how modern governmentality reflects the dispersed nature of power throughout society where individuals are expected to participate in their own governing through self-surveillance.

Foucault's purpose throughout his career was to examine the ways in which society builds and constructs knowledge about ourselves. He did so by examining various techniques we use to

understand ourselves. He called these "technologies" and delineated four major types: technologies of production (our ability to produce or transform things), technologies of sign systems (our ability to use symbols or assign meaning), technologies of power (these determine conduct of individuals), and technologies of the self (the ability of individuals to transform themselves) (Foucault 1994:224–25). Foucault's interests in bodies stemmed from a particular interest in the technologies of the self or the ways in which individuals care or engage in certain practices to increase our happiness or wisdom or health. He saw this as a way in which disciplinary power was taken up and/or resisted when individuals constrain themselves rather than rely on outside agents to restrict their behavior in an effort to become good, moral people.

Foucault (1978) says that embodiment can be reflexive in terms of power; we have a kind of “body power” and that we can achieve this power through self-mastery and awareness of the body. Foucault addresses this connection between body and power throughout his later career especially in his History of Sexuality series where his goals to unearth the genealogy of sexuality from the 19th century onward examined the changing discourse around sexuality and the body that coincided with advances in medical knowledge.

Foucault provides the foundation to a large swath of contemporary writing and understandings of the power relations and the body. However, as Bordo notes, it was feminism and not Foucault who first located the body as the "focal point for struggles of power" via feminism's work on the personal politics of having a life centered on the body itself (Bordo 2004:17). Bartky (2003) applies and critiques Foucault's work on bodies and discipline through a feminist lens to examine how disciplinary practices impact "feminine" bodies in particular.

Applying Foucault to Health

Despite critiques, it is easy to see why Foucault's notions of power, governmentality and technologies of the self have inspired much of the work around health and the body. For example, Lupton (1999) applies Foucault's conceptualization of governmentality to explain how a risk discourse is constructed as a phenomenon. Lupton specifically identifies some aspects of governmentality that position risk as a governmental strategy to regulate and monitor populations through "moral technologies" that discipline the present and the future (1999: 87). While Lupton's work (1995) takes up Foucault to a specific end, that of critiquing public health and health promotion, her point that institutions such as public health serve as moral regulators reflects their ability to serve as the authority on civilized versus uncivilized behavior.

Crawford, like Lupton, describes health as a socially constructed concept used to define the boundaries between self and other that gets applied to concepts such as gender, social class, sexuality, race and ethnicity (Lupton 1995: 69). Lupton builds on Foucault's idea of governmentality in her applications to the new forms of public health, although it is important to note that Foucault also focused on health as a key site for subjectification in terms of government, though not directly in his lectures on governmentality. She goes on to say that it is in this context that risk can be understood as a strategy of regulatory power used by governments to manage both individuals and populations. This is one way in which risk groups are created through calculations of risk, which are then translated into interventions into that same risk domain in both public health (e.g., high risk of obesity based on family of origin) and other traditional means of social control such as prisons (e.g., high risk crime areas). I am keenly interested in how the authority granted to public health manifests itself in its ability to manage, control, and describe groups of people as Other or "at risk" – uncontrolled and threatening to the

well-being of entire populations. In particular, I'm interested how different "risky" people from varying social locations interact with public health around their body size and its social meanings.

Identity Politics: Sexual Orientation, Gender & Body Size

The lack of attention to intersections of race, class, gender and sexuality permeates studies of fat bodies in particular, which lead me to attempt to center these concepts in my work. Studies focused on the overlapping concerns of fatness/obesity and health provide compelling evidence that the issue of fatness in America must be treated intersectionally. LeBesco (2004) acknowledges this by pointing out the relationship between thinness and two types of privilege: race and class. LeBesco (2004) discusses how the "unstable", out of control body of the fat person transgresses the requirements of citizenship:

> Fatness, with its omnipresent visual recognition of body instability, frequently garners rejection and becomes the dubious beneficiary of legal, political, and material inequalities that are legitimated by the determining power of the biological body rather than contingent and reversible social constructions. When biology is mistaken for destiny, inequalities prosper, albeit under false pretenses. (Pp. 54-55)

LeBesco and others fighting for fat acceptance recognize fat stigma as one of many control mechanisms of "deviant" bodies that support existing power structures. While much of the writing on resistance against stigmatizing mechanisms focuses on the control of fatness, it is important to keep in mind the "fight" against obesity as well. The language used to describe these deviant, excessive bodies reflects both the target audience and perspective of the authors and, in so doing, reveals the socially constructed nature of both concepts. The fat/obese body is a risky body and moreover, a highly visible risky body. Recently, sociological research has begun

to explore embodied identity formation with regards to fatness. Jaffe's (2008) mixed method study explored fatness and identity formation. She argues that fatness is both the tangible trait around which the identity is formed (overweight) and the social meaning this trait symbolizes (fat) (2008: ii). Further, she conceptualizes fat identity as a multifaceted identity: it's learned, challenging, all encompassing and exists on a continuum, like those of sexual orientation. Other social markers like race and gender plus present and past weight help determine where a person considers fatness along the continuum of identity formation. For example, a Black woman who has been fat her whole life has a very different identity around fatness than a White man who has only became obese later in life and experiences few other oppressions except for weight stigma. Importantly for my work on older queer women's understanding of body size, Jaffe also found that "the physical and social changes that come with aging play an important role in one's slide up and down the fat identity continuum. Older people are more likely to be concerned about health conditions; younger people are more concerned about the visible and social aspects of being fat" (Jaffe 2008:ii).

Like Jaffe, a number of authors have compared fatness as identity to sexual orientation as identity (Gerber 2009; LeBesco 2004; Owen 2007) in the ways in which society has addressed what have been and are still often considered social problems and stigmatized identities. However, little work has examined the fatness as a component of embodied intersectionality. Intersectionality (Crenshaw 1991) commonly examines the unique positions of intersecting race and gender categories. Like LeBesco (2004), I argue that in addition to these racial and gender categories inscribed on the body, body size should be considered alongside these categories as important intersecting identities. Fatness cannot be considered as one, separate aspect of identity; I can't be "just fat" much in the way that I can't be "just woman" or "just white". Additionally,

because fatness is a visible identity, like race in some ways, it can be socially "read" by others in ways that other identities like sexual orientation or nationality may not be. This particular visibility is one compelling reason that analyzing media featuring fat bodies was a key part of my dissertation project.

LeBesco notes that fatness shares similarities to other "subject-marking experiences, like the embodiment of race"; for example, all three social identities (race, gender, body size) are all visible identity markers. (2004: 11). While race and gender may be open to social interpretations in the case of mixed race individuals or gender non-conforming individuals respectively, larger body size (fatness) is often more plainly visible and readable as a deviation from the social norm of thinness. However, meanings of fatness also have their own cultural variance within subgroups as noted in the example above – what it means to be a young Black woman with very large breasts and/or butt has very different social connotations than what it means to be an older White man with a "beer belly" after a lifetime of otherwise being thin. These social locations matter for how these bodies are socially understood, including their health statuses.

Methodological Approaches / Three Papers Overview

This dissertation uses distinct data sets to examine how the social construction of fat bodies plays out in three levels of analysis: the media spectacle, the health movement, and the lived experience. Each of the paper explores a different set of embodied, constructed meanings placed onto fat bodies.

In the first study, I examine how contestants on the reality television show *The Biggest Loser (TBL)* construct narrative arcs related to fatness, fitness and health. I analyzed contestant narratives in 16 episodes across 15 seasons of TBL using a Foucauldian confessional framework to show how TBL presents contestants as sinful, fat bodies in need of redemption with the show

and the viewing audience as the confessional stage. The first and last episodes of each season were the richest sources for contestant rationales for being on the show and the weight loss success stories. The combination of these two episodes shows the full arc of the confessional process from the confession of bodily sin (fatness) to redemption (removal of fatness). TBL approaches fatness from a very traditional medical perspective as contestants engage in gendered constructions of their bodies as entities in need of control. These controlled bodies are then able to sacrifice more completely for others and fulfill social roles of parent, spouse or worker. My qualitative media analysis shows how contestants primarily frame their motivations for weight loss and confessional needs in relation to family in particularly gendered ways. Fatness was confessed as the reasons for being a bad parent in premiere episodes of each season, the start of the confessional process. For women, this was foregrounded in discussions of failing as a role model for their family or their failure in mothering by continuing the "cycle of obesity" in their families much like cycles of abuse or addiction. For men, their failures of fatness were related to early death and abandonment of their families through selfish choices that caused their fatness. Season finales were the settings of redemption through extreme weight loss where women were now able to be the thin parent role models, shepherding their whole family into weight loss and men were reborn, on a path toward living forever for their families. While sin and redemption narratives on fatness are have been analyzed as rhetorical tools in public perceptions of obesity (Hoverd 2005; Hoverd and Sibley 2007), TBL proliferates new biopedagogies designed to construct life and death itself and new familial modes of how broader society should be parenting – through the "care" of the self (Finn 2009; Foucault 1990; Spitzack 1990) that constitutes new forms of caring for the bodies of their children.

In the second study, I use situational analysis to show how the Health at Every Size movement acts as a reform movement from within public health. Health at Every Size (HAES™) is a weight-neutral perspective on health that departs from usual weight-centered, if not weight-focused medical models of health. Research and publications utilizing HAES largely focus on health improvement interventions, shifting weight-based views of health in public policy, or HAES as a health advocacy tool. Drawing on ethnographic work and examination of early HAES journals, this paper examines HAES as a reform movement in two important ways using a social worlds/arenas situational analysis. First, a social worlds/arenas analysis situates HAES and its adjoining fields of public health and fat politics and examines segments within HAES as an extension Bucher's work (1961, 1962) on early reform movements within professions. Second, analysis of early HAES journals and ethnographic data shows how the HAES movement situated itself via academic publishing and events, engaging in important boundary-making within and outside the HAES social world. While some of HAES closely align with public health, using health as the central focus and delegating body acceptance to the background, the "both/and perspective" that incorporates *both* health *and* acceptance as key and inseparable pieces of HAES is most common and one way in which HAES intends to push the boundaries of public health. While it is tempting to attempt to pin down HAES as a movement focused solely on the relationship between body size and health, segments within HAES that critique racism and ableism within HAES and beyond it show its promise as a multicausal health and social justice movement.

In the third study, I take up intersections of body size, sexuality, gender and aging in an examination of the lived experiences of lesbian and bisexual women over age 40. The lived experience paper asks women previously enrolled in a health program for queer women over 40

about the relationship between body size and health for them. While the health program utilized a HAES perspective, the paper explores how women's lived experience with aging and chronic health make the real world application of HAES principles challenging. This paper explores how queer women in particular understand and construct meanings around their body size in the context of individual and community norms and identities. I ask two intertwined questions: How do queer women of size over 40 think about their bodies and body size? And, what community, cultural and medical norms or body ideals influence their perceptions and experiences? I first provide some context for this qualitative analysis, including a description of the queer women's health program from which I drew my 31 interview participants in the San Francisco Bay Area. In this paper, I argue that older queer women navigate tensions between body ideals and community ideals in and through their experiences of body size. Women's embodied experiences of fatness, chronic pain and weight-loss and weight-gain shifted in tandem with their experience of interactions with other queer women, as well as their ideas about what the bodies and body ideals should be in "the lesbian community". Further, I argue that the aspirational goals of "health" and its associated body size are shaped by normative social ideas with public health roots and queer community norms about body size acceptance. I conclude by discussing the sociological and public health implications of this work. That is, if body norms and ideals are embedded and embodied in actual communities and navigated through the ongoing formation and configuration of communities, interventions must be peer-led and community-based to effectively shift behaviors, norms and expectations around weight-loss and healthy living in fat bodies.

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II. Paper 1: Health at Every Size (HAES™) as a Reform (Social) Movement within Public Health: A Situational Analysis

Introduction

Health at Every Size (HAES™) is a weight-neutral perspective on health that departs from usual weight-centered, if not weight-focused medical models of health. HAES™ advocates for self and size acceptance, enhancing emotional, physical and spiritual health without a focus on an "ideal weight," eating based on internal cues of hunger as well as individual nutritional needs, the joy of movement, and an end to weight bias (Bacon 2008; Burgard 2009). Key to public health stakeholders, randomized controlled clinical trials indicate that a HAES approach is associated with statistically and clinically relevant improvements in physiological measures (e.g., blood pressure, blood lipids), health behaviors (e.g., eating and activity habits, dietary quality), and psychosocial outcomes (e.g. improves self-esteem and body image); moreover, HAES achieves these health outcomes more successfully than traditional weight loss treatments and without the contraindications associated with a weight focus (Bacon et al. 2002, 2005; Bacon and Aphramor 2011; Provencher et al. 2007, 2009). Research and publications utilizing HAES largely focus on health improvement interventions, shifting weight-based views of health in public policy, or HAES as a health advocacy tool.

Following Patricia Hill Collins (1991), I place a historically excluded group (HAES) at the center of my analysis, “open[ing] up possibilities for a both/and conceptual stance, one in which all groups possess varying amounts of penalty and privilege in one historically created system (p 221).” I will show how HAES leverages their privileges (education level, class) and strategizes within their social worlds to support a position on body size and health more closely

aligned with activists than public health experts. This paper examines the HAES movement from a sociological perspective, tracing its origins with a brief history of the movement and its key players then using a social worlds/arenas analysis to situate HAES and its adjoining fields of public health and fat politics, both academic (fat studies) and activist (fat acceptance). This paper explores how HAES is situated within and apart from its related fields and internal critiques of HAES, featuring segments within the movement as a whole that point to HAES as a reform movement within public health. In my conclusions, I return to social movements literature to discuss how HAES position as a reform movement within public health highlights tensions between a politics of reform and a politics of radical change within and between body activism movements.

Background

Framing Fatness (and Obesity)

Sociological and cultural framing of fatness and large body size has increased substantially in the last 30 years (Cooper 2016). This work addressed social meanings of fatness and the obesity epidemic using both quantitative analysis (Puhl and Heuer 2009) and qualitative methods such as media studies (Farrell 2011), ethnography (Boero 2012), and interview-based studies focused on the lived fat experience (Meleo-Erwin 2011). A few key works, highlighted below, explicitly connect HAES to sociological dialogues about fatness. The rise of Fat Studies as an academic discipline is reflected in the 2009 publication of *The Fat Studies Reader.* This reader includes a chapter by Deb Burgard (a recognized leader in the HAES movement since its inception) outlining HAES and its connections to the academic discipline of fat studies as a "alternative public health model for people of all sizes" (Burgard 2009:42). The introduction to the *Reader*, authored by fat activist Marilyn Wann, notes that HAES "joins fat studies and fat

pride community in creating a sturdy tripod of support for the larger project of questioning and undoing weight prejudice" (Wann 2009:xii). Second, Amy Farrell's book *Fat Shame* (2011) draws on historical perspectives to address fatness over time and the ways in which social constructions reshape the fat body into a negatively-valued body form. Farrell incorporates HAES components into a few sections of her book, introducing HAES as a counter movement to conventional medical and public policy which asks not how to make fat people thin, but how to make fat people healthy (11). Farrell also discusses HAES in her chapter on the fat acceptance movement, calling HAES on the most "important, tangible aspects of fat activism" (139).

Third, Natalie Boero's book, *Killer Fat: Media, Medicine, and Morals in the American "Obesity Epidemic"(2012)* frames types of weight loss methods according to various models such as normative pathology (fatness is a women's emotional issue) versus the medical addiction model (fatness is always a result of binging). Boero uses a combination of magazine review, ethnographic observation and interviews around dieting (Weight Watchers, Overeater's Anonymous, and Weight Loss Surgery). She also discusses HAES as an alternative paradigm to traditional public health assumptions which assume that lower weight equals better health; these models are presented in most of her fieldwork. Finally, Abigail Saguy's book, *What's Wrong With Fat (2013)*, dissects fatness from the perspectives of public health, medicine and fat acceptance (social, scientific and legal rights frames) mainly based on content analysis of newsprint media (French vs. US) and interviews with experts in public health, medicine and fat acceptance. Using experimental data, she further argues that the framing of fatness impacts how we perceive fat individuals and that the dominant obesity framing often serves to increase fat stigma rather than improving health. She highlights HAES as an alternative paradigm, but places it squarely within the public health framing. All four of these books discuss varying levels of

"blame" for obesity such as individual vs. food policy for instance, but most describe the common public health frame as one that puts the onus of obesity onto individual lifestyle choices.

Reform Movements within Public Health

Bucher and Strauss (1961) developed an interactionist, process-focused model to analyzing professions that highlights diversity and conflicts of interest *within* a profession and how these differences may have implications for how professions change. They describe groups within professions as "segments" and argue that such segments tend to take on the character of social movements, including developing distinctive identities and common goals, as well as organizing activities. These segments' activities then secure institutional positions from which the segments can influence how the profession shifts and grows.

Bucher and Strauss argued that segments build their shared identities through processes such as colleagueship, sharing common interests and symbols, and forming alliances with like-minded professionals within and across segments (1961:330). Bucher (1962) applied this process-oriented method to studying the profession of pathology and its segments. She extended the definition of segments to "groupings of professionals that share both an organized identity and a common professional fate" (Bucher 1962:42). Bucher noted that pathology in particular supports the inclusion of systematic examination of segments in studies of professional and occupational organizations because it allows flexibility to show movement and process within institutional structures.

Bucher (1962; Bucher and Strauss 1961) explored fluidity and change within social worlds by extending social movements analysis to frame these as reform movements within professions, disciplines, or other work organizations. This work has been extended more recently

by medical sociologists such as Shim (2005), who found two major segments within cardiovascular epidemiology: mainstream and social epidemiologists. Social epidemiologists, Shim argued, constitute a reform segment or movement, which impacts the study of health disparities related to heart disease.

This paper utilizes situational analysis (Clarke 2005; Clarke, Friese, and Washburn 2015) to construct HAES as a "profession" and details its various segments. In this way, I extend the work of Bucher and Strauss (1961), answering their call to extend research on professions by asking who is concerned with the professional problem at hand and who or what is engaged in negotiating the "problem" the profession is attempting to act upon. The data mapped here is drawn from a combination of ethnographic notes on obesity conferences (both national and regional), HAES and fat acceptance conferences and meetings, and qualitative analysis of the HAES journal. The journal, which had eight issues running from 2005-2007, was a professional, peer-review journal that published articles and opinion editorials focused on critical obesity studies from a HAES perspective, including original research articles and literature reviews. These data combine to describe the collective social action of the idea of HAES, the HAES movement and its linked movements of public health and fat politics. Bucher and Strauss' (1961) reform movement framework is applied to describe various segments of the HAES movement. In the conclusions, I consider how the analysis extends the literature on social movements and power struggles with health-based institutions and activists. I place a historically excluded group (HAES) at the center of my analysis, "open[ing] up possibilities for a both/and conceptual stance, one in which all groups possess varying amounts of penalty and privilege in one historically created system (p 221)."

HAES History as Reform Movement in Public Health

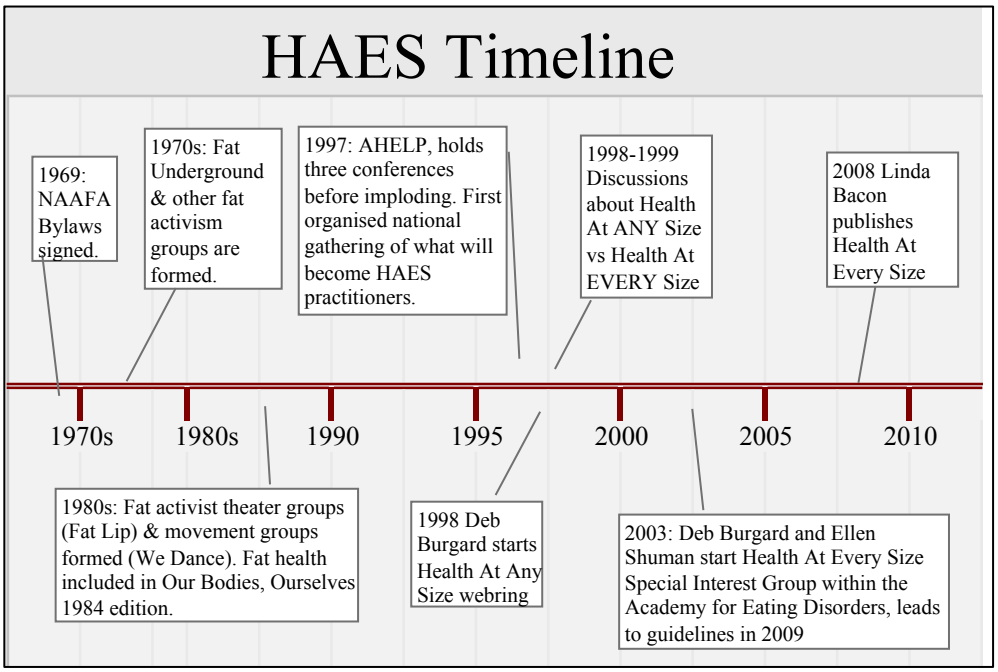
HAES has no one single clear origin story as a concept or social movement. Its history largely traces back to fat activists and/or health professionals (mainly white women) working on issues of body size from social justice perspectives. HAES does fit the four elements of social movements outlined by Diani (1992): (1) informal networks based on (2) shared beliefs and solidarity which (3) mobilize around conflictual issues and (4) deploy frequent and varying forms of protest (Scambler and Kelleher 2006:220). More specifically, HAES may be considered a health social movement – both as a 'health access movement,' seeking equitable access to care and improved provision of services and a 'constituency-based health movement,' addressing health inequality and inequity based on social characteristics and identities (Brown et al. 2004). Relatedly, fat acceptance movements fall into the type of health social movement that resist the (bio)medicalization of bodies, much like older women's health movements, rather than health social movements that advocate for more medical intervention, such as HIV/AIDS movements in the 1980s/90s that fought for increased access to treatment, medical care and research. The following section reviews HAES history as a potential health social movement, one specifically focused on the reform of public health.

ASDAH, the primary HAES organization, started in 2003, as a modified "2.0 form" of existing groups doing related work such as AHELP (Association Health Enrichment of Large People). AHLEP held six conferences and then dissolved due to a number of factors, including personality conflicts common to social movements as well as philosophical differences about the level of social justice work vs. the realities of health profession work. Deb Burgard phrased the tensions as the constant divide and teetering between people wanting to do deeper social justice work and people wanting a band-aid the public health "obesity epidemic." HAES groups and

online resources that still exist today, including the Think Tank and Show Me the Data, emerged at that time as well. After the dissolution of AHELP, a combination of healthcare providers and some activists then decided to start ASDAH. However, it was also turbulent from the onset, with mainly activist/professional splits.

Fat activist and author Charlotte Cooper organized collective efforts that resulted in a fat, queer activism timeline (2012). It was created during and after the 2010 NOLOSE conference, initially in a workshop titled "The Time of Our Lives: Fighting Fat Panic Through Fat History, Memory, and Culture." This timeline includes aspects of HAES that support both Berg's and Bruno's accounts of major HAES milestones discussed below in the history of HAES published. These milestones in Figure 1 are included with edited text from the original timeline included.

Figure 1: HAES History Timeline



Deb Burgard emerged as a well-documented leader in this social movement. In personal correspondence about HAES history, she noted that she learned about the core ideas of HAES (body acceptance, the move away from dieting) as a college student in the late 70s, and found

colleagues with whom to pursue the work in the 80s in the San Francisco Bay Area. She wrote that it was:

> Activists, therapists, nutritionists, fitness professionals, nurses, physicians, health educators, etc., who had either our own personal experiences of the medical biases against higher-weight people and/or our own experiences as clinicians that these interventions were not helpful in the 1-5 year long run. We came together to figure out what the evidence said about the practices and environments that support health across the spectrum of weight (Burgard 2015, personal communication).

Herb (2007) also supports this history and timeline, tracing ASDAH to Burgard's SMTD listerv and to Think Tank, which was started by Pat Lyons in the 1980s, though under several different names. Herb describes the Think Tank group as originally a group of "therapists, fat activists, dieticians, fitness instructors, authors, attorneys, and others who met together to talk about the lives of fat people" (2007: 175).

Burgard further noted that the name itself was settled upon in the early 90s, with Joanne Ikeda, a prominent nutrition scholar at UC Berkeley and long time Think Tank member, and Francie Berg, a nutrition scholar and editor for the *Healthy Weight Journal,* claiming credit for it (Burgard 2015). While Cooper's timeline plants HAES in fat activist contexts more firmly, Burgard's account is the more typical story of HAES generation: like-minded public health professionals seeking others who want to reform existing beliefs and interventions on and about the health implications of large body size. The HAES name was eventually trademarked in 2011 by the board members of ASDAH, as a provider of "educational services, namely, conducting seminars and workshops in the field of health and well-being for people of all sizes and distribution of printed materials in connection therewith in hard copy or electronic format on the

same topics" (Association for Size Diversity and Health 2011). The patent application lists 2003 as the first date of use of the HAES name "in commerce," using an ASDAH business card as the proof of concept or "specimen" for the patent application.

The trademarking of HAES by ASDAH has not been without critique from fat activists and scholars (Gingras and Cooper 2012). Gingras and Cooper argue that trademarking HAES creates insider/outsider statuses and that the trademarking "highlights one of the tensions that exists when aspects of social movements become professionalized" (2012: 4); not only does it promote a strict division between professionalism and activism, but it also presumes a transparency in how the professionals "speak" for the activists, a transparency the authors argue does not exist. Cooper (2016) notes that the trademarking of HAES also created strict boundaries between professionals and amateurs where professional bodies are able to wield power over amateur activists and act as gatekeepers of a movement that "grew from activists talking and organizing around their dismal experiences of health care" (2016: 176). I will return to Cooper's perspective on the relationship between fat activism and HAES in the following sections. In order to examine both the history of HAES as a social movement and its current segments, I utilize situational analysis to situate HAES within and in relation to existing social worlds of public health and fat politics.

Theory/Methods Package: Social Worlds/Arenas & Situational Analysis

This article draws from both a social world/arenas framework (Strauss 1993) and situational analysis (Clarke 2005). Strauss describes social worlds as entities of social action that share sites of activity, with fluid boundaries where properties and activities within the social worlds vary greatly, often resulting in disputes about social world boundaries. Disputes between

the worlds can be defined as segmenting or intersecting. Social worlds tend to be characterized by multiple discursive constructions that "are continually fragmenting and splintering into subworlds" (Unruh 1980:285) as ideological differences emerge and "patterns of commitment alter, reorganize, and realign" (Clarke 2005:48). Segmentation within a social world occurs when subworlds or groups in the social world create their own activities that separate members of a social world from each other. Segmentation can become very complex and interactions among segmented social worlds can also be varied and complex. Strauss noted it was important to explore how subworlds begin, maintain and interact with the social world at large.

Panning out, social *arenas* are where interactions between social worlds occur around specific issues, "where actions concerning these are being debated, fought out, negotiated, manipulated and even coerced within and among the social worlds" (Strauss 1993 P. 226). Participants in social arenas come from a large number of social worlds and involve questions of policy about directions of actions. Strauss's social worlds/arenas framework acts as the conceptual infrastructure to locate situations. Clarke and Star (2008) note that the social worlds framework "especially useful in studies of controversy and of disciplinary emergence" which we see in the earlier work of Bucher and Strauss (1961) detailed below.

The methodological extension of this work is the mapping social worlds/arenas found in situational analysis. Situational analysis is a theory/methods package that builds upon grounded theory (Corbin, Strauss, and Strauss 2008; Strauss and Corbin 1991) by grounding theory not only in the action of social processes, but also in the *situation* more broadly. Clarke (2003) opens up the *situation* itself for analysis in her work by fusing four different theoretical traditions: Thomas' & Thomas' (1928/1970) assertion that *situations defined as real are real in their consequences* and these situations are used to stratify nature (Mead 1927), the social action of

language and its situational questions, the importance of situated knowledges (Haraway 1991) and the sum of the situation is great than its parts. In situational analysis, *the conditions of the situation are in the situation* rather than the situation being considered only as "context" for the social process of inquiry (Clarke, and Star 2008:128, emphasis original).

Situational analyses offer three main analytic mapping approaches: situational maps that lay out the major actors and actants (human and nonhuman) in the situation; social worlds/arenas maps that show relationships between collective actors and positional maps that plot positions within the discourses and the broader situation (Clarke 2003). Social worlds/arenas maps are "cartographies of collective commitments, relations and sites of action" (86) that help illuminate power and how people organize in relation to larger structural organizations by "acting, producing and responding to discourses" (109). Clarke (2005) describes the relationship between discourses and mapping as follows:

> Discourses per se are not explicitly represented on social worlds/arenas maps. This is not because they are not present in worlds and arenas but because social worlds *are* universes of discourse (Strauss, 1978) in arenas constituted and maintained *through* discourses. Instead, the focus of social worlds/arenas maps is on *collective social action* (114, emphasis original).

It is the collective social action of HAES that this paper investigates using situational analysis methods. The data mapped using situational analysis is drawn from ethnographic data gathered as a participant-observer from 2011-2015 via national obesity conferences, national fat acceptance and HAES group meetings (in-person and online), and local Bay Area activism groups. Additionally, I performed an in-depth analysis of the *HAES Journal*, which published

eight issues running from 2005-2007, to situate the movement historically via published, academic materials.

Mapping HAES Today: Situational Map

This chart or neat situational map (see Table 1) represents the various actors and Actants that constitute the HAES situation. They include individual human actors such as HAES authors, researchers and practitioners engaged in the daily work of "doing" HAES, collective organizations, both on and off line around professional (ASDAH) or personal (NAAFA[1]) identities and, most often, a mixture of both.

*Table 1: 1(Organized***)**

Individual Human Elements/Actors	*Nonhuman Elements/Actants*
Linda Bacon, Deb Burgard, Lucy Amphaphor, Joanne Ikeda (other major authors), participants on listservs	Physical activity, nutritional needs Internet communities (Livejournal, Tumblr, Facebook) weight, eating disorders
Collective Human Elements/Actors	*Implicated/Silent Actors/Actants*
ASDAH (AHELP), APHA, Fat Activists, NAAFA, Fat Liberation Movement, NOLOSE, Queer/lesbian communities, Fat Studies, Size Acceptance, Public Health Practitioners	Fat individuals, people of color
Discursive Construction of Human Actants	*Discursive Construction of Nonhuman Actants*
Fatness stereotypes; stereotypes around public health professionals as role models, politics of blame, individualism	"Correlation not causation" as common refrain
Political/Economic Elements	*Sociocultural/Symbolic Elements*
Weight loss industry, academia, public health, health insurance policies based on weight	Race (Whiteness), class gender (largely female HAES practitioners)
Major Issues/Debates	*Related Discourses (Historical, Narrative or Visual)*
Obesity epidemic, fat vs. obese vs. size, health (ism); fat vs. fit, obesity paradox, BMI, internal HAES debates	Mass media portrayals of fatness; media coverage of HAES (dis)abilities discourses

[1] NAAFA is the National Association to Advance Fat Acceptance is a non-profit civil rights organization dedicated to protecting the rights and improving the quality of life for fat people founded in 1969.

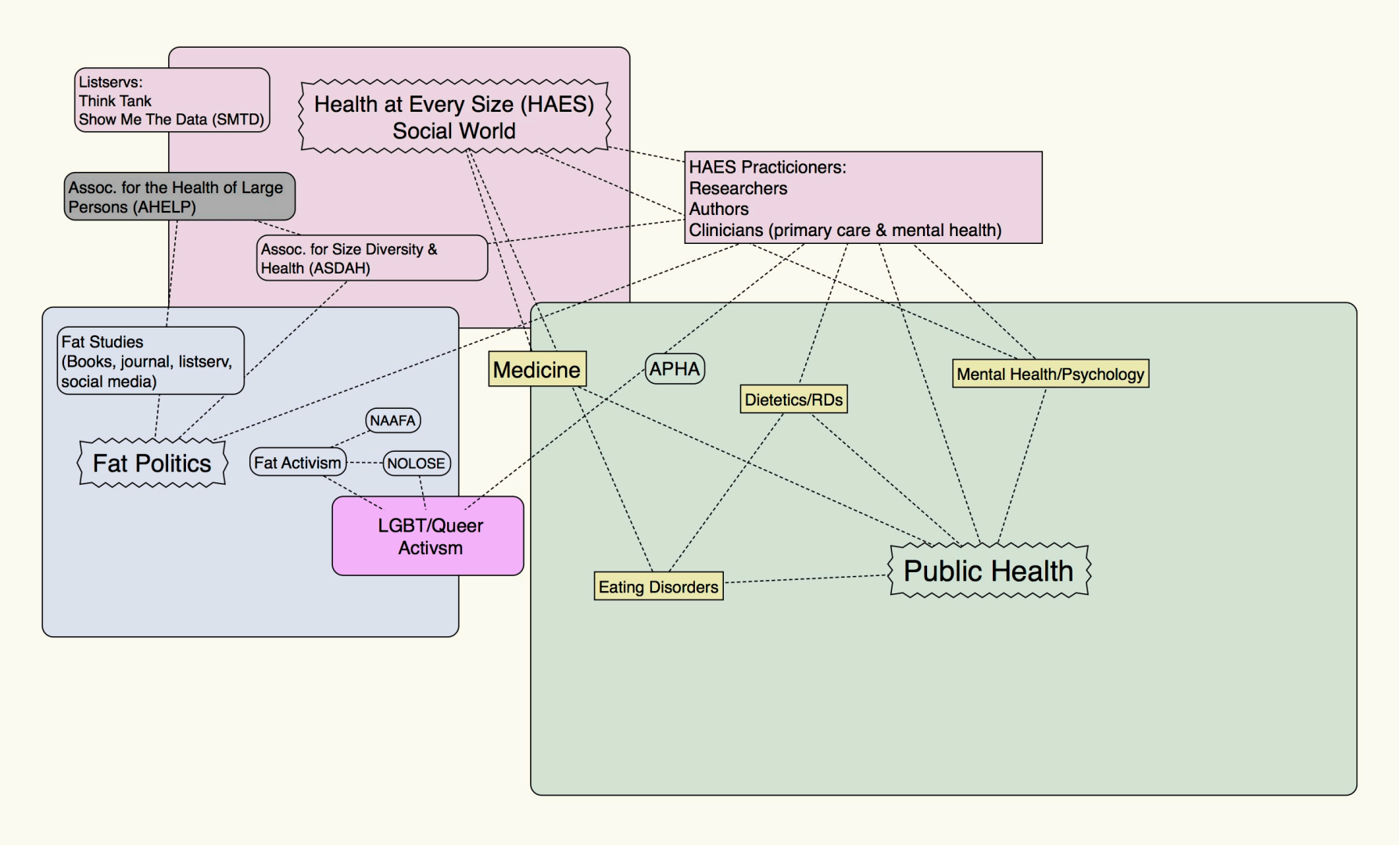
Temporal Elements	*Spatial Elements*
Fatness throughout history, impact of aging, history of fatness in medicine	Bay Area of California, Canada, Australia, UK

This table reflects a broader project to explore each element clearly, beyond the scope of this paper. This article introduces the main collective and individual elements that constitute HAES as it currently exists, and their relations to other entities engaged in the work of understanding, framing and acting on body size. I also want to initiate discussion regarding the silent, implicated actors in these worlds and levels of analysis (people of color, people with disabilities, LGBTQ people) who are pushing the boundaries of HAES, public health and fat politics both from within and outside. I argue that both the history of HAES itself and these new formations (or dissolutions) of HAES offer strong evidence that HAES is an example of a reform movement operating at least in part from within public health, and intersecting with larger social justice movements centered on health.

The Social World(s) of HAES

The following map (see Figure 2) details the segments of the HAES social world. Individuals and groups within each segment can and often overlap or be hidden from certain segments and actions are often taken across segments.

Figure 2: HAES Social World Map



HAES (Health at Every Size) does the work of making health a weight-neutral enterprise. HAES is committed to talking to and within public health venues to change how the relationship between health and body size is understood. Participants fulfill this goal through a variety of means, both in clinical practices (primarily as psychologists, dieticians, and other public health professionals) and in research (by doing HAES-based interventions or writing HAES "theory"). The presence of HAES is largely online. As it emerged over the last 15-20 years, professionals increasingly connected through the Internet as their main means of communication. There are also a number of books, articles, and curricula, however, much of the daily work of asking and providing advice on how to "do" HAES is done through listservs and social media groups such as Facebook.

Public health and health education practitioners commonly define HAES as a series of health behaviors to engage using a weight neutral approach to health. For them, HAES is about health enhancement (improving and equalizing access to services and personal practices that improve human well-being), respectful care, eating for well being (flexibility, hunger satiety, nutritional needs, pleasure), and life-enhancing movement (allow people of all sizes, abilities and interest to engage in enjoyable movement) (Dawn Clifford CSU Chico HAES webinar). This definition is derived mainly from Linda Bacon's (2008) book, *Health at Every Size: The Surprising Truth About Your Weight,* often considered the current canon for HAES practitioners. This book is often incorrectly cited as the "start" of the HAES movement, which conflicts with the history noted above, but is the most commonly cited book by current HAES practitioners. This is likely because the book is intended for a wide audience, written for both a professional audience (scholars, dieticians, therapists) and using accessible enough language for a lay

audience, like a self-help book. Bacon's book has wide appeal and a behavior-based approach to HAES that is easy to understand and put into practice.

HAES: Public Health Segment

HAES is firmly connected to public health, both in its membership and it's shared goal of health for individuals. Thus, HAES strongly overlaps with public health, specifically public health action on "obesity" or large body size. But public health as a whole takes on the work of striving for health for individuals, communities and society. Public health is a huge social world with thousands of factions. They are collectively committed to ideals of health based largely in medical and epidemiological knowledge. Public health is also organized by a huge number of sites from local health departments to any non-profit dealing with health, doctor's offices, universities, etc. Public health appreciates that HAES values health and prioritizes individuals seeking out proper nutrition and physical activity as well as utilizing HAES to address public health priorities like diabetes or other chronic illnesses. The level of analysis of HAES here is focused primarily on individual changes to health behaviors considered "lifestyle" changes. Both public health and HAES conduct intervention research, with HAES interventions often testing health outcome differences between HAES oriented health programs and traditional weight loss focused intervention programs for men and women.

Michelle Allison, who blogs as "The Fat Nutritionist" and practices as a registered dietician in Canada, describes the relationship between HAES and the current weight science in public health (and dietetics) in this way:

> *Health at Every Size is also not in complete disagreement with current weight science — or at least, not any more than weight science is in disagreement with itself much of the time. Health at Every Size acknowledges the data of weight science, but interprets its*

> *methods and context critically — sometimes agreeing, and sometimes disagreeing with its conclusions. It is a different, but compatible, thing.* (Allison 2013)

Public health and HAES share external critiques of their purpose, especially the charge of healthism from a number of authors e.g. Petersen and Lupton (2000) who note that the focus on individual-level "lifestyle" health as the primary mode of success and surveillance in modern, neo-liberal society reinforces existing inequalities like racism and classism. HAES practitioners do occasionally recognize the healthism critique, especially in more critical spaces e.g. HAES meetings within National Association to Advance Fat Acceptance conferences, noting the goal of clarifying what "health" means within HAES to promote wellness without "succumbing to healthism" (NAAFA HAES meeting 2012 field note).

However, the factions of public health most concerned with body size (overweight and obesity specifically), don't share this concern about "succumbing," but rather find the valorization of health to be their entire purpose. Conferences dedicated to obesity are, such as HAES conferences, filled mainly with White women and few women of color and white men, though HAES conferences and meetings tend to have more fat-identified women in attendance. At both a local obesity symposium at UCSF and at a national conference for obesity (Weight of the Nation) in 2012, I found myself hyperaware of my own large body size as speakers joked about "the most important thing" of the conference being lunch or how my "individual choices [that lead to my obvious] obesity" were visible on my body.

Importantly, the Weight of the Nation conference did have a session on reducing weight bias titled, "Weight Bias and Discrimination: Treat Thy Neighbor as Thy Self." Before I attended the session, I found promise in the inclusion of weight bias on the program as I thought it might hint toward a move in the direction of HAES and weight neutrality, or at least common ground in

the harms of weight bias. This was reinforced when Nan Feyler, a lawyer from Philly Dept. of Public Health, urged the audience to be thoughtful about internalized oppression and how both external and internal stigma which all hurt people's ability to be healthy; noting that the stigma about obesity is so "pervasive that it could pervade this conference just as it pervades" other areas. The speakers, including Rebecca Puhl (Puhl and Brownell 2006; Puhl and Heuer 2009; Puhl, Peterson, and Luedicke 2012) from the Rudd Center, nodded along but continued to frame the important of battling weight bias alongside the public health "battle to overcome and prevent obesity" with the reasoning that weight bias prevents individuals from taking action to lose weight and therefore it is bad.

Others have noted this overwhelming drive of public health researchers and others to regress to the mean of the obesity epidemic as a default reasoning for positive health change. This is starting to change, slowly, through HAES advocates organizing HAES panels at the American Public Health Association conference from 2010-2014 and ASDAH having their first ever convention appearance at APHA in 2013 (ASDAH 2012). ASDAH members who worked the booth, myself included, contributed to a blog post about their experiences, with Sonya Satinsky noting that she “can say with great confidence that I can see a slow paradigm shift towards weight neutrality happening before [my] eyes.” While I agree with Satinsky that shifts are slowly taking place, the overwhelming support for the fight against obesity rages on within most public health communities.

HAES: Fat Politics Segment

Fat studies and fat acceptance movements appreciate that HAES comes from a size and body acceptance framework and its advocacy around removing weight from definitions of health. They support the enjoyment of food and physical activity as pursuits without the goal of

weight loss as well as supporting a notion of holistic health and, primarily, body acceptance as key to happiness. Michelle Allison (2013), "The Fat Nutritionist," describes the relationship between HAES and fat politics here:

> *In truth, Health at Every Size does intersect with both fat politics and weight science, and yet it is neither of these things. It incorporates parts of both to form a bridge between them. Health at Every Size developed as something of a response, or corollary, to fat politics. The principles of HAES arise from a foundation of (personal, and maybe political) fat acceptance, while not actually being the fat acceptance movement. It is a different, but attached, thing.*

Fat politics and HAES have both addressed racism and denigration of people of color and people with disabilities in particular in campaigns for health or considerations about who can achieve health, though this has been more prominent among radical fat activists[2] and a source of internal critiques by HAES advocates. HAES authors such as Eric Oliver have written about the intersections of fatness, health and privilege, highlighting that the worry over fatness is less about health and more about social standing: "One reason that Americans so readily accept that obesity must be a major problem is because obesity is associated with those at the bottom end of American's social ladder," including women, racial/ethnic minorities and people at the intersections of both e.g. fat women of color (Oliver 2006:77). While this framing is not present in most day-to-day or practical HAES work, it does reflect the foundation of HAES as a social justice movement focused on body acceptance and health for all. Cooper (2016) considers HAES under what she calls a obesity and health "proxy" for fat activism rather than a type of fat

[2]Charlotte Cooper (2013) defines a fat activist as "a person who thinks about fat in ways that challenge, question and critique most mainstream thinking about fat. Fat activists seek social change and consider fatness a factor within already existing matrices of oppression and liberation."

activism itself. In her recent book on Fat Activism, her footnote explanation of HAES summarizes the movement as "a health paradigm that does not advocate remedial weight management" with "three clear tenets: self-acceptance, joyful movement, and intuitive eating" noting that while social justice is sometimes included, this cannot be assumed (55). Cooper distances HAES from fat activism because of its central focus on health, which leaves it pushing back against the obesity frame of fatness rather than centering fat activism alone. She also importantly highlights the way that the professionals within HAES reproduce hierarchies (race, class, gender) due to their elite status as highly educated professionals, making some of its knowledge e.g. published academic materials, closed off or unable to access without fees, a distancing from the free flow of information central to fat activism (2016: 176). One of Cooper's interview participants, Eve (herself a healthcare professional), succinctly describes crevices between HAES and fat activism:

> *HAES is a specific response to the specific vehicle of oppression of fat people around health. It is not a comprehensive fat activism analysis. It suffers from a kind of myopia, or a lot of the people who are sort of doing HAES are specifically responding to the stereotype of fat being unhealthy, and not really broadening out to a larger focus that's way beyond health in some of the analysis. And so I understand that the tensions exist there. They're focusing so much on health still, and we're doing that partly because we're healthcare professionals, a lot of us, who are really trying to mount some resistance to the use of healthcare as a way of oppressing fat people, and so of course this is what we're talking about since this is the purview…we end up talking a lot about health and that keeps us very centered in this sometimes uncritical acceptance of the*

importance of health as a means of according someone worth, which is the healthism problem. (Cooper quoting Eve pp 186-87).

What Eve, and Cooper, highlight here is the central focus on health from HAES will forever make it distinct from fat activism despite their shared history and many shared individuals who consider themselves both fat activists and HAES practitioners.

HAES: Internal Segments & Critiques

Because HAES was formed from a number of divergent groups and health philosophies (medicine, psychology, nutrition, fat activism), it follows that critiques from within the movement abound. This is especially true for the ways in which HAES addresses common social determinants of health such as race and class. This is most notable in critiques of the lack of leadership positions held by people of color with ASDAH, the primary face of HAES and its trademarking organization, or authors of the most widely circulated HAES writing being predominately white academics. HAES also gets boiled down to individually focused recommendations for health behaviors prescribed as "better" than dieting, but because whiteness has been centered in the creation and proliferation of HAES, it implicitly centers white individuals rather than acting on health concerns of either communities writ large or communities of color specifically.

ASDAH has been described as a "support group" for HAES professionals, with conferences designed for those professionals to be in community as well as helping HAES colleagues push back against the medical model rather than advancing or pushing HAES principles themselves (Beyond HAES field note, February 2015). This is also reflected in HAES intervention research, which, similar to most eating disorder and body image research, has been carried out on and with middle class white women to the exclusion of women and men? of color

or low-income women or men. One member of an emerging group critiquing HAES with regards to race noted that, "White people are drawn to HAES because it must help them access their (often only) missing privilege," that is – thinness. Gingra and Cooper (2011), in their critique of the ASDAH HAES trademark note that:

> "Trademarking HAES fails to interrogate broader misuses of power, particularly under capitalism, or build an intersectional movement that is able or ready to engage with a multiplicity of social justice issues. It is a move that, ironically, concedes powerlessness. It reveals that HAES is not yet a movement that can respond to mobilising different communities in multiple contexts, and using its power imaginatively and effectively to inspire and enlighten (4)."

These internal and external critiques specific to racism within ASDAH have sparked some action. The 2015 ASDAH conference in Boston (Difficult Conversations:
Building Relationships in the HAES® Community and Beyond" explicitly focused on starting anti-oppression, social justice-focused trainings, noting to members that the "difficult conversations" required at these workshops promise "rewards of intersectionality" and a move forward for the movement (ASDAH 2015). In the beginning of 2016, ASDAH organized a four-hour anti-oppression web-based workshop for members that included review of intersectionality and particular focus on anti-racist work and the work of white "allies" (field notes). The webinar did not have visual interactive components, only a text chat window, and most participants (including the webinar facilitator) were women; relatedly, discourses on the way men and masculinities have been left out of ASDAH activities did not occur.

Internal critiques of HAES have also been based on what its application in daily life or public health practice actually looks like in day-to-day interactions between individuals. The

utilization of the HAES name without adherence to its stated principles, such as treating HAES as a new diet program for weight loss, have sometimes lead to the co-opting of HAES language and privileging of health over weight by corporations shilling weight loss foods or products. Currently, ASDAH members have a long checklist they have to agree to use HAES in the "proper" way to be a member and truly represent the mission and values of HAES. But members have argued that this version of HAES is largely behaviorally focused, drawing mainly from Linda Bacon's book, to the exclusion of both its more radical fat activism roots and the daily realities of medical, nutrition or public health practices where the constant focus on the "obesity epidemic" and desire for weight loss is real and pressing for many patients and clients.

HAES as a Reform Movement in Public Health: Publishing as Strategies

While a few articles have explored the history of movements associated with large body size (Cooper 2012; Spinetta 2013), there's been nothing similar to that with HAES. The "official" and easiest to find history from the ASDAH page documents 40 years of social history of fatness, highlighting major publications, authors, activities and organizations that have played a role in getting to the HAES movement and organizations we have today (Bruno 2013a, 2013b, 2013c, 2013d, 2013e). Notable HAES leaders (generally White women and often queer White women) including Deb Burgard, Linda Bacon, Frances Berg, Joanne Ikeda and Linda Omichinski all sit at the intersection of fat politics and professional identities within public health factions like psychology and dietetics. So while the argument could be made that HAES sprung just as much from fat politics as public health, the following analysis of HAES publications shows how HAES views public health as the social world most in need of reform rather than trying to pull fat politics to its position of centering health as the primary goal and

mission. I will also show how HAES maintains the both/and perspective of wanting both size acceptance and health to be the focus of their work throughout its journal publication.

HAES Publishing

After mapping the segments of HAES, my second mode of analyzing how HAES practitioners engage in reform work both from within and toward public health was to review the evolution of HAES journal-based publishing. I focused on *The Healthy Weight Journal* and its next iteration, the *HAES Journal*. The *Healthy Weight Journal* (HWJ) began in April 1986 as an 11-month free pilot newsletter, expanding to over 21 issues to per year to reach an international audience of health professionals. In many ways, the journal kept a newsletter tone and format, each issue featured regular columns from HAES leaders and a mixture of scholarly research articles and essay-style first person accounts of HAES meetings or client interactions.

The *HWJ* situated itself alongside and in reaction to "the rise of an obesity research industry" including journals, obesity centers within universities, "industry supported" conferences and "obesity treatment" books (Berg 2009: para 4). Berg defined the scope of "healthy weight" as not just obesity but "related issues of problem eating, underweight, semi-starvation, the growing cult of thinness and eating disorders" (2009: para 7). The widening scope of the journal was soon reflected in name changes including to the *International Obesity Newsletter*, *Obesity & Health*, and "rather-briefly" to *Health at Every Size*, under co-editors Drs. Wayne C. Miller and Jon Robison with publisher Gurze Books. Although the *HWJ* sought to reduce size prejudice, the inclusion of obesity in many of its iterations obviously conflicts with the weight-neutral language used by HAES advocates today.

Berg (2004) listed the main editorial influences of the journal as a combination of scientists, therapists and (unnamed) "cutting-edge leaders" in the size activist community, who Berg describes as "sometimes angry, sometimes in near-despair" and "always articulate and enlightening" in ways that pushed the otherwise professional audience to "open their eyes" to the realities of fat stigma (para 11). Berg also cited health Canada's Vitality campaign of the 1990s as one whose message of "eat well, live actively and feel good about yourself" still resonates in HAES work today (Berg 2009: para 12). These acknowledgments led to the inclusion of a size acceptance page within the journal, which routinely documented negative experiences of weight stigma. Berg argued that the inclusion of the size activists pushed the journal leadership to understand the complexities of weight and eating issues, and the necessity of discussing obesity, eating disorders and "related problems" together. While the *HWJ* is no longer in print, Berg asserted that its legacy continues through the Healthy Weight website, books and new leadership networks in "Health at Any/ Every Size." Berg's explicit mention of size activists' role in the journal points to HAES ties with social justice movements from the beginning; an important activist arm that gently pushed the readers of the journal to situate their world beyond the strict health-based implications of HAES research.

Healthy Weight to HAES

The *HWJ* transformed into to the *HAES Journal* publishing eight issues from 2005-2006, combining articles and regular columns by various HAES leaders. Berg (2004) highlights that the journal name change, under editors Drs. Wayne C. Miller and Jon Robison, reflected "milestone" changes and broadening of audience and scope beyond obesity itself and into the "growing cult of thinness" as well as a shift from 16 years of her leadership of *HWJ* from 1986 to 2002 (para 8). The new publisher, Gürze Books, noted that the journal continued, under its

new name, to be dedicated to publishing information on "eating disorders and related topics, including size acceptance and body diversity" rooting it firmly within public health perspectives (Cohn and Moors 2005). Significant here, the journal carefully notes its commitment to "reporting controversial issues from a HAES perspective" and acknowledges its (fat) activist leanings by clearly declaring that the journal is "committed to exposing deception, reshaping detrimental social attitudes, and promoting good health for people of every size and shape" (Cohn & Moors 2005:1).

In Table 2, taken from the first issue of the *HAES Journal*, the editors were clear about the distinction between HAES and the "traditional weight loss paradigm" usually found in medicine and public health literatures (Robison 2006).

Table 2: Traditional Weight Loss vs. HAES (Robison 2006: 5)

Traditional Weight Loss Paradigm	**Health at Every Size**
Everyone needs to be thin for good health and happiness.	Thin is not intrinsically healthy and beautiful, nor is fat intrinsically unhealthy and unappealing.
People who are not thin are "overweight" because they have no willpower, eat too much, and don't move enough.	People naturally have different body shapes and sizes and different preferences for physical activity.
Everyone can be thin, happy, and healthy by dieting.	Dieting usually leads to weight gain, decreased self-esteem and increased risk for disordered eating. Health and happiness involve a dynamic interaction among mental, social, spiritual, and physical considerations.

However, this does not mean that HAES does not seek recognition and respect from public health agencies. In fact, Robison was explicit that HAES does not mean that all people are "currently at a weight that is healthiest for their circumstances," rather, despite its "radical" label, HAES' goals are consistent with those of respected public health institutions such as the 1992 NIH consensus conference that focused on health over weight. Robinson argues the goal of HAES is to support health professionals helping people (patients) live "healthier, more fulfilled lives" with the bodies they currently have, where the focus on "self- and size acceptance" is considered first (2006:7). By placing 'self- and size acceptance' first and primary to professionals' ability to help their patients be healthier, Robinson tethers the movement and the journal explicitly to activism and reform, highlighting the both/and perspective HAES practitioners engage with throughout the journal. While the *Journal* positioned itself in opposition to "traditional" weight loss goals often centered in public health, this acceptance-first language argues its main position is that of a movement that seems to push, or reform, public health in its philosophical approach to the relationship between body size and health. However, this is not a position without contest and many within HAES, as noted in the breakdown of HAES segments, would argue that both acceptance and health are equally important to the movement, hence both concepts are reflected in the movement's title.

Later issues of the HAES Journal reflected its goals to reach international health professional audiences, including an issue devoted to HAES around the world including articles from Canada (Gingras 2006), Iceland (Danielsdottir 2006), France (Saguy 2006), Australia (O'Hara 2006), Israel (Kalter 2006), and the UK (Young 2006). The differences in HAES applications across the world were also noted more recently in an activist meeting (titled Beyond

HAES[3]) that included those interested in pushing HAES toward an anti-oppression framework that integrates anti-racism, anti-homophobic, and anti-ableist activism alongside anti-fat phobia work rather than fight fat phobia as the centered oppression of the work, which is the assumed perspective of HAES organizations such as ASDAH. There, noted British HAES author Lucy Amphramor commented that she came across HAES later in her personal history, after feeling traditional dietetics perspectives on body size were "not right" with dietician practice; she innovatively called the HAES-like concept "health in every respect" (Ingraham, field notes, 2014). Amphramor also noted that HAES offers more as a social movement with ambitious aims then when it is translated into a "lifestyle program," as is most often the case in daily practices, and certainly in most *HAES Journal* articles.

Many authors published in the *HAES Journal* hold degrees in nutritional science or dietetics, likely reflecting the publisher and circle of editors recruiting authors and reviewing papers. However, many authors *also* incorporate size-based activism into their articles. For example, Gingras self-identifies as a member of the "size acceptance movement since 1997 when she coordinated the first of many scale smashings to celebrate International No Diet Day" (Gingras 2006:204). Gingras reflects the fluid boundary between (fat) activism and health professions has existed in HAES from its beginnings. This fluid boundary supports the idea of HAES as a reform movement from within public health because it reflects the ways that its members straddle both activism and health professions with a desire to push the health profession side with activist beliefs and actions.

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[3] This group has shifted over time to be less HAES-specifically oriented and more anti-oppression oriented, changing its name to reflect this shift from "Beyond HAES" to FQDUP (Fat, Queer, Disabled UP) to reflect a centering of fat, queer, disabled and people of color in direct action against body oppressions (Wilson 2015).

Sociologist Pattie Thomas (2006) considered HAES as a potential health policy alternative to counter the framing of obesity as social problem by public health. She states: "offering HAES as simply an alternative is problematic because this philosophy suffers from the same affliction that many counter-social movements suffer—someone else has set the agenda. One might argue instead that HAES is about health, not size" (2006: 9). She further asserted that if HAES continues to centralize the role of weight (or weight-neutrality), it will be relegated to opposition status, "forever in reactive mode" (2006: 10). Thomas argued that HAES is actually addressing the problem of fat stigma, not the missing problem of health, noting that stigma is also gaining a ground within public health as a major issue that negatively impacts health. Thomas's reframing of the HAES mission was simple: "Our fight, then, is not against the "War on Obesity" (though it is quite obvious that this focus is a result of the stigmatization of fatness). Rather our fight is *for* the inclusion of fatness as a natural variation of human bodies" (2006: 13, emphasis original). By noting that HAES as a "counter-social movement" is working against someone else's agenda in "reactive mode" rather than creating its own, Thomas highlights the power struggle within HAES and asks if the movement is seeking reform or pushing radicalism.

Thomas aligns HAES much more closely with the radicalism of the fat acceptance movement, mentioning it directly. However, other authors within the same issue of the *HAES Journal* focused more directly on the relationship between HAES and public health, favoring the reform movement approach. Linda Omichinski (2006) noted that the HAES movement remains fractured with no unified, cohesive core in her article on a HAES-influenced health program. Her suggestions for moving HAES into the (public health) mainstream include: letters to editor (presumably of other health journals and related publications), educating (fellow) health professionals, listening to [health professional] clients, and targeting eating disorder prevention

at college campuses (Omichinski 2006:120). While Thomas and Omichinski both clearly delineated problems within HAES, both are still oriented toward the potential of HAES to push public health boundaries and conceptualizations of the relationship between health and body size. Thomas argued for a clear and strong fat activism perspective to steer HAES practitioners into fighting stigma. And while Omichinski's suggestions followed a less fat activism vein, they tend to use more intellectual, academic intervention (letter writing, publishing materials, consciousness raising) rather than social movement direct action tactics (protests, disruption of production, etc.) for change at various levels of intervention, both professional and educational settings. Reformers like Omichinski would be perfectly happy "to be inside" public health and try to push at its boundaries slowly, educating public health professionals primarily through evidence-based arguments. More radical approaches, like those mentioned by Thomas, want to see an entirely new agenda with HAES, one that assumes public health is less reformable and more in need of an entire paradigm shift in how it views the relationship between body size and health.

The final volume of the HAES Journal included two personal essays describing the first ASDAH conference in Ohio in summer of 2007 (Miller and Robison 2007). The editors noted:

> This conference brought together all types of individuals in the HAES movement, who had been communicating informally for a long time. For some, it was a flashback of the AHELP meetings (Association for the Health Enrichment of Large People) that began in the early 1990s but after a few years disbanded. For others, it was their first encounter with leaders in the HAES movement. (162)

Miriam Berg, a member of the ASDAH steering committee & then president of the CSWD, drew her essay mainly from audience evaluations, introducing her conference summary with a laundry

list of health professionals and academic disciplines reflected among the conference attendees: nutrition, dietetics, physical and mental health care, counseling, sociology, exercise physiology, fitness training, public health, and lay advocacy (Berg 2007:165). The professional overlap with public health was further reflected in Berg's list of "big questions" from conference discussions: Is there a possible place for intentional weight loss within the HAES movement? What about the concern of "selling out" through corporate sponsorships or grant opportunities with major funding agencies? "How do topics such as size diversity and weight discrimination fit into a concentration on health?" (Berg 2007: 167). Berg clearly placed HAES as both a movement and a health-concentrated entity with her summary of lingering conference questions and discussions among attendees.

Ellyn Herb's (2007) review of the same conference read more like a diary, detailing her own excitement about the conference and taking the reader through her day rather then reciting evaluations by attendees. Describing a session titled "Controversies within the HAES movement: Where do we draw our boundaries?" Herb speaks of her own movement experiences and desire to find "like-minded" colleagues. She further asserted that presenters at this conference should adhere to HAES principles (Herb 2007: 179). In fact, ASDAH conferences continue to be held. The 2015 conference includes topics frequently addressed since the beginning of HAES: the problematic role of the traditional medical view of obesity and its clinical applications, fat phobia as an international issue, the superiority of HAES as a behavioral intervention approach, and the challenges posed by intersectionality within HAES (ASDAH 2015).

The *HAES Journal* strongly positioned itself in opposition to "traditional" weight loss goals often centered in public health throughout its publication history. While the movement is not presented as a united front, as we saw in Thomas and Omichinski's articles, they are still

oriented toward the potential of HAES to push public health boundaries and conceptualizations. This ability to push public health boundaries from within is due to the fluid boundary between fat activism and health professions, as many HAES practitioners inhabit both worlds. The HAES movement leaders, like Berg, reinforced this fluid boundary by nodding directly to fat activism in their work alongside public health intervention reviews in the same issue of the journal. HAES practitioners tend to follow two main paths: later reformers generally undergo traditional public health training (as a dietician, therapist or other professional) and become frustrated with the weight-focused perspective, seeking out alternatives and discovering HAES or other body acceptance activism stances while the purposive reformer, perhaps less common, are those who emerge from existing body-focused social movements like fat activism and pursue professional training to purposively infiltrate public health and push its views on weight and health from within its ranks to more radical fat activism views that reject negative public health framings of fatness. However, neither pathway is truly radical in its purest form, because they fail to completely reject the centering of health and its powerful position within society as a test for citizenship.

Conclusions

This article utilized situational analysis to examine the history and current applications of the Health at Every Size concept and movement as a reform movement within public health, supported by fat political/social movements. Situational mapping highlights the vast and diverse worlds of public health broadly conceived, and how fat politics intersects with HAES and the complicated networks of actors (silent and recognized) that compose its various social worlds. A social worlds map of HAES delineates some key relationships within and among HAES, public

health and fat politics as well as key stakeholders within each world who have undertaken the historical and current work of the HAES movement.

This data also solidifies the notion of HAES as a social movement, following the elements outlined by Diani (1992). HAES does rely on both formal and informal networks based on shared beliefs about body acceptance, health and well-being based on shared beliefs stemming from its fat activist roots. HAES practitioners and activists mobilize around conflicts within and between themselves and public health professionals outside of the HAES community, deploying forms of protest such as editorials, though this is perhaps the weakest area of social movement theory to HAES (Scambler and Kelleher 2006:220). Because HAES operates primarily as a reform movement within public health, HAES is best considered a health social movement, one that seeks equitable access to care, improved provision of services and a 'constituency-based health movement', that addresses health inequalities based on social characteristics and identities (Brown et al. 2004).

Drawing on personal and organizational accounts of HAES emerged and formed through pathways of existing fat political activism and health professional work allowed me to clearly extend Bucher's work (1961, 1962) on early reform movements within professions. Importantly for the analysis of HAES segments, Bucher and Strauss (1961: 332-333) noted that segments are "more or less continuously under change" in that various segments within a profession are at various stages of development that match to different tactics for action. Additionally, they note that professions involve "a number of social movements in various kinds of relationships" to other worlds (Bucher and Strauss 1961:333). This is key to HAES as it navigates relationships with both public health and fat politics in a "power struggle" for places within existing institutions. In this way, many HAES segments strategically deploy both/and perspectives (Hill-

Collins, 1991) to be able to access public health to push it toward change. However, the uneven deployment of this tactic across HAES segments supports Bucher and Strauss' (1961) assertion that segments of professions (or profession-based movements in the case of HAES) are impossible to study in isolation due to the interdependent nature of their relation to other segments. Future expansions of this analysis could extend the examination of segments *within* HAES itself as well as more pursue in-depth explorations of how segments within public health professions and/or fat politics "professions" or activism extend into the world of HAES.

Both the patenting of the HAES name in 2011 and the tensions within the *HAES Journal* are examples of important boundary-making within the HAES social world. Strauss (1993:212) notes that the boundaries around and between social worlds are fluid and can be ambiguous or in conflict with the claimed boundaries of other social worlds. While the trademarking of HAES is an explicit boundary-making move by ASDAH, continued discussion about the meanings of HAES within its various segments reflects how disputes within the social world arise from questions such as "Does this activity actually represent us?" Such questioning is how the group determines if whether someone or something is violating the "standards" of the social world. The ASDAH trademark currently sets the official legal standards, although the daily work of HAES tends to be more fluid, depending upon the intersecting institutions (e.g. public health, dietetics, etc.) in which individual practitioners find themselves engaged.

HAES practitioners who move more within public health worlds, perhaps those in licensed or professionalized settings such as dietetics, may also engage in strategic deployment of the two main features of HAES advocacy: the focus on health and the focus on (body) acceptance. The strategic focus on health allows these practitioners to use the power and educational (and generally class) privilege originating in their professional roles to connect with

other public health professionals. Centering health connects HAES to the more socially and institutionally powerful public health world, but body acceptance is also gaining in social acceptance and support. This could mean that, in the future, HAES practitioners who engage with both public health and body acceptance advocacy tools will be able to draw from two distinct sources of social power, the professional and medical power of public health and the popular support for body acceptance ideals e.g. increasingly visible clothing or other marketing campaigns that espouse body positivity.

While most segments of HAES more closely aligned with public health keep both health and acceptance at the core, they also sometimes discuss and argue for HAES perspectives within public health worlds using health as the central focus and uniting concept between the two groups. By delegating body acceptance to the background, HAES advocates are free to relate to public health through concrete data or behavioral recommendations, a "common language of health," without muddying the waters with explicit activist concerns. More common, however, is the "both/and perspective" that incorporates *both* health *and* acceptance as key and inseparable pieces of HAES that need to be presented in tandem to provide an authentic HAES perspective. This is reflected in actions such as the ASDAH member agreements, in which members pledge to follow all the HAES tenents in the work and as HAES representatives (especially for those listing themselves as HAES experts on the ASDAH website). This both/and insistence on HAES as a combination health and body acceptance package for health professionals is one way in which HAES intends to push the boundaries of public health.

While it is tempting to attempt to pin down HAES as a movement focused solely on the relationship between body size and health, segments within HAES that critique racism and ableism within HAES and beyond it show its promise as a multicausal movement. These splinter

segments, organizing through anti-oppression and social justice frameworks, push HAES into consideration as a multicausal movement. Such movements are described by Alondra Nelson (2011) in her work on the health activism of the Black Panthers. The health activism of the Panthers was seen as an extension of the push for civil liberties. Extending her analytic to HAES highlights how the HAES movement connects across social worlds of fat rights activism, public health, anti-racism/civil rights and disability rights. This follows HAES inception out of the second wave feminist movements lead primarily by lesbian health professionals that initially grounded the movement more squarely within social justice activism on control of women's bodies in particular.

While men have been involved with HAES since it's early days as well e.g., Paul Robison, it began and remains a movement largely helmed by women in the health professions with an eye toward helping women in particular move away from dieting and body shame, as seen in the primary targets for HAES interventions and leadership in HAES organizations. The gendered nature of this movement and its feminist origins has implicated who its main players are (white women), the type of power or privileges they have (race, class) or have access to (professional careers, higher education), and the strategies they use to position the movement (academic publications, professional conferences, etc.). While HAES can and should be considered an international movement and it continues to increase member diversity in terms of race, gender and education/professionalization levels within specific segments, it remains a largely white women's movement designed to help white women achieve better health without dieting and body shame.

This article offers the first sociological perspective to explore the HAES movement. It outlines a brief history of the HAES movement and its key players using a social worlds/arenas

analysis (Strauss 1978; Clarke 2005). Further studies of HAES history using interviews with key informants, such as HAES editors and authors listed here would greatly contribute to the discussion of HAES as a social movement within public health. Additionally, this research also extends Bucher's work (1961, 1962) on professional segments by using both situational analysis and social worlds/arenas analytical tools to situate and describe HAES, its segments and their relations with adjoining fields of public health and fat politics. Future studies could explore specific segments in greater depth. This is particularly important for recently emerging segments internally critical of HAES with regards to its lack of attention to intersectionality and issues of race, class and ableism in its work on health and body acceptance.

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III. Paper 2: Mend this Fractured Family": Sin, Redemption, and Familial Citizenship on NBC's The Biggest Loser

Introduction

The "obesity epidemic" has been a keen focus of public health literature and popular media since the late 20th century (Lupton 2013). The discourse surrounding obesity has been critically analyzed by social scientists throughout its meteoric rise as a one of the major health-related social problems of the 21st century (Boero 2007; LeBesco 2011; Saguy 2013). Popular media discourse on obesity has risen alongside the proliferation of reality television and makeover shows which promise to reinvent participants lives while normalizing surveillance "under a veneer of entertainment and meritocracy" (Szto and Gray 2015:322). Ouellette (2004) argues that reality television is directly related to the growth of neoliberal practices like meritocracy and individual responsibility for the self. The implied authenticity of these programs reinforce the exaggerated social norms in a particularly potent and covert way *(Peltier and Mizock 2012)*.

Reality television has taken on the obesity epidemic and the national obsession with weight loss in a number of popular television shows. Citing Oullete and Hay (2008), Zimdars (2015) notes that "the logics or rationalities of televised life interventions reinforcing messages of self-discipline, self-control, self-governance, self-help, and other emphases on the self extend beyond programming, circulating throughout the late capitalist context, influencing everything from discussions of social welfare to the obesity epidemic (27)." She continues to argue that reality weight-loss television programs use dramatic tensions common to reality television to problematize notions of self-discipline and surveillance while also reinforcing common discourses of obesity as a major, global health problem in need of intervention. One of the most

popular reality television shows directly addressing obesity is NBC's The Biggest Loser. In fact, TBL is one of the longest running weight-loss focused reality shows that have influenced a rash of weight-focused television shows such as*, Heavy (2009), Extreme Weight Loss (2011-), Australia's Big: Extreme Makeover (2011), the UK's Supersize vs. Superskinny (2008-),* and dozens of others including several international versions of the TBL in 32 countries *(*Zimdars 2015*).*

The Biggest Loser first aired in 2004 and is currently in its 17th season with several million weekly viewers (The Futon Critic Staff (TFC) 2015). Contestants compete to win a large sum of money (generally six figures) by losing the most weight through an intensive regimen of exercise and restrictive eating over a two to four month period that is shown in weekly television episodes. The experiences of contestants and coaches are aired in edited, 9 to 17-week seasons with some versions of the show including audience participation or live finale segments. Previous analyses of the television show The Biggest Loser (TBL) have detailed its negative presentation of the obese body (Bernstein and St. John 2006) and its potential consequences for viewers perceptions of fat bodies, mainly increasing negative perceptions of fat bodies and individual "blame" for fatness (Domoff et al. 2012; Holland, Warwick Blood, and Thomas 2015) or viewers' health behaviors (Hall 2013; Readdy and Ebbeck 2012; Sender and Sullivan 2008). Public health analyses quantified TBL results by calculating the weight loss amounts and food and exercise activities of contestants on the show, finding that the diet and exercise regimens featured are not sustainable or able to be continued at the same pace outside of the television show context (Hall 2013). Sociological analyses of TBL have focused on its role as a cultural technology of governmentality (the way in which a state controls its citizens), building upon

Foucault's and Rose's work the role of media in self-surveillance (Ouellette and Hay 2008; Silk, Francombe, and Bachelor 2011).

This paper draws on a content and textual analysis of 16 episodes of The Biggest Loser to understand the motivations contestants offer for going on the show and how success is defined at the end of the season. In this work, I draw upon critiques of the conflation of fitness/health (Dworkin & Wachs 2009) and weight loss/health (Malson 2008) and a Foucauldian understanding of body surveillance (Bartky 1990, 2003; Bordo 2004). I show how a confessional process is operating in this weight loss reality television through sin and redemption narratives that reinforce fat as a moral and family failure while omitting narratives of race, class or gender stratification that impact health.

Background

Foucault & Bodily Surveillance

Foucault addresses the construction of bodies in a number of ways but most importantly recognizes the body as a social entity, produced through discourses around health beliefs and practices. This often occurs within the medical model, which sees the body as an object of regimen and control (Foucault 1979). Likewise, medicalizing discourses tend to be produced by experts or those considered to have expert knowledge. "For Foucault, life itself is being occupied by medicine; the result is a new stage in the political history of society, namely the 'anatomo-politics of the human body' and a 'bio-politics of the population (Turner 1987:13)." Bodies are now controlled by both time and movements through ceaseless surveillance and the creation of modern understandings of the self.

Foucault sees power as diffuse, with many sources rather than the traditional, Weberian notion of power as a top-down, often state-related phenomenon. This traditional view of power

sees a ruling power, such as a king or government, which controls the people below it mainly through threat of force as sovereign power (Foucault 1979). Power, for Foucault, comes from *within* not *above* (Foucault 1980). This "disciplinary power" and discourse provide a foundation to Foucault's main concepts: governmentality, subjectivity, and technologies of the self.

Governmentality incorporates two types of governance of individuals -- internal governance via technologies of the self and external governance from more recognizable forms such as policing or surveillance carried out by institutions. Governmentality is one aspect of neo-liberal modernity where individual choice is key to individuals playing active roles in their own self-governance through various techniques such as self-surveillance (Foucault 1979:17). Foucault's focus on bodies stemmed from a particular interest in the technologies of the self or the ways in which individuals care or engage in certain practices to increase their happiness or wisdom or health. These techniques are processes of subjectification – or creation or production of the subject. Foucault focuses mostly clearly on the modern subject – one that is self-controlled and specifically focused on the primacy of health and rational action and thus is "autonomous, direct[ed] at self-improvement, self-regulated" and focused on health (Lupton 1995:11). The power held by medicine through the clinical gaze also reorganizes discourses on the body and space. The clinical gaze shifts the ways in which disease is considered a part of the physical form as well as the structure of medical space in the clinic as segmented and isolated – a reflection of the individual focus of disease as requiring a specific space for control.

Extending bodily surveillance to manage health goes far beyond the clinic itself and into daily health practices including fitness and nutrition (Fusco 2006). Several scholars have argued that fitness and weight loss, specifically, have become inexplicably and paradoxically linked to ideas about health (Petersen and Lupton 1996; Saguy and Gruys 2010), even when we know that

fitness and weight loss are not always "healthy" – e.g., in the case of eating disorders or excessive exercise (Burns 2004; Germov and Williams 1996). This intimate connection between fitness, weight loss and health is also linked to morality and the high productivity levels expected to achieve and maintain good citizenship. But how do we learn the right way to become a healthy citizen?

Following Foucault's notions of biopower and biopolitics, disciplinary power shapes practices that teach individuals how to eat, move and live; these processes and their outcomes are called biopedagogies (Gard and Wright 2005; Wright and Harwood 2009). Wright and Hardwood argue that the obesity epidemic in particular has generated biopedagogies to manage bodies out of obesity and away from the risks associated with it.

The moralizing discursive strategies of biopedagogies reinforce self-surveillance, drawing on neoliberal individualism "that understands individuals as at once capable of and responsible for changing their lifestyles through a variety of disciplinary techniques" (Rail and Lafrance 2009:76). Meleo-Erwin (2011) argues that we are "incited to speak" of fatness in our current biopolitical climate, compelled to reduce our risk of obesity through self-surveillance practices. I argue that the confessional is a particularly common biopedagogy associated with obesity and weight loss. An analysis of the confessional process (sin & redemption) reveals how participants on the show are framed to remove themselves from the moral risks of obesity through disciplinary practices. Simultaneously, I reveal how the confessional process operates to produce the right kind of gendered familial citizen through intensive fitness practices and weight loss.

The Confessional

Confession, in the Foucauldian sense, is a form of technology, a way for the body to be disciplined through surveillance. Foucault's modern confessional seeks to provide subjects with relief like the Christian confessional; it offers us a way to understand how bodies are disciplined into specific forms by not only external powers of the audience, but also internal policing and discipline (Rail and Lafrance 2009). Discipline subtly moves the locus of knowing from an individual's knowledge of themselves to outside forces (be it society, the church or currently science and medicine) that help one to define and understand oneself. The modern public spectacle is distinct from the private confessional of the church. The modern spectacle and confession require an audience to receive them, hear the sins confessed, and join in judgment moving forward from the confession. Because of this shift to the public spectacle, contemporary societies have become familiar with the narratives and sequence of events required for a good and proper confession. The confessional allows individuals to construct a narrative truth though the act of confession (Wachs and Dworkin 1997) and the experience of bringing inner truths to the surface is considered liberating.

Wachs and Dworkin (1997) discuss how the media operate as one such surveillance mechanism in the policing of bodies into categories of deviant or 'normal,' importantly noting that deviance/normalcy isn't a strict dichotomy, but that "multiple axes of power contain with them hierarchized dualities that can be surveyed and policed" (329). They examine the case of HIV positive celebrity figures and the act of confession [of sins] as a form of bodily surveillance. For Wachs and Dworkin, the confessional is not an elicitation of 'truth' per se, but rather a space for an individual to construct a "discursive or narrative truth through the act of confession" (329). Following, Messner and Solomon (1993), Wachs and Dworkin lay out the five stages of

confession: announcement of sins, definition as a hero for confessing, debunking of the hero status, judgment, and finally ending with redemption. Redemption is not just forgiveness, but a return to former (likely more privileged) status. Importantly, they also highlight the power differentials in who has the "right" to confess in the first place; only those with acceptable deviance or prohibitions are allowed into the confessional process to earn redemption; their example of that Greg Louganis cannot access the heroic body because his deviance (being gay) is not considered acceptance, compared to Magic Johnson's deviance of "promiscuous" heterosexual sex. I extend their framework in my analysis of TBL to show and apply it to reality television focused on the deviance of obese bodies; sinful bodies that require confession before they can access redemption through weight loss.

Fatness as Embodied Sin Requiring Confession

Sin and redemption narratives weave throughout modern studies of embodiment, especially with regards to fatness or "obesity" in the United States. There is a long history of fatness and sin being connected through gluttony and sloth – two of the more deadly sins, if public health and state reactions to the 'obesity epidemic' are to be believed. Although primarily considered an individually sinful phenomenon, sociologists have linked fatness to modern social sins; commodified/marketed and harried environments, pressured parenting, car-reliant cultures, and overreliance on technology (Dixon and Broom 2007). However, examining the "social determinants of health" in relations to fatness is relatively new; most public health and medical experts tend to rely on individual-level causality. While it might seem extreme to some to include language on gluttony and sloth in relation to the medicalized phenomenon of fatness, this has not exempted state reports from suggesting sloth and gluttony are responsible for the obesity

epidemic and the 'religion of exercise' as but one solution (Hoverd 2005:392; Hoverd and Sibley 2007).

These conceptions of health deploy moral discourses derived from Christianity and point toward the transformative effects of exercise and dieting. Hoverd argues that our terms for excess fat are "a short semantic step from more morally loaded words that evaluate the body and health behaviors using terms such as immoral and sinful" (2005:391). The proliferation of moral discourses based on Christian ideas has lead to a number of works on Christian dieting movements (Gerber 2009; Griffith 2004) and the ways in which this intersects with existing power relations to police and control bodies, especially women's bodies (Owen 2007; Wolf 1992) regardless of actual religious belief (Lelwica 2002).

Hoverd (2005) argues that the overlap between fatness and sinfulness occurs because overweight and obese bodies are often perceived to be immoral and a product of an irrational fault in the will of the individual. Specifically, an overweight or obese person is seen to physically manifest corruption through a lack of personal discipline characterized by the deadly sins of unregulated appetite (*gluttony*) and laziness (*sloth*).

> *The fat person was essentially regarded as being in a self-induced and sinful condition. If a sinner knew what was good and did not do it, they had no one to blame except for themselves. The flaw that is the hardness of heart of the Christian sinner finds a parallel in the hardening of the arteries of the fat person.* (Hoverd 2005:392)

Because fatness is a visible sin on the body, judgment of fat people builds upon the "belief that the appearance of the body provides access to inner truths about an individual that the association between fatness and deficiency of character is grounded." (Jutel 2005:117). Thus, linking health and appearance results in the existence of an aesthetic of health; a particular look

reflects well-being, a well-being that in turn is evidence of devotion to self-improvement practices" (ibid 120). Levy-Navarro (2012) examines the cultural logic of dieting discourse, arguing that the confessional is central to weight loss. Dieters, she writes, have found a "new self" through weight loss:

> *[This "new me"] is crystallized in the "before" and "after" photograph that accompanies such confessions, the fat person is made into the "before" to the glorious "after" of the (precariously) thin person. In this, the fat person is imagined to be all that we do not want to be: lazy, gluttonous, unsexy, and unhappy. (p 340)*

It is this dieting/weight loss confessional, the confession of fatness as sin, that I will explore using TBL contestant narratives. I ask how narratives produced in TBL challenge or reproduce notions of morality, citizenship, and health within the confessional process. I also ask what redemptive possibilities exist for contestants on the show. While previous studies have examined TBL's role as a cultural technology of governmentality (Ouellette and Hay 2008; Silk, Francombe, and Bachelor 2011), my work examines TBL longitudinally across the first fifteen seasons with an explicit focus on contestant narratives around fatness and health. While a number of studies have examined the impact of TBL on audience attitudes toward fat people or health behaviors, there is a lack of focus on contestant narratives in particular as the site of analyses as well as a lack of longitudinal analysis – studies tend to focus on case studies of a single episode or single season as an exemplar. Using contestant narratives across 14 seasons of TBL, I argue that the confessional process of TBL reproduces a particularly common biopedagogy associated with obesity – that weight loss will redeem you. In particular, the biopedagogy of TBL reinforces to the viewing audience that the right kind of familial citizenship is attained through intensive fitness practices and weight loss. I show not only how the

confessional process of sin and redemption operates through responsibility for the self but is oriented toward responsibility for others through the care of the self.

Methods

In order to examine TBL contestant narratives across multiple seasons, I examined first and last episodes of odd numbered seasons (n=16 total episodes), starting with season 1 through season 15. Season 14 was also included in the same purposively, since it was the first season featuring a openly gay contestant (the focus of a separate paper). Episodes were transcribed from available video sources (Hulu.com) into word processing documents and imported into Dedoose (version 6.2.7).

The first and last episodes of each season were chosen because the rationales for being on the show and the weight loss success stories show the full arc of the confessional process from the confession of bodily sin (fatness) to redemption (removal of fatness). This tactic also provided a rich data source about participants themselves because each person who participates in the show must send in a story about themselves on film to the producers of the show. The first episode of the each season features a more extensive background on participants, including reasons as to why they wanted to be on the show and why they want to lose weight or "motivations for weight loss" – a central code for this paper. These motivations provide insight into the social processes that influence participation on TBL as well as the narratives that evidence these processes. Final episodes were included in the analysis because they provide an overview of each participant's "journey" throughout the season, as well as sociological interesting commentary on participants "new" bodies and lives that result from weight loss.

Episodes were watched and transcribed by hand. Coding of transcribed episodes focused on what was said during episodes (contestants talking about their motivations for weight loss,

descriptions of their workouts, or trainers talking about contestants) vs. visuals on screen (contestants body language like crying, contestants clothing during weigh-ins, piles of food on tables) in order to hone in on participant narratives; other work has focused on the typical activities in TBL episodes as part of the overall show structure (Jones 2009; Readdy and Ebbeck 2012), and audience impact (reinforcement or worsening of weight stigma, beliefs about appropriate diet and exercise levels or body image ratings) (Berry et al. 2013; Domoff et al. 2012; Szto and Gray 2015; Thomas, Hyde, and Komesaroff 2007). A code book was developed by a four person research team through a process where 3 episodes were watched to form an initial code book and an open coding process was used (Berg and Lune 2012). Another 2 episodes were used to finalize the codebook and the research team provided definitions of all codes in order to ensure consistency and accuracy. Once the codebook was set, two researchers independently applied the codes to the remaining shows. Discrepancies or inconsistencies in codes were discussed with a senior researcher and minor modifications were made to the codebook when needed. Contestant demographic data was taken from the transcripts, when possible, and otherwise taken from either Wikipedia entries or popular media press about contestants (see Limitations for further details).

In the results that follow, I first analyze the rationale that contestants who were featured on the BL had for being in the show. This conceptually reveals the start of the confessional process and the construction of sin. Next, I examine how familial citizenship is framed as the primary motivation for participation on the show as the most particular sin in need of redemption. Finally, I examine the definitions of success used in the show finales and highlight how familial citizenship and life and death subjectivity are constructed through participant narratives. In the conclusions, I discuss the biopedagogies found in the sin and redemption

narratives of TBL expand our understanding of embodied biopolitics as well as what is missing from the reality television media frame as it constructs understandings of fitness, health and citizenship.

Findings

Contestants are introduced to the TBL audience in the first episode of each season through the tape that they sent in to the producers which details why they should be selected for the show. This film and these contestant introductions comprised half of my data set in the first episodes of each season and contained concentrated narratives about participation on the show in short, 3-5 minute clips. In the clips each contestant discusses their family background, their current body size and/or health status, and why they want to be on TBL – weight loss, usually large amounts of weight (50, 100 or 200 plus pounds). Weight loss is the primary aim for contestants, but it is how they frame the motivations for this weight loss that reveal the confessional process at work in their interviews.

Contestants are taken out of their normal environments and away from their families, work responsibilities, and other daily life responsibilities to compete together on The Ranch, a lavish living and exercise facility, usually in remote locations across the US. Contestants range in age from early 20s to mid 60s across the nine seasons analyzed with average age of contestants for each season show below (see Table 1). Contestants tend to drop dramatic amounts of weight during their first week on The Ranch, anywhere from 11 to over 20 pounds. This dramatic weight loss often continues each "week" of the program with contestants losing from 1 to 15 pounds a week consistently through the season. This weight loss is a result of intensive exercise regimens with contestants working out several hours a day, supervised by celebrity trainers such as Jillian Michael and Bob Harper, and strict dietary control, also supervisor by the trainers and

behind the scenes nutritionists. NBC emphasizes that contestants are supervised by medical experts,[4] though this is rarely shown during the weekly episodes.

Table 1: Contestant Information[5]

	Season Theme	Number of Ep.	Number of Contestants in Season	Gender	Average Age (years)	Avg Wt Loss (lbs)	Wt Loss Range (lbs)
Season 1	None	10	12	Male 6 Female 6	29	64	22-122
Season 3	None	12	16	Male 10 Female 6	31	113	51-214
Season 5	Couples	16	20	Male 9 Female 11	35	99	54-164
Season 7	Couples 2	19	22	Male 10 Female 12	34	124	43-207
Season 9	Couples 3	19	22	Male 9 Female 13	36	129	52-264
Season 11	Couples 4	21	24	Male 12 Female 12	38	118	54-181
Season 13	No Excuses	18	20	Male 9 Female 11	37	104	56-199
Season 14	Challenge America	12	15	Male 7 Female 8	32	112	64-181
Season 15	Second Chances 2	15	15	Male 8 Female 7	33	129	81-222

Motivations for Appearing on The Biggest Loser

Family responsibility is the most popular reason contestants mention when narrating why they want to be on the show and lose weight (146 coding applications). These familial responsibility discussions appear in three gendered forms discussed in depth below: thinness as a reflection of good parenting, weight loss as a prevention of early death, and personal responsibility for their children's body size. This is by far the modal code featured on the show

[4] NBC.com's Biggest Loser website features bios of the medical experts under "Cast Members". http://www.nbc.com/the-biggest-loser/about

[5] This information is taken from the extensively detailed Wikipedia entries for The Biggest Loser: USA. While Wikipedia is not peer-reviewed, it does provide the most extensive compiled information on TBL across all seasons. https://en.wikipedia.org/wiki/The_Biggest_Loser_%28U.S._TV_series%29

in terms of contestants' reasons for weight loss (146 applications). Other codes were more focused on individual or dyad codes including a desire for attractiveness or romantic/sexual motivations (especially for contestants already in romantic relationships). Contestants report wanting to "get back to once was," mainly get back to a thinner (younger) version of themselves when they were happier, in their relationships or in their life overall.

Health or health problems are rarely explicitly discussed as a motivation for participation on the show or weight loss. Contestants have mentioned specific medical concerns, such as "out of control" diabetes or worsening blood pressure, but this is rarely framed as the emotional reasons for participation on the show. While the family responsibility piece is closely tied to the idea of health, contestants rarely mention specific health problems as a reason for weight loss. Most connections between weight and health problems is seen when a few seasons of contestants have met with doctors during the first episode for health assessments. These assessments include a full physical (blood tests, etc.) and, in many seasons, a dunk test to determine body fat percentage. The doctors bring in current or possible (inevitable) health issues if the participants don't lose weight, but this is rarely the main motivation for contestants.

While improved health seemed to be underlying assumed result of massive amounts of weight loss, explicit mentions of health improvements desired e.g., "I'd like to reduce my blood sugar levels or lower my blood pressure" were rarely discussed by participants.[6] Bernie, a 27-year-old contestant from Season 5, describes how TBL is different from other reality television shows because it is providing a lifeline to its contestants, rather than just a way to win money:

[6] Interestingly, the health problems of contestants from later seasons are mentioned on their bio pages on NBC.com. For example, lists Season 15 contestant Jennifer struggling with high blood pressure (http://www.nbc.com/the-biggest-loser/contestants/season-15/jennifer-messer) while her fellow Season 15 contestant, David, is described as suffering from "sleep apnea, high blood pressure, hypertension, high cholesterol and type 2 diabetes" (http://www.nbc.com/the-biggest-loser/contestants/season-15/david-brown). Neither contestant mentions these issues in their first episode narratives of why they joined the show.

> *You know, [the prize money is] definitely something that would be on the back of anybody's head, but it's not the reason anyone would go on The Biggest Loser. It's to change their lives, to get healthy for their loved ones, to really make a difference not just for themselves, but for everybody that is associated with them. I think that we've all won and we've all done that.*

Bernie's quote sets that stage for the following sections focused on parental responsibility for health and how the sins of fatness are implicated in the inability to properly parent. This quote shows how weight loss is framed not as a personal goal, but as a way to access health *for* others, for "everyone associated with them" in their lives.

In the following sections, I explore how family responsibility is the central theme in contestant narratives of participation in TBL. First, I explore how the confessional process begins for contestants in the first episode of each season as they explain their reasons for participating in the show and the ways that fatness is constructed as bad parenting. Additionally, I describe unique confessional subthemes for women/mothers and men/fathers. Then, I shift focus to the redemption process exhibited in the finale episodes of each session, returning to parenting ability where thinness is framed as good parenting and thinner women and men are framed as role models for their families, albeit differently by gender, as will be shown.. Finally, I showcase three important confession and redemption pairings from the same contestants to reinforce the findings that are focused on constructed narratives of sin and redemption across nine seasons of TBL.

Family Responsibility Confessionals: Fatness as Bad Parenting

As was noted above, family responsibility was the most common narrative featured as to why individuals desired to be on the show and lose weight (n=157 code applications across all 9

seasons). Many contestants "character arcs" are built upon this motivation, repeated again in the finale episodes through a 1st episode flashback. Contestants discuss their failings as parents that originate from their fatness in distinctly gendered ways. Female contestants spoke about passing on obesity to their children and failing as role models, often coded as "mom guilt" for failing to control both their own weight and the weight of their children. Male contestants framed their parenting failures primarily in terms of preventing early death through weight loss in order to live longer for their kids.

The sins discussed in the following sections are the sins of neglectful parenthood, of passing on the legacy of fatness to (innocent) children and of early death. This legacy of fatness originates in particular confessions of women who describe themselves as guilty mothers, building on previous work on maternal responsibility for family health and childhood obesity in particular (Boero 2009; Herndon 2010). The specter of early death originates primarily from fathers on TBL, foregrounding discussions about life and death subjectivity. Throughout, we see that contestants orient their confessions as ways in which they have betrayed others with their fatness; through neglectful parenting, through passing on fatness to their children, and through prevention of premature death.

Contestants who talked about family responsibilities as a motivation for weight loss felt they were unable to fully parent their children at higher weights, thus neglecting their children by being fat. This was described as setting a bad example by being fat, inability engaging in family activities due to mobility limitations, or marring their children with bad memories of fat parents. Episode premieres offer the chance for contestants to confess the ways in which their fatness has harmed their families and how the show offers them a chance to change, to turn their back on

their sinful ways. Jennifer, (Season 3, age 42, married mother of 2) opines in current inability to "be the mom [her] children deserve" at her current weight.

Not only was fatness constructed on the show as the rationale for why contestants need to be on the show and lose weight, but their moral familial citizenship was constructed as made possible from their attendance on the show. In several cases, fatness was constructed as preventing parents from even participating in families at all---they were framed as having little chance to even be parents. The sin of fatness as constructed on the show was framed as preventing these contestants from "fruitful and multiply"(ing) by producing children. For example, Craig (Season 15, married father of 2)[7] tells the story of a doctor recommending weight loss surgery to address low testosterone levels. Craig directly connects his weight to his low testosterone levels and fertility issues that meant Craig and his wife had to do in vitro to get pregnant with his second child.

Both men and women were featured in the show as narrating the ways in which fatness prevented them from being good parents. However, the next sections detail the gendered nature of the parental confessional. Women and men were in fact framed differently in the show in terms of how their sins were framed and how each took on self-blame for their failures as fat parents. In particular, women's sins were framed more as failed role models for their children while men were framed more so in terms of how their sin was a signifier of family abandonment via early death.

Fatness as a Family Legacy & Mom Guilt

Female contestants talked about fatness as a family legacy, passing on obesity from older generations and onto the younger generations; TBL framed their redemption as fitness and

[7] http://www.nbc.com/the-biggest-loser/contestants/season-15/craig-arrington

weight loss providing power/conquering the powerlessness they previously experienced given their "fat" genes. Fatness narratives were featured on the show as if it was sinful to have a generational transfer of fatness from the participant on the show to their children, even if this was viewed as having a genetic cause. This was even framed on the show as having parallels to transferring a cycle of violence or addiction from one generation to the next; as something that needs to be stopped. Mothers on TBL felt they were the ones who needed to stop the (fat) violence through their own weight loss. The sinfulness of allowing the "cycle of fatness" to framed as a situation that is too much for these mothers to bear. For example, Season 3 contestant Jen, a mother age 32, describes wanting to lose weight while her children are young so they don't remember her being fat as well as wanting to "end this cycle of obesity in my family", likening obesity to a cycle of abuse in families. Extreme descriptions of obesity also include several female contestants describing their weight as an addiction that needs treatment. Here we see Season 15 contestant Jennifer (42 year old married mother of two)[8] crying as she describes the legacy of fatness in her family, saying "*I have a 9-year-old daughter, and she's like 70 pounds overweight (crying). She's got an addiction, just like I do, but at 9 years old, and I need help [to stop it]."* Aubrey, a 28-year-old mother of five from Season 14,[9] echoes the family legacy component as she describes fatness across three generations:

> *I can't keep gaining weight. I can't keep going on the trail that I'm going. My dad weighs over 500 pounds, and my son, and my daughter—they are in the beginning stages of being obese. I feel extremely guilty….extremely guilty. I'm over being this way. That looks like 120 pounds of body weight and 129 pounds of motivation.*

[8] http://www.nbc.com/the-biggest-loser/contestants/season-15/jennifer-messer

[9] http://www.people.com/people/article/0,,20422605,00.html

Crying was commonly shown in TBL and also showed appeared multiple times in the narratives of mothers who were featured for their family motivations for weight loss. They mention the guilt of passing on fatness to their children directly and hope to be absolved of this guilt through weight loss by appearing on the show. One mother of 3 from Season 15, Tanya,[10] introduces her daughter as her main motivation for participating in the show. In this introduction, Tayna connected her food addiction and resulting 125 pound pregnancy weight gain not only to her current fatness, but also her daughter being "overweight" at birth, which Tanya sees as the start of a lifetime of obesity-related health problems:

> *Tanya: Zya was born overweight, 11 pounds, 6 ounces. She is going to deal with the risk of childhood diabetes and obesity. And that's not fair. She didn't do this. I did this to her. She didn't choose this for herself. I'm here to save myself and to save my daughter.*

Mallory, a Season 5 contestant who competed with her husband, summarizes her role as a mother to intervene in these family legacies of fatness by setting a better example.

Mallory: We have three wonderful girls. Definitely I've set a bad example, I think. I'm the mom, and I'll say to them, don't follow what mom's doing. You know what mom's doing is wrong.

Another contestant, Nikki (a 26-year-old married woman with past disordered eating),[11] decided TBL "wasn't for her" after the first solo workout with Jillian Michael in the first episode of Season 14, before the first weigh-in. However, her confession is unique because it is not one of enacted, current failure to parent but rather she lamented that her fatness carried the potential of bad motherhood, as she did not yet have children. She wanted to lose weight now to avoid passing on illness to her yet unborn children because of her fatness.

[10] http://www.nbc.com/the-biggest-loser/contestants/season-15/tanya-winfield

[11] http://www.workoutwithdi.com/biggest-loser-s14-the-one-with-the-girl-that-shouldnt-have-been-there/

Nikki: And the one dream that I've had since I was little is to be a mother. But at the weight and size that I am right now, it's not possible. I don't want to have to deal with the idea of giving my baby diabetes because I can't get my weight under control. This is my issue, and I want it to end now. I can't be this way anymore. My life has to change.

Although we don't get to see Nikki's redemption in the finale episode of Season 14, she echoes the narratives from female contestants on the show who already are mothers; her fears of giving her (unborn) children diabetes and the feeling that she has to be the one to stop this "issue" of fatness before it is passed along to her children as a family legacy.

Women – mothers – narrated their desire to be on TBL to lose weight to set an example for their children and stop what they see to be the abusive, addictive cycle of obesity that begins and ends with their own bodies. The first episode of the season operates as a confessional space for these mothers to present their sins to the viewing audience, linking their "sins" of fatness and bad parenting in examples of poor role modeling, perpetuation of obesity as abuse and even prenatal obesity exposure. In the next section, I examine how fathers on the show frame their "sinful" parenting in terms of early death and family abandonment.

Early Death: Outcomes of the Sin of Fatness

Male contestants on TBL were more likely than women to be presented as having a fear of death or early death. Men discussed this as a motivator for weight loss, though an orientation toward the future i.e. being there in the future for children or grandchildren was mentioned by men and women alike. Death looms over the family motivation narratives for male contestants, not only the fear of early death mentioned, but also a promising dead loved ones to lose weight as a final wish. These nods to early death in the season premiere episodes allow these male contestants to begin their confessional process. Contestants deploy these narratives around failed

fatherhood in particular, linking the sins of fatness to object lessons (biopedagogies) for the viewing audience on how fatness as ruined their lives and hastened death. Ryan, the 36-year-old winner of Season 1 and married father,[12] reflects this connection between health, having more children and the future orientation relation to this family.

> *Ryan: I wanna be healthy, I wanna have children, I wanna be an old grandpa someday, and I don't wanna die when I'm 65 from some heart attack.*

Ryan's future orientation (being a grandfather) is centered on the notion of surviving fatness for his family. He makes a direct connection between his current weight and desire to avoid sudden and early death from a heart attack, explicitly connecting obesity and early death. We see this pattern repeating later with Michael, a 34 year old who became a father right before his season aired.[13] Michael introduced his infant son as his "pride and joy" during the first episode of Season 14, followed immediately by admonitions of fatherly disgrace:

> *Michael: I am being so selfish. Every time I go to those fast food places I'm putting my needs before my son's. Here I am on the verge of death, and my biggest fear is that my son will not have his dad to raise him. It's do or die right now.*

Michael points to his specific choices around eating fast food, which categorize him as a bad, selfish father. He considers himself close to death and rather than fear death itself, his fear is place in relation to his family, his son. Thus, his participation on TBL is a life or death matter.

Death, especially early death, is seen as an inevitable result of these men's fatness and punishment for the sins of presumed gluttony. Contestants connect this to neglectful parenting

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[12] http://www.dailymail.co.uk/femail/article-3204800/The-Biggest-Loser-s-winner-admits-pressures-fame-caused-gain-140LBS-aired-leaving-HEAVIER-started.html

[13] http://www.huffingtonpost.com/2013/06/16/michael-dorsey-biggest-loser-weight-loss-father_n_3423652.html

directly, that death from fatness would abandon their children (and spouses), all because of their own moral failings. While the female contestants also take up this future orientation e.g. wanting to be there for their families in the future, their motivations for weight loss centered more on self-blame for the fatness of their families rather than the fatalistic lens of the men. Although I want to keep focus on the contestant narratives, the trainer's interactions with the contestants often bring forward these statements about their family motivations for participation on the show. In the next section, I'll briefly describe how the trainers reinforce the "life or death" stakes narrative described by the male contestants in particular.

Role of Trainers in the Confessional Process

The trainers reinforce family narratives for the contestants as well, usually by reminding show participants of their family as motivation during difficult workouts. Bob Harper, a trainer that has been consistently featured since Season 1, is often known for being gentler with contestants than trainers like Jillian Michaels. Bob framed the importance of family motivations as a vehicle for fulfilling the obligations of fatherhood during the opening workout in Season 3. Bob reminds the contestant, Bobby (a married that this workout will help make him "healthy and strong" so that he can make everyone at home proud, especially his wife and kids. These reminders open up the confessional space for Bobby (a 31 year old married father of two), allowing him to imagine a future where he is "healthy and strong" making literally "everyone" proud including work colleagues, his children and his wife. Contestants noted the trainers would ask contestants directly about their motivation to work hard, the reason why they want to "succeed" on the show. Very often, that answer was family, especially their children (both existing and expected). Later, Jillian asks Craig (Season 15, married father of 2) what he's "fighting" for during a workout, saying finding his motivation will allow him to push through

hard days on the Ranch. Craig replies that his "why" is his family, his daughter and his unborn child, noting that his father died too young from "health issues" to be around when he was growing up.

The trainers in the show are presented as being in the business of saving lives – if the contestants are willing to confess their sins in order to gain access to their rigorous professional expertise. The trainers were highlighted on the show for their promises to offer the contestants new, extended life in the premiere episodes or, alternatively, to reinforce the notion that death is imminent for these contestants if they don't move forward with the show and its presumed weight loss outcomes. Jillian Michaels even uses the same "do or die" language that we see from Michael in Season 14 when describing her role in "confronting" contestants to push them toward rapid weight loss.

Once contestants shared their sins with the viewing audience and the trainers, they were essentially, if selected, given access to weight loss through the rigors of TBL contests, games, intensive fitness workouts, fitness facilities and nutrition experts. Once contestants have gained access, they spend the rest of the season engaging in weekly competitions, workouts and weigh-ins as they progress toward the season finale. In the next section, I explore the process of redemption through fitness, mega weight loss, a "new body" and the finale episodes of The Biggest Loser.

Redemption: Familial Citizenship, New Life and Family Legacies

Redemption into good, moral parenthood (including long lifespan) is achieved through restricted diets, intensive fitness, strict nutritional surveillance, weight loss and (presumably) improved health, although health markers beyond weight loss are rarely mentioned in finale

episodes. Thinness is presented as the only moral route; parents who strive or achieve thinness are able to access role modeling for their children. The thin parent role model provides salvation to the contestants' children to remove themselves from the temptations of fatness. Again, all of these entries into the thin role model parent occur in the finale episodes and appear in one of two ways: as direct conversations with the emcee hosting the finale or as flashbacks to interviews done in preparation for the finale episode, often at the contestant's home. Both the interviews at home and on stage at the finale are generally future oriented and full of the promising new life that weight loss has brought them, all as a result of being on the show. The redemptive process is complete during the weigh in process in the finale episodes where the average amount weight losses range from 50 pounds to over 200 pounds (generally reserved for the men who started the season at over 400 pounds) with an average of 110 pounds lost in a television season.

For those individuals that began the season focused on family responsibility as their motivation for weight loss, this narrative carried over into their finale episodes as well. For example, the finale episodes features the Season1 winner Ryan at home eating a giant salad, describing how he's going to be "so much healthier now for [his] kids" while holding back tears.

Ryan highlights a common piece of the contestant retrospective in the finale when the show "visits" contestants at their homes. They're often shown mirroring activities done at the ranch in their own homes – working out on a piece of home gym equipment at least twice a day or preparing "healthy" foods, salads in particular are quite common. These interviews feature contestants discussing nervousness about the final weigh in, but also the beginning of their redemption narratives as well. The on stage interviews with the emcee at the final weigh in were often even more relentlessly positive, perhaps owing to the adrenaline of live television events and weigh-ins in front of a studio audience of friends, families and fans. For participants who

don't make it to the finale episode, we don't get to see their resolution. For example, Mallory from Season 5 came on the show with her husband, Craig but neither made it far enough into the season to be included in the finale episode. This means the audience does not get a redemption narrative in these cases.

Both male and female contestants discussed the ways in which thinness allowed for access into a new familial citizenship--from bad parent to role model during the finale episodes. Below are two examples from mothers that speak to the construction of the mothers as familial citizens worthy of praise because of weight loss and as role models for both their families and the viewing audience. Melissa, a 39 year old woman who competed with her husband in Season 9,[14] described herself and her fellow contestants as the "lucky ones" with an "obligation" to share their experiences on the show, with its implied weight loss, with their families and friends to "pay it forward". That is, contestants can and should become weight loss evangelists, sharing their new thin(ner) insider knowledge with family and friends who are facing the evils of fatness. Jennifer, a mom we met in Season 15, who described herself as having an addiction she was passing on to her kids, describes her experiences meeting previous mom contestants who had gone through similar weight loss "journeys". For Jennifer, connecting with other mothers around her weight loss "journey" not only made it seem more feasible, but also allowed her to witness a mother redeemed through weight loss, what she describes as "shed[ding] a big light" on how to do this process with her family and, implicitly, for her family.

Both Melissa and Jennifer are presented as women who have confessed their maternal deficits, struggled through the season to lose weight, and have now been transformed into mothers worth emulating. She also importantly connects herself to other "moms" in her

[14] http://healthbistro.lifescript.com/2010/04/14/biggest-losers-melissa-morgan-did-she-really-lie/

"situation" of fatness. This is how The Biggest Loser connects the viewing audience to these discursive constructions through these contestant narratives that are saying – "look, she is a mom, just like you. And she has been able to change her life and her family's life (presumably forever), and so can you!" The producers of the show effectively make it seem as if the show is peaking directly to the viewing audience, connecting with them through a relatable struggle of parents who feel like they are falling behind because of the fatness. For mothers in particular, this redemption takes the form of new family legacies of thinness instead of fatness.

New Family Legacies for Mothers

In the finales, redemption for mothers is firmly found in the process of extreme fitness and calorie reduction that produces massive weight loss. Weight loss is framed as an redemptive allowance that lets women access better motherhood by being (thin) role models for their children or their family losing weight alongside them. TBL gives them a redemption outlet away from the powerlessness they previously felt about their "fat" genes and shows that they can stop the "violence" cycle of weight gain in their children as well. Jennifer, the role model mom we met earlier, connects herself to all moms in the viewing audience during the Season 15 finale, women in her "situation" of failing as a parent due to her fatness and, now, as a possibility model for how all families can change and get better through weight loss. She notes her pride not just in her weight loss, but also that of her family, mentioned that her daughter Taylor has lost 30 pounds while her husband has lost 50. Jennifer has become the weight loss steward for her household, pushing them all towards thin redemption through weight loss by acting as a weight loss role model. Lisa, a 37-year-old married mom of 4,[15] also engages with her new redemptive role model mom status when she describes the messages she tells her daughters after going through the TBL process.

[15] http://losingitwithlisa.com/tag/lisa-rambo-the-biggest-loser/

Lisa: I want to be the best mom I can be. The only way I can do that is if I'm strong. Me and my husband have 4 amazing children. I tell them that they have to do their best and I have to be that example. They have big dreams and I want to be there for all of them.

For these women, being the "best mom" is directly connected to being thin(ner) and emotionally capable of controlling their own bodies and the bodies of their families.. Importantly, it is not just their own bodies that they must reform, but also their families. The show structures the type of familial citizenship that mothers earn after the redemptive process is complete. For men, the redemption of weight loss promises not only a return to familial citizenship, but the potential for continued life.

New Life Through Weight Loss for Fathers

The beginning of the redemption process starts simultaneously with the utterance of the confessional. Male contestants who were focused around death during their confessional introductory episodes also engage with the promises of new life through weight loss. Arthur, a married 34-year-old father who competed in Season 11 with his father[16], is perhaps the most explicit about how the excessive fitness practices, restrictive caloric intake, and enormous amounts of weight loss over an the 21 episode season allows for redemption for the sins that were confessed. In equally religious terms, he considers his weight loss as a rebirth, saying:

Arthur: And it's just the beginning. This is my rebirth. Arthur is reborn now. That's what this is. It's not the end. It's not the end. This is a rebirth.

This potential new life also means new access for these men to being the right kind of family leader, one who is able to not just be there physically for their families, but also provide

[16] Arthur S11, age 34, competed on couples season w/ his dad, lost 31 lbs week 1, married with kids (https://www.gofundme.com/hope4arthur)

leadership for their families. Michael, who described his first day on Season 14 of TBL as "do or die", narrates his newfound ability to "represent" his family well and "be around" for his son now that his weight was out of his way.

Men are not just represented on the show as redeemed familial citizens, but they are also featured for how they can be role models for their children. Here, the show equates redemption (a newfound fit body) to reinforcing heteronormative masculinity through signifiers of strength and war. David, a 43-year-old married man with 3 children[17], explains how a confessional process that ends in embodied redemption means that he is now a "hero:"

> *David: Look at me now. Look at how strong I am. There's something deep down in me, and it was that heart of a warrior that I knew was there. I am most definitely stronger than my story...To end this season as the biggest loser would mean the sad story I came in with turned into some epic story by the time I left. And I would be able to have that hero ending that I've never been able to have.*

David's story is framed as particularly devastating, losing his first wife to cancer when their two daughters were quite young, and fearing his death from fatness would leave his children once again without a parent. In this finale episode, we see David not only claiming his manly, hero status but also finding redemption in living longer for his children, able to shed his "sad story" just as he shed his weight – over 120 pounds during his season.

Although these new life narratives exist mainly in season finale episodes, we see these promissory narratives starting earlier in the seasons occasionally as well. For example, TC, a 31-

[17] http://www.nbc.com/the-biggest-loser/contestants/season-15/david-brown

year-old married father of 3 in Season 14[18], feels like a "new man" after his first workout alone without any demonstrated weight loss.

> *TC: I'm ecstatic. I'm a new man today. I- I feel- I feel something, like inside just changing and I have all these tears and stuff coming I don't even know what they are anymore because I feel happy you know but its just like I feel like things are just washing off.*

TC describes how the promissory nature of TBL and the promise of new, longer life is overwhelming to him. Although TC was later eliminated in this first episode, he was still able to access the feeling of "washing off" his sins of fatness by engaging in the confessional process in the first episode of the season. The "newness" of life and external body changes were intimately connected for these men. These male contestants now have access to whole new lives through this redemptive process. They, like the mothers featured above, now have access to the thinness required for good parenting and regain the familial citizenship once lost through weight gain. We see this narrative pattern emerge repeatedly on TBL across seasons.

Sin/redemption narrative reinforcement

The narrative structure of sin and redemption crossed across all seasons of TBL as well as across gender, age and race (though there is little racial diversity, especially in finale episodes and most winners of TBL are White). Below are pairings within the same contestant, showing the cycle of confession of sins in the premiere episodes with redemption in the season finale.

In one particularly extreme case of exclusion from familial citizenship, a contestant discussed how his son disowned him due to his fatness. Don, a 54-year-old father who competed

[18] http://www.gazettetimes.com/news/local/albany-man-aims-to-be-tv-s-biggest-loser/article_ff990eec-5587-11e2-97f8-0019bb2963f4.html

with his twin brother in Season 11,[19] was in danger of being disowned by his son if he didn't lose weight.

> Confession: *Don: A couple of months ago, my son, who is so distraught over my obesity... said he didn't want to have anything else to do with me. He won't come around me. I am no longer part of his life 'cause he knows I'm going to die and... I never thought I'd have a child of mine tell me that they were disowning me. So that's been my motivation for doing what I'm doing now and knowing that I'm 54 years old. I'm not gonna get a lot more chances. (S11:E1)*
>
> Redemption*: Don: I can honestly say that this is a 180-degree change, a turn. Uh, the Biggest Loser has made it possible, truly a godsend, 'cause I had no idea what I was gonna do. And when it presented itself, it allowed me to, to mend this fractured family.*

Here we see a version of redemption in the form of a reconciliation with his son made entirely possible through weight loss on TBL. Dane, a married 27-year-old father from Season 7,[20] echoes some of the women featured in the mom guilt section, noting that his son engaged in excessive water drinking to mimic his father's body shape. This was a huge source of guilt for Dane and we see his resolution in the season finale, where his prize is the weight loss and, presumably, the new life of health that comes along with it.

> Confession*: Dane: I have an amazing wife that loves me so much, and I have 3 amazing, beautiful children, and it breaks my heart to know that I am letting them down. My son, Cotter, he wants to be like me so much, that he started eating, drinking lots of water, and he tried to make his stomach stick out, cause he wanted to be like Dad. And that just*

[19] http://www.people.com/people/article/0,,20463811,00.html
[20] Dane S7, age 27, lost 20 lbs in week 1, married with kids (Mormon) but on the "couples" season w/ his cousin Blaine http://realitytvmagazine.sheknows.com/2009/02/26/biggest-loser-liars-did-dane-really-run-a-marathon/

breaks my heart that I'm that bad an example. You know, I want him to wanna be like me, because I'm healthy. (S7 finale)

Redemption*: Dane: My weight got in the way of doing the things that I wanted to do with my family. You know, today, I've made working out and being healthy one of the main priorities of my life. No matter what happens from here on out, you know, my goal is to try to win the hundred grand, but if I don't, it doesn't really matter, 'cause I've already won. (S7 finale)*

As we see in the quotes above, the sin and redemption narratives frame contestant stories about their participation on TBL across season and contestant characteristics, including gender and age. Moreover, the centrality of family obligations emerged as the central emotional motivation for contestants to apply to the show, work hard during the show and continue to work toward weight loss or weight loss maintenance after the show ends. By connecting the contestant's individual narratives to a larger educational message intended for the viewing audience, TBL constructs what it means to be a proper familial citizen by rewarding drastic, rapid weight loss in a confessional process.

Discussion

Contestants on the Biggest Loser engage not only in rigorous physical and mental challenges in the context of this realty television weight loss show, they also teach the Biggest Loser viewers about what it means to be a good or bad person. Specifically, how to be a good parent or familial citizen through weight loss and increased access to "health" via unheard of intensity in fitness and nutritional practices that led to significant decreases in body fat and size. Contestants enact this biopedagogy, or teaching via their bodies, by participating in the confessional narrative engrained in the storylines created in The Biggest Loser's first and last

episodes of each season. Contestants' embodied confessionals of sinful fatness allow them to access weight loss redemption as each season progresses, with narratives of participation focusing mainly on outward responsibility to others – most notably, their families.

Grounded in empirical, longitudinal data of contestant narratives across 15 seasons of TBL, I draw upon critiques of the conflation of fitness/health (Dworkin & Wachs 2009) and weight loss/health (Malson 2008) and a Foucauldian understanding of body surveillance (Bartky 1990, 2003; Bordo 2004) to show how the confessional process operates in TBL. Additionally, I argue that TBL acts as a particularly family oriented biopedagogy, teaching its audience how they can access familial citizenship through weight loss as part of the confessional sin and redemption process.

This work extends biopolitics literatures that previously focused on individualized subjectivity to consider how obligation to others, and family in particular, constructs access to a specific type of familial citizenship with regards to fatness and health. *The Biggest Loser* enacts multiple layers of bodily discipline. Not only is access to the show won through confessing the sins of fatness, familial, and moral failure, but the competition that provides immense financial gain for the weight loss is also disciplining their bodies, along with elite expertise from doctors, nutritionists, fitness trainers, and complete social isolation from loved ones. Foucault noted that neoliberalism not only makes economic activity a general matrix of social and political relations, but it takes as its focus not exchange but competition (Foucault 2010:12). The rise of health-focused reality television competitions, with financial rewards, contribute perfectly to neoliberal government that relies on public-private partnerships and citizen self-regulation. This is a shift from state control of bodies to self-control of bodies via techniques of governmentality (Foucault 2010:12).

Biggest Loser contestants' primary motivation for weight loss, and participation on the show, is for their families and most especially their children. TBL confessional scripts idealize parenting that enacts idealized notions of health via thinness – parents who cook specific types of foods for their children, who are physically able to play sports with their children, and perhaps most importantly, prevent their children from becoming fat as well. My findings support previous research on women and fitness support the notion that fitness is not only connected to femininity for women as a part of contemporary motherhood, but that the set of tasks associated with being fit is now added as a "third shift of bodywork" after work and second shift household labor and childcare (Dworkin and Wachs 2004). Research on fatherhood and weight is lacking, but a qualitative study of British men found that weight gain in particular was threatening to men's masculinity and a desire for "bodies that do" and are able to be active with their children, especially through sports (Shirani 2013:1109). My data also support this notion that fatherhood can and must be lacking when fatness is present, though little research exists on the connection between fatherhood, fatness and early death found in this study.

Recent work takes up Foucault's "ethics of self" concept to argue that mothers participating in fitness are active agents in constructing physical activity space as a place for self-growth and self-care and, in doing so, challenging normative constructions of motherhood that requires self-sacrifice (Lloyd, O'Brien, and Riot 2016). While this study does not center weight loss specifically in its arguments for motherhood and fitness, others have advanced the argument that weight loss could also be considered a challenge to normative subjective experience for women, as it opens up space for self-knowledge and reflection otherwise unavailable to them (Heyes 2006). While my analysis reveals the overwhelmingly negative portrayal of contestant fatness and the supposed saving grace of weight loss, contestants do frame the TBL experience

as positive on an individual level. However, individually positive experiences or audience "inspiration" stories do not erase the larger social project of the show which is teaching men and women that fatness must always be a negative force, especially for parents.

These confessionals reinforce existing power relationships between people of size and "normal" sized individuals. Foucault describes this particular ritualistic aspect of the confessional where authority requires confession as part of a power exchange; this power also limits what can be confessed and who is redeemable (Foucault 1978, cited in Dworkin & Wachs, 1997). For TBL contestants, this is a confession to the viewers and trainers mainly, but also family and strangers or entire states in some seasons. Hearing these confessions gives witnesses (the audience/the trainer/families the) power over those who are depicted as overweight and by extension—the category of fatness--- because confessors' bodies are deemed worthy of inspection, judgment and ridicule. This power aligns with the discursive power of scientific expertise in order to exert authority over bodies For the Biggest Loser, scientific expertise is performed through experts of obesity science, selective deployment of medical professionals work and public health efforts to outline the "dangers of obesity". The power and authority of third-parties are constructed in contrast to the ignorance of contestants who are the portrayed as inadequately aware of life and death issues---and their health issues or health futures.

Importantly, what is left out of contestant narratives is just as important as their on screen weight loss motivations. I found that TBL privileges individual subject narratives of sin and redemption that reinforce fat as a moral and family failure while omitting narratives of race, class or gender stratification that impact health. This aligns with current neoliberal federal policy on health disparities in the US that tends toward individual-level causes and solutions to the obesity epidemic with only passing consideration of structural factors in factor of individual moral

failures that must be solved, or in this case confessed, to find redemption and good health (Grazian 2010*)*.

Limitations

There are several limitations to the current study. As with any media content/textual analysis, the findings drawn from the study of reality television are limited including access to detailed biographic and demographic information on contestants. This was especially true around race and ethnicity, as very few contestants identified their race or ethnicity directly in their dialogue unlike other demographic characteristics like their marital status or number of children. While I was able to gather information on contestants' families from other media sources, I didn't have a consistent source for race or ethnicity, which limits my sociological analysis of how race factors into narratives about family, fatness and health on TBL.

TBL is still a media production and access to the non-edited narratives of previous contestants is limited, though a few have spoken out in interviews about some "behind the scenes" experiences on the show[21]. Additionally, by only examining first and last episodes as a narrative arc, this analysis misses some of the critical social practices that produce the fit and assumed to be healthy body (i.e. fitness and nutritional practices, fiscal competition). This would have been made possible by analyzing additional episodes in order to more fully understand the confessional process from the utterance of sin through to ultimate redemption and how it is achieved. However, examining multiple seasons across several years is rare in TBL sociological literature, making this study uniquely able to describe consistency in contestant narratives across time. While I unknowingly oversampled seasons where contestants were grouped by couples (married partners, sibling sets or parent/child dyads), other seasons not included in the sample

[21] http://www.today.com/popculture/player-ousted-after-biggest-loser-controversy-says-it-actually-was-2D11620741

had overt family themes as well, though other even numbered seasons were focused on "second chances" and may have less focused family narratives than my sample. Future studies can and should explore the particular intersections of race and gender in family narratives on TBL.

Conclusion

Similar to other work on obesity-reality reality television (Warin 2011), I found that TBL uses legitimating evidence of the dangers of obesity in its season opener episodes, citing climbing obesity rates, deaths associated with obesity and the huge costs of obesity-related treatments. This context of obesity as a primary public health concern and the proliferation of reality television programs make TBL a prime arena sociological analysis of how bodies and health are viewed through a contemporary media lens.

While sin and redemption narratives on fatness are have been analyzed as rhetorical tools in public perceptions of obesity (Hoverd 2005; Hoverd and Sibley 2007), TBL proliferates new biopedagogies designed to construct life and death itself and new familial modes of how broader society should be parenting – through the "care" of the self" (Finn 2009; Foucault 1990; Spitzack 1990) that constitutes new forms of caring for the bodies of their children.

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IV. Paper 3: Out of Touch, Out of Time: Older Queer Women's Engagement with Fat Acceptance Movements

Introduction

Recently, sociological research has begun to explore embodied identity formation with regards to fatness. Jaffe's (2008) mixed method study explored fatness and identity formation. She argues that fatness is both the tangible trait around which the identity is formed (overweight) and the social meaning this trait symbolizes (fat) (2008: ii). Further, she conceptualizes fat identity as a learned, trying, and all encompassing identity that exists on a continuum, like those of sexual orientation. Social factors like race and gender plus present and past weight help determine where a person considers fatness along the continuum of identity formation. Importantly for this paper, Jaffe also found that "the physical and social changes that come with aging play an important role in one's slide up and down the fat identity continuum. Older people are more likely to be concerned about health conditions; younger people are more concerned about the visible and social aspects of being fat" (Jaffe 2008:ii).

Like Jaffe, a number of authors have compared fatness as identity to sexual orientation as identity (Gerber 2009; LeBesco 2004; Owen 2007) in the ways in which society has addressed what have been and are still often considered social problems and stigmatized identities. However, little work has examined the fatness as a component of embodied intersectionality. Intersectionality (Crenshaw 1991) commonly examines the unique positions of intersecting race and gender categories. Like LeBesco (2004), I argue that in addition to these racial and gender categories inscribed on the body, body size should be considered alongside these categories as important intersecting identities. Fatness cannot be considered as one, separate aspect of identity e.g. can't be "just fat" much in the way that you are "just woman" or "just white". LeBesco notes

that fatness shares similarities to other "subject-marking experiences, like the embodiment of race"; for example, all three social identities (race, gender, body size) are all visible identity markers. (2004: 11). While race and gender may be open to social interpretations in the case of mixed race individuals or gender non-conforming individuals respectively, larger body size (fatness) is often more plainly visible and readable as a deviation from the social norm of thinness.

This paper explores the ways in which queer[22] women in particular understand and construct meanings around their body size in the context of individual and community norms and identities. I ask two intertwined questions: How do queer women of size over 40 think about their bodies and body size? And, what community, cultural and medical norms influence their perceptions and experiences? I first provide some context for this qualitative analysis, including a description of the LB health program (WHAM) that I coordinated, and the 31 follow-up interviews I conducted with LB women in the Bay Area. In this paper, I argue that LB women navigate tensions between body ideals and community ideals in and through their experiences of body size. Women's embodied experiences of fatness, chronic pain and weight loss and gain shifted in tandem with their experience of interactions with other queer women, as well as their ideas about what the bodies and body ideals should be in "the lesbian community". Further, I argue that the aspirational goals of "health" and its associated body size are shaped by normative social ideas with public health roots as well as queer community norms about body size acceptance and rejection of traditional beauty standards. I then conclude by discussing the sociological and public health implications of these findings. Specifically – if body norms and

[22] In this paper, I describe the collective participants as queer women. However, during interviews I tended to use lesbian or bisexual unless participants specifically identified as queer. This was mainly to mirror women's own descriptions of their sexual orientation, but also to mirror the language used to describe WHAM.

ideals are embedded in actual communities and navigated through community ideas, interventions must be peer led and community based to effectively shift behaviors, norms and expectations around weight-loss and healthy living in fat bodies.

Body Size in Queer Women's Communities

It is no secret that women in the United States face enormous pressure to achieve thinness (Donaghue and Clemitshaw 2012), both as a beauty ideal and as a modern marker for health and personal responsibility. Many studies argue that queer women may be protected the pressures for thinness within queer communities in some ways via body acceptance norms (Bowen, Balsam, and Ender 2008; Morrison, Morrison, and Sager 2004; Yost and Chmielewski 2011), with lesbian women specifically rating larger bodies as more attractive than "normal" weight bodies (Cohen and Tannenbaum 2001) and less likely to engage in dieting behaviors (Conner, Johnson, and Grogan 2004). Others have found that queer women are instead caught between mainstream body norms and queer women's community norms to accept their bodies as they are (Fogel, Young, and McPherson 2009; Kelly 2007). Research on fat activism as a social movement counters this notion of lesbian feminist communities as fully fat accepting, noting that fat phobia in lesbian communities led fat feminist lesbians to "turn to each other for sexual and romantic partnerships [and] helped create a somewhat insular universe of overlapping friends and lovers who worked together as activists" (Cooper 2016:134–135). Cooper argues that this fat phobia in lesbian communities helped congeal early fat activist organization.

A recent comprehensive review of literature on queer women's trend toward fatness supports the idea that the connection between queer women's community and body size acceptance is complicated, at best (Eliason and Fogel 2015). Many queer women's communities have followed feminist ideologies of body acceptance and studies reflect this in finding that

lesbians tend to be more accepting of their bodies and the larger bodies of others (Maor 2012; Morrison et al. 2004; Swami et al. 2010). Fat acceptance and liberation movements in particular contain and have been led by many lesbian and bisexual women (Cooper 2012; Saguy and Ward 2011). However, other studies have found lesbians follow the same norms as heterosexual women when it comes to concerns about their weight and body acceptance (Huxley, Clarke, and Halliwell 2014; Luis 2012; Peplau et al. 2009); this may be particular true for bisexual women (Davids and Green 2011). Fogel and Eliason (2015) importantly note that while these studies show mixed evidence, few are able to tease out the effects of lesbian community culture vs. mainstream culture in their primarily quantitative studies of queer women's body image.

In her earlier work, Fogel (2010) also found that generational differences exist between older lesbians, like some of my participants, and younger queer women. Fogel specifically points to older lesbians being socialized into the 1970s lesbian feminism that critiqued media objectification of women's bodies compared to younger queer women who may be less exposed to these feminist worldviews in their "diverse pathways to coming out" in contemporary queer communities (Roberts, Stuart-Shor, and Oppenheimer 2010). While there continue to be fat activist threads within contemporary queer women's communities (Connell 2013; Fikkan and Rothblum 2012), Fogel argues that contemporary lesbian pop culture appears to conform more to heterosexual women's beauty standards than previous generations.

This split between generations reflects other researched on the layered nature of the "lesbian community". Hanley and McLaren (2015) describe three layers: "the broad or "imagined" community of all lesbians everywhere; the local organizations and activities that individual lesbians may participate in; and the local friendship network of individuals" (Eliason 2015:328). Much like research has found less evidence for a bisexual women's community

(Hostetler 2012), queer women's community in general is shaped more as smaller subgroups based on identity categories like age, race, class or geography location (Eliason and Fogel 2015). With this evidence in mind, this study explores a particular set of queer-identified women in the San Francisco Bay Area and their lived experiences of body size, queer women's community and health.

The Women's Health and Mindfulness (WHAM) Program

This study is a sociological approach to understanding the lived experiences of fat, queer women, which came about as part of my dual role of sociology doctoral candidate and LGBT health community research coordinator. As part of my position as a research project coordinator embedded in a LGBT community clinic, I helped design the Women's Health and Mindfulness (WHAM) program to improve the health of lesbian and bisexual women aged 40 and older who are overweight or obese (Garbers et al. 2015). The intervention was developed and evaluated through a contract from the Healthy Weight in Lesbian and Bisexual Women Initiative funded by the Department of Health and Human Services Office on Women's Health. Women were eligible to participate if they met specific criteria: identifying as lesbian, bisexual or queer, over aged 40 and a BMI of 27.5 or higher. Women were recruited from the Lyon-Martin patient pool as well as community recruitment from lesbian-specific listservs and social networking groups. As the project coordinator, I spent about 5-6 hours with each participant. I did almost all of the data collection for the WHAM intervention project, which included a long survey before and after their group, and a middle point survey for women in the wait list/control group. Each of those appointments took about an hour and women often told me stories about their answers. Additionally, I sat in on several groups to observe as an evaluation of curriculum fidelity, which

allowed me to hear exchanges between group members, though I did not keep field notes, as this was not part of the process evaluation for WHAM.

WHAM Focus Groups

Before we developed the WHAM curriculum, we held a series of focus groups to solicit feedback from women who met the intervention criteria to ask about health, experience with research, LB community and patient-provider intervention. For me, these focus groups also provided important insight about the direction my qualitative study should take based on women's discussion of health, weight and the LB community.

When asked about the relationship between health and weight, most women in the focus groups reported a history of dieting, weight loss and weight gain. Women indicated that they felt they have adequate knowledge about nutrition and exercise, but they need more support and motivation – "*We know what to do, we're just not doing it"*. Women said they "just want to feel healthy" and for nearly all of them, this included weight loss. When one woman spoke of fear as a motivation for health changes, many women agreed; the fear of worsening chronic illness, getting hurt/falling or further disability were also reported. Almost all of the women in our focus groups reported being unhappy with their current body size and most had done some kind of diet program previously. The few women who weren't currently experiencing any major chronic illness also talked about expecting bad health because they are overweight or obese and feeling "lucky" that they haven't had worse health yet because they "know" about the inevitability of illness with extra weight from general health statistics, physician warnings and family history. The negative impact of aging was a major struggle for women in our focus groups.

Women were asked about attitudes toward body size in the lesbian and bisexual community in the San Francisco Bay Area. Women reported that they felt the younger lesbian

community is not as accepting of body size diversity or larger bodies. Some older women in our groups attributed this to younger lesbians being less worried about resisting or pushing back against society, unlike older women might did in their youth during the second wave feminist movement in the 1960s/70s. None of them had personally experienced pushback from the lesbian community around weight loss but one woman was vocally upset about the possibility of pushback, saying it was untrue to feminism to not let women make their own choices about weight and weight loss and that body acceptance in fat activism had "gone too far". Focus group participants also reported changing attitudes about body size acceptance movements as they aged. While women appreciated the self-acceptance views of the fat acceptance movement, they also argued that improving one's health should remain central.

WHAM Program Components & Evaluation

The WHAM curriculum content was adapted from existing mindfulness-based stress reduction and nutrition interventions, with the Health at Every Size™ (HAES) model guiding the approach. This meant that sessions focused on health behavior change from a weight-neutral perspective. That is, ideally, participants were tasked with non-weight loss related health goals; specifically, they were asked to change small, time-limited health behaviors. The WHAM intervention was clinician-delivered during 2013-2014, with weekly sessions facilitated by a licensed social worker or clinical psychologist. Nutrition and physical activity components were led by a registered dietician and a certified personal trainer. Staff members were hired based on either experience with HAES or willingness to approach the group with a HAES approach in their work, including the RD and PT. Program evaluation results for WHAM were mixed. Women reported high satisfaction with the program, but health outcomes results showed modest significant changes at best, mainly in vegetable/water intake and physical activity (Ingraham,

Minnis, Harbatkin, et al, under review). While WHAM's primary aims were to explore the intervention's impact on health outcomes, I wanted to explore their experiences across the lifespan as fat, queer women for my dissertation research. I wanted to use sociological methods to examine more specifically how a less weight-conscious, ostensibly less weight-judgmental program impacts women's experiences of fatness, queerness and aging.

Methods

To explore LB women's lived experiences in depth, I conducted 31 semi-structured interviews with women after their WHAM group was completed. Open coding was done using grounded theory methods including simultaneous coding, memoing and data collection (Charmaz 2006). Data was collected between November 2014 and July 2015 after IRB approval. Interviews were conducted in a variety of settings, including at Lyon-Martin clinic space, at participants' homes, in public spaces (coffee shops, parks) or by phone. Each interview lasted from 40 minutes to almost 2 hours long. All were tape recorded and transcribed, then sent to participants for review and commentary.

Participants were all asked a similar set of questions related to their feelings about participation in the WHAM program, feelings about their body size, experiences of being fat in the queer community, and what they thought about the relationship between body size and health. In this paper, I will describe these women by a number of terms including women of size, fat, overweight or obese. I asked each participant how they referred to their own body size and tried to mirror that language in the interview as well as my descriptions of participants.

My previous interactions with my participants as the WHAM project coordinator lent a sense of comfort and approachability once the interviews for this project began. Additionally, many women assumed that I was queer based on my employment at Lyon-Martin and often

verbally acknowledge my own fatness in their interviews e.g. "You know what I mean, as a plus size woman yourself". While I asked women in my interviews about how WHAM impacted their feelings about their bodies and health, I didn't interview any of them in depth before the program, so I don't have a strategic pre/post set of interviews responses on this topic.

I interviewed 31 of 80 WHAM participants for this study, ranging in age from 43-70, with an almost even split between White women and women of color. Most identify as lesbian, followed by bisexual and queer. (see Table 1). Though my sample included three trans folks (two trans women and one trans man), they are not included in this paper since I think they have a unique perspective on body size, aging, gender and health. My participants were a mixture of low and middle class women drawn from clinic and community samples and were equally divided between women still working full time and those on disability due to mental or physical illness. The table below highlights basic demographic characteristics of my interview study participants, including the location of their WHAM group.

Table 1: WHAM Participant Demographic Information

	Overall
Characteristic	N=31 (%)
Median age in years (min-max)	53 (43-70)
Race/ethnicity	
Black	3 (10%)
Latina	9 (29%)
White	16 (51%)
Multiracial/Other	3 (10%)
Sexual Orientation	
Lesbian	21 (68%)
Bisexual	7 (23%)

Other	3 (9%)
Gender Identity	
Cisgender* Women	29 (94%)
Transgender Women	2 (5%)
Transgender Man	1 (1%)
Group Location	
San Francisco	20 (65%)
East Bay	11 (35%)

These queer women were uniquely positioned to discuss the meaning of body size in part because they had spent 12 weeks in WHAM discussing issues related to their body size. Some of these issues were included in the program curriculum, such as the relationship between stress and eating, and other were generated by participants themselves, such as emotional eating patterns connected to their family of origin.

Findings

Balancing Holistic Health Desires vs. Body Size Desires

Participants reported that they joined the WHAM program for a variety of reasons, mostly focused on improving their health or decreasing their social isolation. When asked what improving health meant, participants' narratives usually reverted back to weight loss although few women had a specific weight loss goal. Although we as WHAM staff were careful to not include weight loss language on our recruitment materials or during the group, women still sought out weight loss as a health goal. Facilitators were instructed to redirect women's weight loss goals into other health behaviors aligned with HAES philosophy e.g. adding enjoyable exercise. I got the sense from the interviews and staff feedback during the groups that this didn't consistently happen in individual appointments because the women were so focused on weight

loss that there was often pushback on trying alternative methods of health improvements because they didn't show "results" e.g. weight loss.

I found myself frustrated with this focus on weight loss, as we had taken great care to develop WHAM as a HAES program and hired staff accordingly. This also clashed with what I know about the fat acceptance movement and its connection to second wave lesbian feminist politics. This is especially true in the Bay Area – generally thought of as a hot bed for fat liberation movements (Cooper 2008). Many of them seem stuck between a desire for improved health via weight loss and recognition that this desire for weight loss is somehow shameful. Jamie talks about WHAM's impact on her body image and the role of social body size pressures below.

> *Jamie (52 year old, White lesbian/bisexual cisgender woman): Well, we were [at WHAM] to talk about [body size], and I think it's because there's these studies [on LB women and fatness] which I think is really good, trying to help lesbian women sort through things because ... I don't know. I mean for some people, too much weight gain can be bad for your health or your body image. I mean I feel the pressure from society to lose weight and be thin, and I look down on myself, and I see that I have a belly, which I do, and I feel bad, but I shouldn't. I shouldn't. And that's what we discussed at WHAM and it really helped me, but it's still in play. I mean I still feel like "I got to lose 10 or 15 pounds" but I think part of the reason I need to get healthy, I have to feel good about myself, so exercising, I think is important for anybody and everybody no matter what their size, and I don't really feel like I need to lose a bunch of weight, but maybe firm up a little bit.*

The passage below from one of my larger participants, Pinky, discusses the intersecting issues at play in how many of my participants related to their bodies over time. Age seemed to be a significant social location mentioned by several participants. These women described that body acceptance in their 20s and 30s came easy, especially as a lesbian, but once 40 hit it was a whole new ball game, as it were, when it came to their weight and health. Pinky is now 58, a Latina lesbian who's lived in the Bay Area for 30 years. She wanted to join WHAM because she liked

that it wasn't just focused on counting calories. She seemed reluctant to admit particular weight loss goals, instead focusing on her gym time and functional mobility goals.

> *Pinky: [I don't feel as good about my body] as I used to. I had, which I recognize now. My peak years of positive body image I think, because even though I was large and probably just [my 20s]… My mid or late 30s, I had a pretty good body image despite what I had to put up with in the culture. I felt good about myself and I could dance, which I loved to do. I remember people saying, "You're a really good dancer especially for a woman your size." It was okay and I was in a lesbian community, that that wasn't an issue. My size wasn't an issue. I felt good about myself and I was able to move as I wanted to pretty much. Then, the day after you turn 40, suddenly the body mass shifts and even though the scales not changing suddenly…I feel like that, with the aging, and really separate aging issues in the culture where you feel completely shut out. It's much harder now, to feel good about my body.*

The following sections will detail how women in the WHAM program centered their body size and their lifetime histories of weight gain/loss in discussions of health and aging. I analyze how LB women deal with the tensions between body ideals and community ideals by examining existing community norms on body size, community policing of weight loss via the code of silence, and wavering participation in body acceptance movements.

Body Size Meanings in Queer Women's Communities

I asked most of my participants about their views of body size within the lesbian community (and bisexual community, to a certain extent). The answers reflected the variations within the many queer women's communities rather than a united "lesbian community" referenced in the literature. While most participants had participated in some kind of lesbian community, through friends or romantic partners, others reported not ever really participating in many "lesbian community" activities. This was especially true for bisexual women who had male partners currently or in the past. Three of my women of color participants (2 Latinas, 1 Black woman) discussed participating in ethnicity-focused lesbian social circles in their distant

past but echoed the White participants in lacking current lesbian community of any variety. Finally, a number of women noted that younger queer women now had different views on body size, that they're less accepting of fatness and more focused on "health."

Most of my participants echoed the ideas that previous research has reported on: that lesbians are more accepting of a range of body sizes or that lesbians are more accepting of larger bodies because they don't have to take male desire into account when dating. Women noted that the lesbian community cares less about body size, offering that lesbians tend to care more about personalities of their dates or lovers. In this way, they echoed the existing literature on acceptance of larger bodies within the lesbian community. While a few women talked about specific conversations they'd had with other queer women about body size, most women framed their experiences of body size acceptance as ones of observation of the community as a whole rather than specific, ongoing conversations about the topic. Mary, one of my few Black lesbian participants, had a wealth of knowledge from spending 40 of her 64 years participating in Bay Area queer women's communities. She relayed her personal observations of seeing larger women in the lesbian community and went a step further in explaining why she thinks that's the case.

> *Natalie: What did you know about [body size in the lesbian community] before WHAM?*
> *Mary: This- I Got Eyeballs. [laughs]*
> *Natalie: Tell me more about I got Eyeballs.*
> *Mary: …the few times there is queer identified women anything groups or whatever to see how many women are larger in there and jokes about lesbians and whales*

Mary was one of the few participants who felt the need to explain why these body size differences might exist. To Mary, the fact that lesbians bond over food instead of group physical activity (short of the stereotypical softball players) as well as the tendency for lesbians, especially lesbians of color, to be lower income without the free time to enjoy physical activity. Daniela, a 45-year-old woman who identifies as both lesbian and bisexual, made a similar

observation about her primarily Latina friend circle of "larger" women. She humorously pointed to her social media presence as evidence, "You could look at my Facebook right now [and see my chubby friends]". Women used their own social circles as evidence that the larger queer women's community must all include larger women because their friends are large like them.

Some women who considered themselves highly involved in their lesbian community talked about discussions about body size in lesbian media, including newsletters. Women would write into the newsletter in support of fat activism, other women would write back attacking the fat-identified women. This highlighted the historical schisms in the community that haven't been pursued in other research. Fatness or larger body size seems to have always been contested and continues to be as women age, even in the lesbian community.

> *Debbie: Well, I think that there's little enclaves, right, of lesbians. You've got your sporty lesbians who are going to be playing golf, going kayaking…Then you're going to have your little bar set. I think there is, among some people, just like everywhere in the world, there's judgment of people like, "They're fat." There's some judgment in the lesbian community, too. I think that just, overall, with lesbians there's a lot more room for variation in everything. You could be more butch or more femme. More fat or more skinny... The slider bar is just a wider slider bar…I know among some lesbians, I've heard them say, "Oh, they're a bad image for us because everybody thinks lesbians are ugly and fat."... Because lesbians are not trying to fit into a heterosexual model of what is attractive in women, there's more variation in what's okay. It's okay to be strong, hefty, and stuff like that. Muscular. Then that goes towards maybe a little fatter... Just in the lesbian community, in general, there is more acceptance of women being outside the norm, in terms of body size...I don't think it's surprising that there's more fat lesbians. There's not as much judgment. There's not as much, "You don't fit the mold," or whatever.*

A few women made the direct connection between body size in the lesbian and bisexual community and the trauma related to identifying as LB. They identified weight gain as related to behaviors associated with coping with that trauma, either through alcohol use or over eating. This points to one segment existing public health literature that has found critique among some

community activists. This literature points to childhood trauma, specifically sexual abuse, and seems to suggest a trajectory between childhood sexual abuse, obesity and sexual minority status in women. Still, a few women did draw this line of causality around their own experience, noting the ways in which control of their eating habits did reflect one way they dealt with personal trauma. And, while it wasn't common, some women did mention that they felt that weight gain had offered them some "protection" from male attention at various times in their lives.

However, there were also some participants who didn't feel enough a part of any particular community of lesbians or queer women, who did not feel comfortable commenting on what I was framing as the "lesbian/bisexual community" thinks about body size. These women who considered themselves outside of the community also tended to be socially isolated for a variety of reasons – later in life immigration to the US, race, personal relationship histories, coming out later in life or gender identity. For example, Elizabeth, a 62 year old White woman, came out as lesbian in her 40s and wanted to join WHAM to meet other (hopefully single) lesbian women, since most of her friends are gay men or straight work friends.

> *Elizabeth: The girlfriend that I had after M[aggie] was, I don't know if she was heavier than me, but she was wider than me and I thought she looked fine and I loved how soft she was and I could just bury myself in the cushiness but it amazed me that she was so comfortable in her own body…I thought that was wonderful. Other than that, I guess I really don't know, and I don't have that much experience*.

Bisexual and queer identified women, who also trend younger among our participants, also had quite different pressures because many of them have and plan to date men in the future. Thus, they don't have the same "bubble" of lesbian ability or desire to avoid contending with what men think about their bodies. Dinah, a 45-year-old White bisexual woman, talked about feeling left out of lesbian communities because of her dating history with men. While she remembered a few

of her punk queer friends as explicitly accepting of larger body size, her own stories of dating at a larger body size showed rejection from men and women based on her size. Another participant, BettyJo (46, multiracial Black bisexual woman), was the most explicit about her struggles for acceptance saying, "*Yeah, well clearly I am a slave to [a focus on weight loss]. Because I have spent my whole life beating myself up for not being exactly what the hetero world wants me to be."* BettyJo was one of my most intensely body hating participants, mentioning several times how much she hated her body and struggled with mental health issues and intense isolation as a result.

Forming lasting lesbian community was a challenge mentioned quite specifically by the women of color participants. Gabriella, a 61-year-old Latina (Puerto Rican), spoke most explicitly about attempting and failing to form long lasting community with other Latina lesbians.

> *Gabriella: Everybody at first, they were so enthusiastic because we were all these Latinas together that we were all over the place and never meeting each other but also there were a lot of differences. Some Latinas only spoke Spanish. Some Latina only spoke English. When we got together, the ones that spoke Spanish wanted to speak Spanish because we never really had a chance and there are a lot of tears literally from the ones that they didn't speak Spanish because they felt they were robbed of their culture, so then differences come out. Then people start having relationships and breaking up and they're still in the same circle. Unfortunately, with my experience in lesbians getting together in communities and stuff usually ends up bad.*

This experience, and other Latina and Black women who had similar experiences, made it challenging for them to form bonds during the WHAM groups. This was especially true for some of the groups in the East Bay, where the groups were primarily White women compared to the more diverse groups held in San Francisco.

Finally, older women in my sample perceived that the body acceptance found in the lesbian community is shifting in younger queer women. They believed that younger queer

women that "care more about health" and thus having changing expectations of smaller body size. This would then occur alongside increased negative judgment for fat queer women. Perhaps this sense of increased judgment among younger queer women is related to the threads of negative criticism of larger bodies mentioned by participants like Debbie, who noted that there have always been segments of the lesbian community who valued thinness. Belle, a 72 year old White lesbian from the South, noted that the pressure for thinness always existed among her upper class lesbian (and gay) friends, especially those working in corporate environments such as lawyers.. The next section discusses one way that fear of body size criticism may have manifested among older queer women, morphing into a fear of discussing weight loss itself.

Code of Silence: Weight Loss as Taboo

In the context of asking about the lesbian community and body size, I asked participants about a particular concept I found in an article on lesbian body image by Laura Kelly (2007). Kelly used qualitative research to explore the concept of "body silence" among lesbian women, a stigma-based process that causes lesbians to find talking to other women about their bodies, and weight loss in particular, very difficult. Kelly finds this "code of silence" around weight loss is related to the tension between the public mores of body acceptability and the private discontent of her participants with their body size. Like Kelly, I found that this desire for weight loss and displeasure with their body crossed all racial boundaries with my participants as well.

In my interviews, I explained the concept of "code of silence" with women and found my participants nodding along and agreeing that this felt familiar to them. I found this somewhat odd considering so many of the women were open with me about their weight loss goals. Many women said they did talk to close friends about weight loss goals, but that in larger community spaces other topics were more socially acceptable – kids, recipes, activism. However, many of

them still agreed that there is some existing social taboo among LB women in discussing wanting to change their weight for what are seen as vanity reasons; becoming thinner as a means to being more beautiful. It seemed very important to my participants that health is the central focus. However, like opinions on the queer women's community perceptions on body size, views on the weight loss "code of silence" highlight the heterogeneity in queer women's communities. Janine, one of my quieter participants, importantly noted that lesbian women do not form opinions about body size in a vacuum, that they're subjected to the same social pressures for thinness as any other woman.

> *Janine (61 year old, White lesbian): Yeah. On the one hand, we [lesbians are] fat and that's what we are and the other people get just as obsessed as anybody else in our society, weight loss and dieting. Then one thing I liked about the WHAM approach was you didn't have to be either/or. You can talk about things that can probably make you lose weight if you did them, but that wasn't the focus.*

Janine's noted appreciation for WHAM was because she felt the program was a sort of happy middle between social pressure to be thin (from all of society) and social pressure to avoid weight loss at all costs (from lesbian community). Somewhat relatedly, younger participants also felt that the "code of silence" or taboo against weight loss was not as prominent among younger queer women who may be more removed from the 2nd wave feminist activism of older generations of lesbians. Isabella, a 52 year old, White lesbian, was one of the participants who felt that the "code of silence" was less common in her personal lesbian community that was made up of women younger than herself. For her, this is directly related to the fact that her and most of her generation of friends are less involved in feminist-type activism because the "work" of fighting back against body judgment was done in the generation before her by 2nd wave feminists.

Isabella: You know, [I don't think there is much 'code of silence']. I'll tell you why, two things. One is that, and I've really become super aware of this as I've gotten older. I'm kind of in this generation that was kind of the cut-off generation. My friends who are in their late 50s and older? They came out as feminists, they were involved Olivia Music records, women's music scene. Very feminist. I came out in the party scene. I came out dancing at the clubs every night, having a good time. They had done the hard work, right? They had Stonewall before that... I never felt a lot of political or feminist pressure among my peers…around this issue [of body size]. I mean not that we weren't aware of it? I personally, just with the circles that I ran in, haven't experienced it a lot. The other piece of that is that I'm, of all my friends, and I have a large circle of friends, there are probably only three or four of us who are obese. Most of my friends, this is sort of a, it's off their radar…Everyone would love to lose some weight, but it's never been this thing like you're selling out or trading, or whatever. It's mostly about being fit and healthy, among my peers. Everybody would love to lose 10 or 20 pounds, you know, even among the people who are sort of average weight. That's been in my awareness, but it hasn't really been in my experience.

Other work fat activism has highlighted this shift in queer women's spaces a decade after second wave feminism, where women, fat lesbian feminists in particular, shifted to a more social focus rather than a political one (Cooper 2016).

Isabella, like Janine above, seem to assume that most women in WHAM and in their friendship circles had weight loss goals if they're anything other than skinny. Debbie, my most outwardly HAES-accepting participant, expanded the idea of "code of silence" around weight loss to boundaries beyond the lesbian community. For her, the idea that women are supposed to avoid talking about the particulars of their weight loss desires are shameful for straight women as well.

Debbie: It's not that I judge people for [trying to lose weight]. I totally have been there myself. It's just that I don't see it working for people. I don't know anybody it works for.... When you say, "code of silence," yeah I definitely think there is a code of silence. I don't think it's just lesbians, though. I have a friend who is a straight woman, a fat woman. Our whole life we were like the fat girls together.... She joined this support group that was one of those online things called Chubby Chicks. It's all straight girls. They live in Phoenix. They do exercise things together, all kinds of stuff…She found out that her one friend did gastric sleeve, Lap-Band, or something. She was losing all this weight, but she didn't tell

her that that's why she was losing all this weight. Then the other woman felt betrayed and blah, blah, blah. I don't feel betrayed by these women who have tried whatever they've tried to lose weight, I just feel like it doesn't work.

This interview in particular struck me because I had been trying, and failing, to get in touch with this particular set of participants. I wanted to talk to women who had attended a lot of WHAM sessions so I could get specific feedback about various program components. However, I never heard back from the participants she mentioned. I wondered if they were somehow embarrassed about seeking intensive medical weight loss methods, rather than simply being busy or uninterested. While many women seemed to understand the "code of silence" phenomenon as I explained it during our conversations, not many of them had explicit stories of being shamed or excluded from their queer communities for engaging in weight loss attempts or expressing weight loss desires. This recognition but distancing from the "code of silence" or weight loss taboo among my participants could be related to a few factors. Perhaps it's because they only discussed these topics with close friends or that many of my participants didn't feel particularly engaged in a bounded "lesbian community", though I think that it is in fact reflection of the push and pull they feel as queer women who have weight loss goals, but don't feel fully comfortable expressing or striving for those goals due to previously existing or ambient community norms that mark weight loss as selfish, vain or anti-feminist.

Body Acceptance Movements: Out of Touch, Out of Time

Based on the literature on lesbian women's views on body image and my knowledge of concentrated body acceptance activism in the Bay Area, I expected many or most of my participants to have heard of two related body acceptance movements: Health at Every Size and fat acceptance/fat liberation. I anticipated that these women would have heard of one or both of these before WHAM or even participated in fat acceptance movements during their lifetime, if

not currently. However, most of the women I interviewed had never heard of fat acceptance; this was surprising to me since the Bay Area in particular is known for having concentrated numbers of fat activists, especially within the lesbian community. Even the women that did mention some involvement with fat activism were fairly casual about it and talked about the movement as if it was no longer in existence. Only three of the women I talked to were ever involved in any kind of fat activism were only peripherally involved through partners rather than engaging in fat activism on their own. Below are two participants, Debbie and Regina, who discussed experiences with body acceptance movements who also had specific, current weight loss goals. Then, I briefly discuss two other participants, Pinky and Irene, who summarize how body acceptance still resonates with them today, if only in the background.

My interview with Debbie took place at an outdoor café after her shift was over at a nearby HMO healthcare facility as a nurse practitioner trainee. Debbie is a 55 year old, White lesbian woman who grew up in the Midwest and has been in the Bay Area for over 30 years. When she was younger, she dated a fat woman who was in Fat Lip[23] and participated in more fat politics activities in her 20s and 30s with that partner. Debbie holds on to some ideals from body acceptance movements – fat people can be healthy, BMI is crap, and physical activity is more important than looks when it comes to weight and health.

> *Debbie: Then, probably at some point somewhere into my 20's when I became more of a feminist and started reading all these books about body image and all that kind of stuff, I sort of said, "You know what? This is who I am. I'm a fat woman. I'm just going to kind of deal with it. I'm not going to trip about it." At that point, I probably weighed about 240 pounds. I was like, "This is who I am."*

Like a few other women, she talked about getting into her 40s and 50s and those pure body acceptance ideals gave way a bit to health issues rising up that lead her to pursue weight loss.

[23] Fat Lip was a fat liberation performance troupe that did theater pieces about fat liberation in the Bay Area and Pacific Northwest in the 1980s-1990s.

Debbie said she joined WHAM hoping to use it as a kick start for weight loss and getting back into exercise after a lapse in physical activity due to her busy schedule (full time student and full time work). Debbie has health goals centered on a little weight loss to alleviate knee pain and reduce her need for high BP meds. She doesn't have expectations of skinniness but would like to get back to where she was about 5 years ago, which is about a 30 pound weight loss.

> *Debbie: I know that the only way, in my life, that I ever keep weight off is to exercise really regularly. That's just the way it is. Right now, I don't have time to do that…I don't have any plan to be a skinny person. I'm never going to be a skinny person in my life. I felt better at the lower weight. I was more active. I didn't have to take blood pressure medication. My knees didn't bother me. The difference between me here and me 50 pounds less, is a pretty good physical difference.*

Debbie was the most direct in connecting the process of aging with a letting go of more rigid, anti-weight loss messaging from fat activist, feminist social movements. For her, weight loss is means to a physical end – relief from knee pain and improvement in blood pressure. She still seems to internalize the idea that weight loss for attractiveness is not the "correct" feminist answer to questions about weight loss. She makes a point of connecting her personal weight loss to a desire to "feel better" physically. For Debbie, fully embracing body acceptance movement ideals were out of touch with her current health needs and goals. Additionally, aging has meant a shift in her priorities away from movement-based bodily ideals and into activities that she feels allow her to accommodate her stage in the life course.

In some ways, Regina echoed Debbie's story of discovering fat activism, engaging with its anti-dieting messages earlier in her life, and yet having current weight loss goals now that she's into her late 40s. Regina, a 48 year old, Latina lesbian, has been in the Bay Area since the late 1980s. However, much of that time has been quite isolated due to her mental health issues that have taken over much of her life for the past 20 years. At times her thoughts were hard to

follow, but she had a lot of detailed thoughts about her body over time and body size. She moved between being and espousing a lot of body acceptance ideals to having very clear weight loss goals and frustrations with her body and the way her body size impacted her mobility, specifically her knee and hip. She seemed to have a clear idea of health being mainly about self-care and believing that she was worthy of health, but she didn't share these thoughts with her WHAM group.

> *Regina: I have [heard of fat acceptance]. I've actually followed it secretly…I never knew where to find the fat acceptance movement. I know that there was this magazine called Fat?so! that I liked reading. I thought she was great, spunky and bright. I love the self-love and the complete in-your-face I'm big and I'm beautiful and you love me.. That really brings out the activism. I love the fat movement for that. I wish that it was still happening more. I probably would become a part of it now. I think I have to be more ... For some reason, you have to have the right equipment to do that. You have to have the right clothes. I don't know, maybe not. What I've seen is the women be very ... They can do glamour. It's magical almost, the fat acceptance movement. I don't know, it's magical. You just really transform everything…I came across it through Fat!So? magazine*[24] *because I was looking for some stuff around body image when I was feeling bad about myself. I was just, oh, what do I do. I'm going down the drain. I'm sinking in deep. I found the body acceptance and I started reading about it.*

This discussion of fat acceptance or fat liberation as a movement of the past seems at odds with the recent rise in the academic wing of fat activism, fat studies, gains traction alongside more recent body positive movements that pull directly from fat activism as well. It's worth noting that Regina's reflection on the fat activist movement as one that requires specific "equipment," specifically high femme regalia like nice, stylish dresses or expensive makeup, reflects one reason why she felt excluded. While I imagine it is partially due to her self-isolation from mental illness, this could also reflect fat activism's historical centering of middle class White women's

[24] Fat?So! is a website based on a zine and then book created by Marilyn Wann, a Bay Area fat activist. http://www.fatso.com/

struggles for acceptance. As a poor, Latina woman living on disability, Regina's ability to access the "right" tools to be part of the "in your face" movement is likely limited.

Later in the interview, Regina's suggestions for improving her own health mirrored some HAES principles – she wanted to get more enjoyable movement and mentioned the idea that you can be fat but fit. It seems like she her short exposure to fat acceptance literature earlier on her life stuck with her enough to espouse some of its core beliefs or perhaps WHAM reminded her of this during the explanation of the HAES philosophy. Notably, Regina still had a weight loss goal when I asked her about it directly.

Most of the women I interviewed agree with the traditional medical model that fatness brings negative health consequences or exacerbates existing health issues. They are concerned about their weight gain over recent years for health reasons – either dealing with conditions they currently have like high blood pressure or joint pain and aversion to worsening those conditions e.g. having to take more medication or avoidance of getting conditions. While we recognized that some women in WHAM were facing a number of chronic health conditions including diabetes or limited mobility, we still felt that HAES was the best approach to help them improve their health. Though we designed the WHAM program to include a lot of discussion about Health at Every Size, few women I interviewed remembered discussing it in their groups. When they did mention it, they tended to focus on the mindful eating piece rather than the body acceptance components, reinforcing the common goal of weight loss and body size reduction for this group of participants. Irene, a 57-year-old Latina lesbian, was among the most weight loss focused of my participants due to her strong desire to control her diabetes through diet and exercise rather than medications.

> *Irene: When I was a brand new lesbian, when I was about 18, the fat is a feminist issue, have you ever heard that expression? It was beginning, so I felt very well educated in big*

> *women, large women being beautiful and not having a problem with that. There was a lot of that so I'm completely comfortable with that. In terms of my own body, in the general community, as a butch lesbian, I feel like I'm right in the center of it. [But] when I was a young lesbian, I weighed about 40, 30 pounds less, and even though. [I've seen ideas about fatness shift] societally certainly, but I think it's a pseudo shift. It's still not okay to be a fat woman. It's still not okay to be fat. In fact, it remains the one oppression that is still popular to taunt people with, so I find that disgusting and, again, I'm not surprised that it's mostly directed at women. People don't shout out after big fat men and say, "You're a big fat man," but you can hear that. I can hear that every week, maybe, or every month certainly.*

Looking back on this interview, it's almost shocking to me that Irene was the participant who was the most explicit about how fat bias and negative of treatment of fat women in particular is a socially acceptable prejudice. She ended up missing a lot of WHAM sessions because she felt that it wasn't focused *enough* on weight loss. She perhaps best embodies this tension between internalizing fat acceptance and feminist ideals that fat shaming is wrong and targeted at women in very particular ways, but doesn't connect those beliefs to her personal understand of the relationship between her weight and health goals. For Irene, body acceptance movements are out of touch with her almost singular focus on blood sugar control but she hasn't let go of some of their central theoretically tenants as she's aged. Though none of my participants were heavily involved in these movements in their younger years, they discuss them now as ideas that are good in (young adult) theory, but bad in (middle or older adult) practice. The realities of aging make body acceptance movements out of touch from what participants want to center in their lives, namely a focus on health and functionality as they move into their later years.

Discussion

Recent research has complicated the connection between queer women's communities and body size acceptance, moving away from the notion that all lesbian and/or bisexual women have found acceptance at larger sizes in these communities (Eliason and Fogel 2015). This is

contrary to past research espousing the notion that feminist ideologies of body acceptance took hold in queer women's communities, contributing to the rise of fat acceptance movements in the process (Maor 2012; Cooper 2012; Swami et al. 2010). While there continue to be fat activist threads within contemporary queer women's communities (Connell 2013; Fikkan and Rothblum 2012), Fogel argues that contemporary lesbian pop culture appears to conform more to heterosexual women's beauty standards than previous generations. Less research has been done on the diversity within queer women's communities and how subgroups based on identity categories like age, race, class or geography location are formed and impact embodied understandings (Eliason and Fogel 2015). With this evidence in mind, this study explored how a particular set of queer-identified women in the San Francisco Bay Area experience community with other queer women and how this impacts their views on their own body size, health and aging.

The tension between weight loss aspirations and feminist ideals of body acceptance in queer women's communities was central to the stories from my participants. This tension seemed to be intensified by the realities of the aging body and the increasing health challenges participants face as they age. The women I interviewed have two layers of body policing within this tension; not only are they policing their bodies in ways we might expect with an eye toward weight loss, they're also policing themselves around what they are able to say about this desire for weight loss, especially within queer communities outside of their WHAM groups. Fogel & Eliason (2015) mention two studies in particular (Heffernan 1996; Yean et al. 2013) that mirror my own participants mixed messages on dieting and weight loss. Heffernan found that lesbians in their study were very critical of social pressures on women to lose weight, but that half of them had dieted in the past 3 months. Yean et al's (2013) study of both lesbian and bisexual

women found that while they internalized fewer social messages about the importance of thinness, they were still dissatisfied enough with their bodies to have the same number of disordered eating symptoms as heterosexual women.

Thinking more broadly, my data also extend the literature on the conflation between thinness and health (Petersen and Lupton 1996; Saguy and Gruys 2010) especially for women as they age. Women in my study did upload body acceptance ideals, but the practiced, embodied reality was one built on the medical model of weight loss for health and chronic illness treatment. For many women, especially those still on the dating market, weight loss was still about attractiveness, supporting the idea that lesbian women are not immune from social pressures and norms around beauty standards , especially as they move into middle and older age and move away from the hegemony of youth (Winterich 2007).

Though Winterich found lesbians in her study were less influenced about dominant expectations about weight, she nodded to both lower age and class differences as an explanation – that working class women didn't have the same access to aging consumer culture and thus may have better acceptance of their aging status. I found the opposite intersection of age and class among my participants; many of the younger participants seemed much more concerned with weight loss and health and many of the older participants noted that younger queer women seem more apt to internalize and act on thinness-based body norms under a banner of focusing on health or strength as signs of attractiveness. This reflects increasing trends toward healthism (Petersen and Lupton 1996) and health as the part of the hegemonic ideal citizen, alongside whiteness, upper class wealth heterosexuality, and able-bodiedness (Seidman 2004). In fact, the shift I saw in my participants from weight loss talk avoidance (the "code of silence") to willingness to engage in weight loss talk may also reflect the broader societal shift that

encourages engagement with weight loss as a goal that reflects healthy citizens, with healthy as a narrow definition few people achieve in reality.

Health has become central for these particular middle and older age queer women as they understand and construct meanings around their body size in the context of individual and community norms and identities. This work pushes us to examine fatness as a component of embodied intersectional identities including race, class status and sexual orientation. Each of these identities can be visible on the body, race and fatness most especially and I argue, like LeBesco (2004), that body size should be considered alongside these categories as important intersecting identities.

Limitations

Situating the WHAM program was particularly challenging; though it attempted to reflect the literature of queer community norms away from weight loss, it was also influenced by participant's intense focus on weight loss desires. WHAM was not able to build new community norms focused on HAES principles among this particular set of participants, though some did report building community with other participants around shared histories of disordered eating and stigmatizing experiences based on their large body size. This qualitative exploration of the WHAM participants' lived experiences is limited by a number of factors, including the fact that these women were primed for in depth reflection on connections between body size and health after 12 weeks of discussion on these topics during their groups. The fact that they had volunteered for a health program may also have skewed their focus on weight loss compared to a more general, community-drawn sample of queer women over 40 in the Bay Area. Additionally, my own position as the coordinator for the WHAM program in addition to my professional

investment and endorsement in HAES philosophy limited the types of follow up questions I likely pursued, especially for women most invested in weight loss.

Conclusion

Studies like this one utilize sociological methods to explore the deeper impact of public health programs like WHAM that can be missed in typical program evaluation. Previous work has shown us how community norms are built within communities (Eliason & Fogel, 2015), but this work shows us the importance of recognizing the importance of embodied norms within communities as well. Particular to this set of participants, my work complicates previous literatures that argued for universal body acceptance within one, distinct "lesbian community". This study shows that queer women's communities vary widely on their opinions on body size norms and acceptance of fat bodies by the typical social factors – age, race and gender. Like Winterich (2007), I argue that when research does not consider women's meaning making around their bodies, and I would add their intersecting identities, we miss opportunities to help them improve their health. If body norms and ideals are embedded in actual communities and navigated through community ideas, health interventions that attempt to shift these norms must be peer led and community based to effectively shift behaviors and expectations around weight-loss and healthy living in fat bodies.

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V. Dissertation Conclusion / Implications

This dissertation examined the intersection between body size and health using theoretical concepts from medical sociology, namely how the social construction of fatness relies on taken for granted realities created in and with public health and medicine. I critique traditional public health frameworks about the relationship between fatness/obesity and health at three levels: the media spectacle, the social/professional health movement, and the lived experience with specific attention to intersections of gender, race and sexual orientation in each level.

Alongside the rise of public health and medical focus on obesity, interest in the sociological and cultural framing of fatness and large body size has increased substantially in the last 30 years (Cooper 2016). These perspectives bring with them multiple meanings ascribed to large bodies – obese bodies in public health in need of treatment, fat bodies in activism in need of social change, or the lived reality somewhere in the spectrum between the two. A number of scholars have explored the fat body as a social deviance and target of moral judgments (Boero 2012; Bordo 2004) while others focus more on fatness as an identity making status (Burgard et al. 2009; Cooper 2016; Wann 2009). The three papers in this dissertation contribute to existing literatures that ask how fat bodies are socially constructed in varying social contexts from varying social locations.

These three works are embedded in my own background of public health and (public) sociology as a fat activist and reflect the culmination of three separate projects stemming from in my community research activism during my doctoral program. All three papers trouble the assumed relationship between body size and health for fat bodies, joining literature in critical obesity studies and fat studies in engaging and disrupting medical knowledge about obesity and fat bodies. These three works are situated within debates about meanings of fatness in the context

of a world where the dominant perspective on fatness is that of the "obesity epidemic" as defined and battled by public health and medicine.

"Mend this Fractured Family": Sin, Redemption, and Familial Citizenship on NBC's *The Biggest Loser*

Contestants on the Biggest Loser engage not only in rigorous physical and mental challenges in the context of this realty television weight loss show, they also teach the Biggest Loser viewers about what it means to be a good or bad person. Specifically, how to be a good parent through weight loss and increased access to "health" via decreased body size is a central narrative that is featured on the show. Contestants enact this biopedagogy, or subjectivity/teaching via their bodies, by participating in the confessional narrative engrained in the storylines created in The Biggest Loser's first and last episodes of each season. Contestants' embodied confessionals of sinful fatness allow them to access weight loss redemption as each season progresses, with narratives of participation focusing mainly on outward responsibility to others – most notably, their families.

Biggest Loser contestants' primary motivation for weight loss, and participation on the show, is for their families and most especially their children. TBL confessional scripts idealize parenting that enacts idealized notions of health via thinness – parents who cook specific types of foods for their children, who are physically able to play sports with their children, and perhaps most importantly, prevent their children from becoming fat as well. While others have analyzed the effects of TBL on viewing audiences, this analysis demonstrates how TBL reproduces narratives about what fit and responsible parents look like, sound like and control the bodies of their children and themselves to avoid the perils of obesity. My findings support previous research on women and fitness support the notion that fitness is not only connected to femininity

for women as a part of contemporary motherhood, but that the set of tasks associated with being fit is now added as a "third shift of bodywork" after work and second shift household labor and childcare (Dworkin and Wachs 2004). My data also support the notion that fatherhood can and must be lacking when fatness is present (Shirani 2013), though little research exists on the connection between fatherhood, fatness and early death found in this study.

These confessionals also reinforce existing power relationships; contestants must confess to someone; first through the weigh in that allows for a visual assessment and inspection of the sin (fatness); then to themselves about life and death realizations, then to their trainers, families, and the viewing audience. Witnessing and hearing these confessions and public utterances positions the witnesses (the audience/the trainer/families the) as having evaluative power over the confessor because confessors' bodies are deemed worthy of inspection, judgment and ridicule. This power aligns with the discursive power of scientific expertise in order to exert authority over bodies. For the Biggest Loser, scientific expertise is performed through experts of obesity science, selective deployment of medical professionals work and public health efforts to outline the "dangers of obesity". The power and authority of third-parties are constructed in contrast to the ignorance of contestants who are the portrayed as inadequately aware of their health issues or health futures.

The Biggest Loser enacts multiple layers of bodily discipline. Not only are contestants required to confess their sins of fatness and moral failure, the competition for financial gain for the weight loss is also disciplining their bodies, as is the fitness training and strict nutritional and caloric intake that disciplines the body itself. Foucault noted that neoliberalism not only makes economic activity a general matrix of social and political relations, but it takes as its focus not exchange but competition (Foucault 2010). The rise of health-focused reality television

competitions, with financial rewards, contribute perfectly to neoliberal government that relies on public-private partnerships and citizen self regulation. This is a shift from state control of bodies to self-control of bodies via techniques of governmentality.

As with any media content analysis, the findings drawn from the study of reality television are limited. TBL is still a media production and access to the non-edited narratives of previous contestants is limited, though a few have spoken out in interviews about some "behind the scenes" experiences on the show. Additionally, by only examining first and last episodes as a narrative arc, this analysis may miss some of the processing and additional confessional moments by not examining entire seasons of the program. However, examining multiple seasons across several years is rare in TBL sociological literature, making this study uniquely able to describe consistency in contestant narratives across time.

Like other work on obesity-reality reality television (Warin 2011), I found that TBL uses legitimating evidence of the dangers of obesity in its season opener episodes, citing climbing obesity rates, deaths associated with obesity and the huge costs of obesity-related treatments. This context of obesity as a primary public health concern and the proliferation of reality television programs make TBL a prime arena sociological analysis of how bodies and health are viewed through a modern media lens. Using familiar sin and redemption narratives on fatness, contestants on TBL proliferate biopedagogies designed to teach the viewing audience about how they should be living, and more specifically how they should be parenting – through surveillance and control of their bodies and the bodies of their children. By drawing in the viewing audience via the confessional, TBL allows them direct participation into the process of weight loss as redemption for past and future sins.

Health at Every Size (HAES™) as a Reform (Social) Movement within Public Health: A Situational Analysis

This paper utilized situational analysis to examine the history and current applications of the Health at Every Size concept and movement as a reform movement within public health, supported by fat political/social movements. Situational mapping highlights the vast and diverse worlds of public health broadly conceived, and how fat politics intersects with HAES and the complicated networks of actors (silent and recognized) that compose its various social worlds. A social worlds map of HAES delineates some key relationships within and among HAES, public health and fat politics as well as key stakeholders within each world who have undertaken the historical and current work of the HAES movement.

Drawing on personal and organizational accounts of HAES emerged and formed through pathways of existing fat political activism and health professional work allowed me to clearly extend Bucher's work (1961, 1962) on early reform movements within professions. Importantly for the analysis of HAES segments, Bucher and Strauss (1961: 332-333) noted that segments are "more or less continuously under change" in that various segments within a profession are at various stages of development that match to different tactics for action. Additionally, they note that professions involve "a number of social movements in various kinds of relationships to each other" worlds (Bucher and Strauss 1961:333). This is key to HAES as it navigates relationships with both public health and fat politics in a "power struggle" for places within existing institutions.

This research supports Bucher and Strauss' (1961) assertion that segments of professions (or profession-based movements in the case of HAES) are impossible to study in isolation due to the interdependent nature of their relation to other segments. Future expansions of this analysis

could extend the examination of segments *within* HAES itself as well as more pursue in-depth explorations of how segments within public health professions and/or fat politics "professions" or activism extend into the world of HAES.

Both the patenting of the HAES name in 2011 and the tensions within the *HAES Journal* are examples of important boundary-making within the HAES social world. Strauss (1993:212) notes that the boundaries around and between social worlds are fluid and can be ambiguous or in conflict with the claimed boundaries of other social worlds. While the trademarking of HAES is an explicit boundary-making move by ASDAH, continued discussion about the meanings of HAES within its various segments reflects how disputes within the social world arise from questions such as "Does this activity actually represent us?" Such questioning is how the group determines if whether someone or something is violating the "standards" of the social world. The ASDAH trademark currently sets the official legal standards, although the daily work of HAES tends to be more fluid, depending upon the intersecting institutions (e.g. public health, dietetics, etc.) in which individual practitioners find themselves engaged.

HAES practitioners who move more within public health worlds, perhaps those in licensed or professionalized settings such as dietetics, may also engage in strategic deployment of the two main features of HAES advocacy: the focus on health and the focus on (body) acceptance. While most segments of HAES more closely aligned with public health keep both health and acceptance at the core, they also sometimes discuss and argue for HAES perspectives within public health worlds using health as the central focus and uniting concept between the two groups. By delegating body acceptance to the background, HAES advocates are free to relate to public health through concrete data or behavioral recommendations, a "common language of health," without muddying the waters with explicit activist concerns. More common, however, is

the "both/and perspective" that incorporates *both* health *and* acceptance as key and inseparable pieces of HAES that need to be presented in tandem to provide an authentic HAES perspective. This is reflected in actions such as the ASDAH member agreements, in which members pledge to follow all the HAES tenents in the work and as HAES representatives (especially for those listing themselves as HAES experts on the ASDAH website). This both/and insistence on HAES as a combination health and body acceptance package for health professionals is one way in which HAES intends to push the boundaries of public health.

While it is tempting to attempt to pin down HAES as a movement focused solely on the relationship between body size and health, segments within HAES that critique racism and ableism within HAES and beyond it show its promise as a multicausal movement. These splinter segments, organizing through anti-oppression and social justice frameworks, push HAES into consideration as a multicausal movement. Such movements are described by Alondra Nelson (2011) in her work on the health activism of the Black Panthers. The health activism of the Panthers was seen as an extension of the push for civil liberties. Extending her analytic to HAES highlights how the HAES movement connects across social worlds of fat rights activism, public health, anti-racism/civil rights and disability rights.

This article offers the first sociological perspective to explore the HAES movement. It outlines a brief history of the HAES movement and its key players using a social worlds/arenas analysis (Strauss 1978; Clarke 2005). Further studies of HAES history using interviews with key informants, such as HAES editors and authors listed here would greatly contribute to the discussion of HAES as a social movement within public health. Additionally, this research also extends Bucher's work (1961, 1962) on professional segments by using both situational analysis and social worlds/arenas analytical tools to situate and describe HAES, its segments and their

relations with adjoining fields of public health and fat politics. Future studies could explore specific segments in greater depth. This is particular important for recently emerging segments internally critical of HAES with regards to its lack of attention to intersectionality and issues of race, class and ableism in its work on health and body acceptance.

Out of Touch, Out of Time: Older Queer Women's Engagement with Fat Acceptance Movements

The tension between weight loss aspirations and feminist ideals of body acceptance in queer women's communities was central the stories from my participants. This tension seemed to be intensified by the realities of the aging body and the increasing health challenges participants face as they age. The women I interviewed have two layers of body policing within this tension; not only are they policing their bodies in ways we might expect with an eye toward weight loss, they're also policing themselves around what they are able to say about this desire for weight loss, especially within queer communities outside of their WHAM groups.

Another health program funded alongside WHAM in the Bay Area called "Doing It For Ourselves" found similar results around a weight loss "code of silence" that participants felt around weight loss (Eliason 2015). Participants in DIFO noted that the group helped them feel more comfortable sharing their weight loss goals; interestingly, DIFO also had a much stronger fat acceptance contingent who were vocal about avoiding weight loss, even refusing to have their bodies measured during data collection.

Fogel & Eliason (2015) mention two studies in particular (Heffernan 1996; Yean et al. 2013) that mirror my own participants mixed messages on dieting and weight loss. Heffernan found that lesbians in their study were very critical of social pressures on women to lose weight, but that

half of them had dieted in the past 3 months. Yean et al's study of both lesbian and bisexual women found that while they internalized fewer social messages about the importance of thinness, they were still dissatisfied enough with their bodies to have the same number of disordered eating symptoms as heterosexual women.

Situating the WHAM program was particularly challenging; though it attempted to reflect the literature of queer community norms away from weight loss, it was also influenced by participant's intense focus on weight loss desires. WHAM was not able to build new community norms focused on HAES principles among this particular set of participants, though some did report building community with other participants around shared histories of disordered eating and stigmatizing experiences based on their large body size.

Studies like this one utilize sociological methods to explore the deeper impact of public health programs like WHAM that can be missed in typical program evaluation. Previous work has shown us how community norms are built within communities (cite?), but this work shows us the importance of recognizing the importance of embodied norms within communities as well. Particular to this set of participants, my work complicates previous literatures that argued for universal body acceptance within one, distinct "lesbian community". This study shows that queer women's communities vary widely on their opinions on body size norms and acceptance of fat bodies by the typical social factors – age, race and gender. If body norms and ideals are embedded in actual communities and navigated through community ideas, health interventions that attempt to shift these norms must be peer led and community based to effectively shift behaviors and expectations around weight-loss and healthy living in fat bodies.

Contributions to Extant Literature

As they explore the social construction of fat bodies, each of these three papers tell stories of the dominance of the public health perspective of fatness as the great moral and physical health concern of our time. While the HAES paper and the WHAM paper show how people have tried to push beyond the notion of fatness as the great health evil of our time, but are restrained by the dominant public health/medical ideology of fatness. The situational analysis of HAES reveals how the history of the movement helped shaped its current politics. Specifically, I show how HAES is pulled between wanting to engage in the fat activism that grounded many of its early white, lesbian pioneers who are also firmly, professionally tethered to public health and the centering of health as a common goal worthy of personal and professional activism. Others argue that because HAES centers health and public health so clearly, connecting it directly to fat activism dilutes the civil rights focus of fat activism's core ideology (Cooper 2016). My findings support Cooper's assertion that HAES does not belong under the fat activism umbrella, but I do think it should remain in our understanding as a health social movement that has personal activist overlap with fat activism even as it overlaps more clearly with public health and the pursuit of health as a moral, social imperative.

Unsurprisingly, older, queer women who volunteered to enter a health program also centered health in their discussions of identities and personal goals and aspirations. Women who had gone through the WHAM program mirror the social locations of the HAES founders in many ways – most had been active in the Bay Area lesbian communities for many years, in their 40s and 50s, white, lesbian/queer identified, and concerned about their own health and the health of their community members. Although WHAM participants obviously joined the program to improve their own personal health, finding that women in WHAM directly connected improved

health to weight loss was contradictory to both our study expectations and some existing literature on lesbian communities that hinted at a resistance to weight loss messages as part of a rejection of heteronormative body pressures for women. However, other research supports the finding that lesbian women are subject to the same pressures around weight loss (Alvy 2013); it follows then that these women would reject fat acceptance messages or feel only a tenuous connection with them at best. For most, the process of aging and acquiring new chronic health issues or increasingly limited mobility was directly connected to weight gain and all the information they have – from healthcare providers, from media, from memory of times when they weighed less – tells them that weight loss is the way to regain some of the health status lost with age. Their version of centering weight then aligns with public health, although the way they understand this centering of health and weight loss is constructed more as common sense than a bowing to social or medical pressures; weight loss was meant to be a reflection of better eating and movement habits, a lifestyle change rather than a pursuit of beauty standards. These findings contribute to existing literatures on queer women and body image, adding importance voices of older, queer women often left out of literatures focused on young adults and body image.

Much in the same way as my WHAM participants, TBL contestants resisted what they considered superficial reasons for weight loss – prize money or attractiveness – in favor of seeking moral redemption as family members, and parents specifically. Though TBL remains most squarely within the public health framework of obesity/fatness as a negative aspect of self that needs remedied, one could argue that contestants are happy with the results and entered willingly into this process for reasons personally important to them. Obesity is described as the physical manifestation of emotional problems or personal failures for these participants. The extreme ways they are willing seek weight loss and the emotional, relational failures that they

believe will be healed as part of the public confessional spectacle help us better understand how the panic around the obesity epidemic gets translated into personal, more failures. By centering contestant voices across multiple seasons, this work contributes to literatures focused not only on the cultural impact of TBL as a media machine, but also the ways that parenthood serves as moral imperative for physical fitness focused self-care.

Remaining Questions/Further Research

A number of questions remain for each of my three papers and I have specific plans for each. First, I have a second paper planned from my existing TBL data, which examines heteronormativity on TBL. Specifically, it interrogates the roles of the trainers as experts in fitness, health, nutrition, weight loss, etc. on TBL and asks why trainers' sexuality in particular is removed from the show's frame. Contestant narratives for participation around heteronormative life goals will be analyzed alongside a targeted analysis of the two openly gay contestants on TBL. Additionally, I would like to expand my research on The Biggest Loser to look at Biggest Loser-style programs in occupational settings and their health policy impacts. While research on reality television often examines audience impacts with regards to health behaviors or attitudes toward fat bodies, little work has been done on how these types of programs have been adapted as public health interventions in organizational settings.

Secondly, I have plans for a second paper from the WHAM interview data that explores how gender identity and gender expression intersect with body size for older queer women. Many women in WHAM were single and dating and I would like to explore how their stories of dating or stories about being in relationships reflect larger social understandings of body size within this community. Additionally, by exploring gender identity intersections, I will be able to include

data from the two trans women and one trans man I interviewed as part of this project, which were left out of this WHAM paper.

While I don't have a specific second project planned to expand my findings from the situational analysis of the Health at Every Size movement, I do think the movement continues to change in new and interesting ways that warrant further investigation in the coming years as other alternative health movements take shape around the world. Outside of my dissertation work, I plan to expand my published work on the experience of women of size in reproductive healthcare contexts, including experiences of prenatal and family planning care. The public health concern of over weight gain during pregnancy rises alongside obesity epidemic and has implications for added surveillance of pregnant bodies. This project would focus directly on the lived experiences of obese pregnant women in the prenatal care process. These women likely face layered weight stigma, not only about their own body size but how their body size impacts their unborn child as well and I would like to explore how these experiences shape their feelings about their pregnancies and their bodies extending work at the intersection of the sociology of reproduction and the sociology of health.

Policy Implications

While my future research plans for The Biggest Loser project and continued pursuit of social meanings of fatness, especially for women, may have policy implications, the paper most directly connected to policy applications is the situational analysis of Health at Every Size. As noted in the paper, HAES practitioners who move more within public health worlds, perhaps those in licensed or professionalized settings such as dietetics, may also engage in strategic deployment of the two main features of HAES advocacy: the focus on health and the focus on (body) acceptance. The strategic focus on health allows these practitioners to use the power and

educational (and generally class) privilege originating in their professional roles to connect with other public health professionals. Centering health connects HAES to the more socially and institutionally powerful public health world, but body acceptance is also gaining in social acceptance and support. This could mean that, in the future, HAES practitioners who engage with both public health and body acceptance advocacy tools will be able to draw from two distinct sources of social power, the professional and medical power of public health and the popular support for body acceptance ideals e.g. increasingly visible clothing or other marketing campaigns that espouse body positivity.

However, HAES practitioners must also remember its history and continue to make important changes to support people across social locations. The gendered nature of this movement and its feminist origins has implicated who its main players are (white women), the type of power or privileges they have (race, class) or have access to (professional careers, higher education), and the strategies they use to position the movement (academic publications, professional conferences, etc.). While HAES can and should be considered an international movement and it continues to increase member diversity in terms of race, gender and education/professionalization levels within specific segments, it remains a largely white women's movement designed to help white women achieve better health without dieting and body shame. Future studies could explore specific segments of the HAES movement in greater depth, including the emerging segments engaging in explicitly anti-racism work and how more traditional factions of HAES have responded. This is particularly important for recently emerging segments internally critical of HAES with regards to its lack of attention to intersectionality and issues of race, class and ableism in its work on health and body acceptance.

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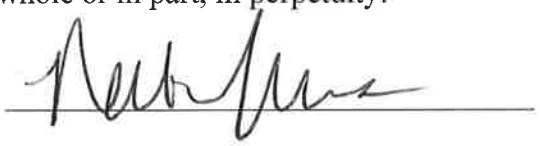

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