Responding to the resistance: A critical discursive analysis of women’s engagement with Health At Every Size and Fat Acceptance messages.

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This thesis is presented in partial fulfilment of the requirements for the degree of Bachelor of Psychology (Honours), Murdoch University, 2014
Declaration

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary educational institution.

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Abstract

The health consequences of excess body weight have been widely documented and publicised, and the weight related health paradigm has come to be widely accepted in western society. With this acceptance however has come a construction of the overweight individual as irresponsible, lacking in ability to self-regulate and constituting a burden to society. Stigma has been attached to weight, with bias and discrimination toward overweight individuals, the outcome. Resisting such discrimination and attempting to de-stigmatize weight are two movements in particular, Health At Every Size and Fat Acceptance. These social and political movements pose a challenge to the dominant ideology, based on the harmful effects of weight stigma and the growing body of evidence suggesting the contentious nature of the weight-health relationship. This study examined responses to these resistance movements via a Critical Discourse Analysis of focus group discussions of these movements among Australian undergraduate women. Twenty one female participants took part in a series of focus group where messages and images from the Health At Every Size and Fat Acceptance movements were presented. Although participants were generally sympathetic to the problems caused by weight stigma and stereotypes of overweight people, and endorsed the view that all people should be treated with respect, they also frequently fell back on widespread understandings of weight as personally controllable and health as a moral obligation, as a rationale for rejecting these messages. These findings are discussed in terms of the challenges faced by these resistance movements providing a means of reducing weight stigma.
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Responding to the resistance: A critical discursive analysis of women’s engagement with Health At Every Size and Fat Acceptance messages.

The consequences and risks associated with weight gain and obesity in particular, have been widely publicized. To avoid Heart disease, Type II Diabetes and cancer, the public is advised to aspire to and maintain a ‘healthy’ body weight via diet and exercise regimes (Australian Government Department of Health, 2009). Despite the existence of considerable debate among obesity researchers concerning the highly complex relationships between diet, exercise, body weight and health (Campos, Saguy, Ernsberger, Oliver & Gaesser, 2006; Gasser, 2002; Rich, Monaghan & Aphrammor, 2011), public health campaigns and public discourse promote the view that there is a straightforward relationship between lifestyle, body weight, and health (Puhl & Heuer, 2010; Puhl, Peterson & Luedicke, 2013). Individuals who do not ‘appear’ to be following such pursuits, and remain overweight despite warnings may experience some, less publically documented consequences. Weight related stigma, bias and discrimination have been documented as impacting on the well-being and lived experience of overweight or obese individuals. Such discrimination has been found to be powerful and impact upon important areas of public and private life (Brewis, Hruschka & Wutich, 2011; Major, Eliezer & Rieck, 2012; Puhl & Brownell, 2001; Puhl & Heuer, 2009). Gender differences in weight stigmatization have also been identified, with women experiencing higher rates than men (Brewis et al., 2011; Fikken & Rothblum, 2012).

The nature of such discrimination has been linked to the social construction of weight in contemporary western societies. The ideology that weight is within individual control has led to a culture of blame and stigmatization (Crandall, 1994). Individuals may be viewed as a drain on society as a result of their poor personal
choices surrounding health and weight (LeBesco, 2011) or as lacking in abilities and ethics (Rice, 2007). Some have gone so far as to legitimate such attitudes, claiming discrimination toward overweight people to be “the last socially accepted form of prejudice” (Stunkard & Sorenson, 1993, p. 1037). Indeed, weight stigma has been justified as an important method for motivating overweight and obese people to change (Rogge, Greenwald & Golden, 2004). With rates of overweight and obesity rising throughout the world (World Health Organization, 2014) the effectiveness and appropriateness of such approaches have begun to be questioned (Bacon & Aphramor, 2011; Campos et al., 2006; O’Hara & Gregg, 2012; Saguy & Riley, 2005).

Resisting such dominant messages and challenging weight related stigma are movements promoting Size Acceptance. Two movements in particular, Health at Every Size (HAES) and Fat Acceptance (FA) are the focus of this study. The HAES movement proposes a size neutral approach to health, arguing that the focus on weight loss as a measure of whether health-enhancing practices are ‘working’ is counterproductive, and may discourage people from making lifestyle changes that have considerable health benefit, even when they do not lead to weight reduction (Bacon, 2010). HAES calls into question many of the assumptions underlying the dominant weight related health paradigm. Drawing upon evidence that suggest fitness is a better predictor of health outcomes than weight, and that weight cycling can be more damaging to cardiovascular health than maintaining a higher body weight, HAES maintains support for health as a pursuit yet does so within a framework of Size Acceptance (Bacon, 2010; Bacon & Aphramor, 2011; Campos, 2004). Fat Acceptance by contrast, challenges the dominant weight discourse from a platform of civil rights. As a liberation movement FA contests the notion of fatness
as illness, rejects the notion that people have a moral obligation to pursue health, and views body size as a form of diversity that should not be subjected to discrimination (Cooper, 1998; Saguy & Riley, 2005). In a strategy similar to the civil rights movement reclaiming the word black, and Gay Pride re-appropriating the word queer; Fat Acceptance has reclaimed the word fat (Saguy & Riley, 2005). Fat is now frequently used as a descriptive term in preference to obesity, a medical term, and overweight, which implies comparison to a preferred standard (Fikkan & Rothblum, 2012). A preference for the term ‘fat’ has also been shown over ‘obese’ in obese individuals (Thomas, Hyde, Karunaratne, Herbert & Komesaroff, 2008). Throughout this paper the terms fat and obese will be used interchangeably.

With overlapping yet slightly different challenges to the current construction and understanding of ‘fat’, the power and potential of these ‘de-stigmatizing’ movements, rests on the reception these messages receive in the wider social context. To date research into these movements has considered how they are engaged with by fat people themselves (Donaghue & Clemitshaw, 2012; McKinney, 2004) and by various health professionals (Bacon, et al., 2002; Tylka et al., 2014) but research to date has not explored the public resonance (or lack thereof) of these efforts to resist mainstream anti-fat discourse. The intention of this research is to examine these responses via a discursive analysis of responses to messages from each of these movements. Participants will attend focus groups where they will read and discuss material relating to HAES and FA. The intention is to analyze response, in order to identify patterns of similarity and difference in response to the messages from these two movements. The aim of the analysis is to explore not only the level of support or rejection of these messages, but more particularly to identify the grounds on which various elements of these messages are accepted or rejected. This will form a basis
for understanding whether and how these messages of resistance might hope to achieve a level of public support that could provide a basis for a reduction in weight stigmatization.

**The Stigmatization of Weight**

A stigmatizing attribute is one that is visible and serves to discredit the individual via the responses of others; the stigmatized individual becomes “reduced in our minds from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p.12). The attitudes of others are likely to translate into negative actions and discriminatory behavior toward the obese individual, indicating that obesity is indeed a stigmatizing condition (Carr & Friedman, 2014). In current western societies obesity can represent what Goffman termed an “undesired difference”; a condition to which those not in possession of such difference “exercise varieties of discrimination” against (Goffman, 1963, p.15). The attitudes of others alone however, do not establish obesity as a stigmatized condition; it is the deliberate actions towards obese individuals that institute the stigmatized and devalued obese identity.

The experiences of weigh stigma occur in both institutional and interpersonal settings, for men and women, however the level of discrimination tends to be greater for women, regardless of domain. The key domains of weight stigma, documented in reviews by Puhl and Brownell (2001) and Puhl and Heuer (2009) were identified as employment, education and health care. In the domain of employment obese individuals reported employment discrimination at a rate thirty seven times higher than normal weight individuals (Roehling, Roehling & Pichler, 2007). When gender difference is taken into account, findings revealed weight based employment
discrimination, tends not only to be experienced to a greater extent by women (Roehling, et al., 2007), it also occurs at lower weight levels for women than for men (Morris, 2006). Fat women also earn less than non-fat women, with the same disparity not found for fat men (Fikken & Rothblum, 2012). In the domain of education, obesity has been associated with lower levels of higher education for both men and women (Wardle, Walter & Jarvis, 2002). Obese girls however, have been found less likely to enter college than their non-obese female peers, with the same relationship not evident for obese boys (Crosnoe, 2007). Familial support may be one reason for this disparity. Research shows fat daughters receive less higher education support than fat son’s (Crandall & Schiffhauer, 1998). In Health care settings, overweight individuals often place their care in the hands of professionals who may hold negative attitudes towards obese patients (Foster et al., 2003), indeed many obese people report feeling humiliated by their doctors (Thomas et al., 2008). For women in particular, doctors were among the most frequently reported source of stigma (Puhl & Brownell, 2006) with many fat women avoiding or delaying preventative health screenings the outcome of such interaction (Fikkan & Rothblum, 2012). While public health messages warn of the risks to health associated with overweight and obesity, these findings highlight many additional risks to health and well-being, risks that come not directly from the weight itself, but from bias, stigma and discrimination directed at overweight individuals.

Living in a social context where negative messages and attitudes towards fat bodies pervade many areas of living has also been found to have important psychological consequences. Weight stigmatization has been identified as impacting negatively on emotional health and wellbeing; with reduced self-worth and self-esteem the outcome for many overweight or obese individuals (Lewis et al., 2011).
Depression, anxiety, and relationship difficulties when experienced as a consequence of weight stigma and discrimination, have been found to result in social isolation, reduced participation in physical activity (Lewis et al., 2011) and reduced self-control around food (Major et al., 2012), outcomes which perpetuate negative attitudes toward obese individuals. In bringing attention to the negative impact of weight stigma, research identifies weight stigma as an issue of social justice (Puhl & Heuer, 2010), an issue that has particular importance given that the majority of many western populations can currently be labelled overweight or obese (World Health Organization, 2014).

**The Social Construction of Weight**

Anti-fat bias has been identified as more pronounced in individualistic western cultures than collectivist cultures, indicating that ideology has a role to play in the strength and perpetuation of such attitudes (Crandall & Martinez, 1996). Western ideology tends to reflect a neoliberal approach to citizenship, where, in terms of health and welfare, the individual has both the opportunity to make choices and the responsibility of the consequences (Lebesco, 2011). Making the choice to pursue health is considered a moral obligation of the individual as well as a demonstration of agency (Crawford, 2006). The term ‘healthism’ has been used to refer to the moralization of health, prominent in many health-valuing western societies, and resulting from the increased importance placed on health in recent years (Crawford, 2006). The attainment and practice of health has come to be associated with not only the possession of ‘willpower’, ‘self-control and ‘self-discipline’, good health also provides an opportunity for the individual to express these qualities (Crawford, 2006). Positioning health in this way has implications for citizens identified as not following this valued pursuit. People viewed as adopting an
irresponsible approach to their health and well-being, through occupying a fat body, may be assumed to lack the ability to self-regulate, and hence, lack moral worth (Lebesco, 2011).

As overweight and obesity have increasingly become medical concerns, fat people have been further scrutinized and judged. Public health agencies have contributed to the social meaning of weight with programs that, while attempting to promote health enhancing behaviours, have indirectly contributed to the public opinion of obesity as a condition that is "unnatural, abnormal and unhealthy" (Rogge et al., 2004, p.305). The fat body has now come to be commonly considered, a diseased body (Gard & Wright, 2005). The logic of healthism, has positioned this fat body as not just immoral and diseased; but as immoral because it is diseased (Crawford, 2006). This construction of obesity has led to a response that allows for “practices that marginalize a large group of people and set up situations where they can be pathologised, discriminated against, mistreated and abused.” (Gard & Wright, 2005, p.163) As medical messages regarding weight and health have become the conventional point of view, lay judgments against overweight ‘irresponsible’ individuals have become legitimized (Gard & Wright, 2005). Indeed, many judgments and practices against obese people have been rationalized as attempts to motivate change (Puhl & Brownell, 2006).

As public discussion on obesity has gained in volume and attention, scientific research into obesity has also proliferated. Research has historically focused on the risk factors of excess weight and the promotion of weight loss as the route to improved health (Aphramor, 2005). Research focus however, is beginning to shift. Given the 90% - 95% failure rate in achieving long-term weight loss, questions have been raised regarding the effectiveness and ethics of recommending weight focused
medical treatment (Aphramor, 2005). Research has also oriented to challenge the traditional views of body weight and health, with the complexity of this relationship being examined (Bacon, 2010; Campos, 2004; Campos et al., 2006; Gasser, 2002; Macmillan, Duke, Oakes & Liao, 2011). One central assumption that has been challenged, is the claim that a higher than average body fat is a primary and direct cause of disease (Campos et al., 2006). Such research suggests that the tendency to interpret body weight as a reflection of lifestyle and health may be somewhat simplistic.

The increased attention on weight, both scientifically and socially has also led to a response from those affected and afflicted by the negative meaning attached to weight. Size Acceptance (SA) movements have been increasing in prominence and activity since the 1960’s. These movements have rallied both formally and informally to offer alternate perspectives in an attempt to ‘de-stigmatise’ fat (Lupton, 2013). Identified by different names and different agendas, Fat Liberation, Size Acceptance, Health At Every Size and Fat Acceptance, share a similar motivating force; there is “a righteous anger at injustice and abuse, but also the hope that we can effect a positive change” (Cooper, 1998, p.189). The issues addressed by SA movements, have relevance for both men and women, however women in particular feature prominently in the actions of these movements.

As part of their gendered experience, women tend to encounter frequent evaluation of their physical appearance (Rice, 2007). The social construction of the ideal woman has historically and openly been connected to body weight (McKinley, 1999), and the impact of this is evident in the gendered experience of weight stigma and discrimination (Fikkan & Rothblum, 2012). Given the additional judgment and critique facing the fat woman, together with the emergence of size acceptance
movements during the time of women’s right movements, women feature
prominently within SA movements, literature and research. The subject of the
female body and female identity has been examined by many feminist authors;
but a few. Feminist authors and researchers, many supportive of size acceptance
movements, are now taking on the topic of the ‘Fat’ female body; Susan Bordo
Samantha Murray (2008) and Abagail Saguy (2013) bring a diversity of female
perspectives to focus on the subject of, weight, women, and stigma. While the
messages endorsed by size acceptance movements such as HEAS and FA, are not
gendered in nature, there is a notable gender bias toward women endorsing these
movements. Such movements have also come to actively draw upon feminist
argument and strategies to combat weight discrimination and de-stigmatize fat
identity (Saguy & Ward, 2011). The adoption of gendered strategies, however does
not impact the intention of Size Acceptance movements as they attempt to reopen the
public conversation, presenting alternate ways of thinking about weight and health
and bringing attention to the impact of weight stigma on the lived experience of the
overweight or obese individual.

Health At Every Size

The Health At Every Size movement or HAES is a trans-disciplinary Size
Acceptance movement arguing for a shift in focus from weight loss promotion to a
weight neutral approach to health (Bacon & Aphramor, 2011). HAES contends that
weight is not an accurate measure of health, and that at “any given weight, some
people are healthy and some are not” (Lupton, 2013, p. 85). Embracing both the
evidence suggesting, the negative impact to health from advocating weight loss as a
primary means of achieving health, and the documentation of pervasive stigmatization and discrimination, HEAS suggests a shift at an individual level approach to health and a shift in the conventional health care paradigm (Aphramor, 2005; Bacon, 2010; Burgard, 2009, Bacon & Aphramor, 2011). HAES presents an organized approach to de-stigmatizing obesity, founded in research and scholarly publication.

As a trans-disciplinary movement HAES draws evidence and investigation from a variety of fields, including; Psychotherapy, exercise science and nutrition (Bacon, 2010) dietetics and social justice (Aphramor, 2005) law (Campos, 2004) and sociology (Saguy, 2005; 2011). As research re-investigating the connection between health problems and body mass index, have begun to challenge this relationship (Bacon, 2010; Campos, 2004; Gaesser, 2002; Macmillan et al., 2011; Tylka et al., 2014) HAES has utilized this evidence to challenge assumptions surrounding the weight and health. In doing this HAES recommends an approach to health, with a focus on day to day activities that can assist people of any size to improve health and well-being (Burgard, 2009). The implementation of a HAES approach has actually been shown to be more successful, in terms of improving physiological measures, health behaviors and psychosocial outcomes in obese individuals, when compared to traditional weight focused programs (Bacon et al., 2002; Bacon, Stern, Van Loan, & Keim, 2005; Rapoport, Clarke & Wardle, 2000; Tyka et al., 2014). Support for the weight inclusive approach of HAES has also received backing on ethical grounds, with recommendations that this approach be adopted by health professionals when relating to patients and the broader community (Tylka et al., 2014). In terms of public health messages a HAES approach has also been identified as preferable;
health messages with no mention of the word ‘obesity’ were viewed as the most positive and motivating (Puhl, Peterson & Luedicke, 2013).

While providing an important public message, HAES also offers a ‘personal’ message, enabling people to adopt HAES principles and “join the new peace movement” (Bacon, 2010, p.277). The actions recommended by the HAES manifesto include “accept your size, trust yourself, adopt healthy lifestyle habits and embrace size diversity” (Bacon, 2010, p.278). This approach positions the body as a natural phenomenon and the individual as having instinctive knowledge and the ability to nurture their body (Lupton, 2013). Considering body diversity as a natural phenomenon, is one of values HEAS shares with the Fat Acceptance movement (Burgard, 2009). One difference between these movements however, is that while HEAS maintains a focus on health, FA takes health out of the equation, focusing on equal human rights and “making fat bodies visible in new, enabling and politically empowering ways” (Murray, 2008).

**Fat Acceptance**

The fat acceptance movement keeps company with other marginalized social groups pursuing civil rights. Emerging in the late 1960’s in the United States, The National Association to Advance Fat Acceptance (NAAFA) was established in 1969 (Cooper, 1998). At this time many other groups including; women’s rights, gay men, lesbians and African Americans were also mobilizing in an attempt to end oppression and achieve equality (Lupton, 2013). Over recent decades, subsequent groups have formed with the intention of providing support and resources for; medical advocacy, self-esteem, fashion, socializing and defense against discrimination (Wann, 2009). With the growing medicalization of obesity and
reports of a global obesity epidemic, the ‘need’ for acceptance and activism on behalf of people oppressed due to their weight has also grown (Wann, 2009). Fat acceptance, unlike HAES has not grown into a unified or singular political movement; it is more of an ideology encompassing fat liberation, fat pride and fat acceptance messages (Cooper, 1998). For some an approach to activism that is “often lawless, messy, ambiguous, uncomfortable and far out” (Gingras & Cooper, 2013, p.2) is a preferable way to approach de-stigmatizing size.

Fat acceptance has also been active in calling attention to, not only discrimination against fat people, but to how this discrimination actually results in oppression (Rogge et al., 2004). Challenges have been made against the current weight centred health policy, based on the argument that such an approach is inconsistent with human rights obligations (O’Hara & Gregg, 2012). The weight centric approach to health and subsequent public health promotions are viewed as contributing to inequality and discrimination experienced by overweight people via the negative portrayal of overweight and obese individuals (Lewis et al., 2010; Puhl & Heuer, 2010). The framing of weight as a primary cause of disease has been positioned as creating policies, programs and biases that lead to violations of human rights in areas of housing, education, employment, reputation and dignity (O’Hara & Gregg, 2012).

The Fat Acceptance movement takes a political stance against the discrimination experienced by fat people. Rather than advocating that the fat person change their body, or change their mind about their body, fat activism makes a call for ‘others’ to change. The Fat Liberation Manifesto (Freespirit & Alderbaran, 1973) makes demands for equal rights, calls out “reducing” industries on their false claims and the medical science which labels fat people unfit. The fat acceptance movement
advocates for social change and to remove not only the association of poor health with excess weight, but to also remove the obligation associated with the pursuit of health (Chastain, 2014). For many this is a more radical message, as it poses a greater challenge to current western ideology regarding weight, health and citizenship.

The Present Study

The messages of HAES and FA, whilst taking different approaches, both challenge the dominant weight related health paradigm and endorse size acceptance as a vehicle for change and reduction of weight stigma. How the messages of HAES and FA are received by members of the wider society is important to understand as potential for reduction of stigma, discrimination and oppression, of a large segment of the western population may lie with these audiences. Just as the power of the dominant weight related health discourse has been driven by its widespread acceptance, the power of any ‘resistance’ discourse is also dependent upon its acceptance in the public arena. Little is known about how the public engages with these messages.

To date research in this area has primarily focused on identifying areas of weight discrimination (Brewis et al., 2011; Fikkan & Rothblum, 2012; Puhl & Brownell, 2001; Puhl & Heuer, 2009) and measuring attitudes to obesity and fatness (Allison, Bastile & Yuker, 1991; Crandall & Martinez, 1996; Lewis, Cash, Jacobi & Bubb-Lewis, 1995). Research is now extending to understanding more about the lived experience of the overweight or obese individual (Carr & Friedman, 2005; Lewis et al., 2010; Lewis et al., 2011; Rice, 2007; Thomas, et al., 2008). Focus is also being brought to how women in particular engage with messages of size
acceptance (McKinley 2004; Donaghue & Clemitshaw, 2012). As research shifts from identification and quantitative measurement to a focus on the experience of the person, qualitative methods have been more frequently utilized. This is particularly the case where research originates from a feminist or critical obesity orientation (McKinley, 2004; Donaghue & Clemitshaw, 2012). This study recognizes the current direction of critical obesity research and adopts a qualitative methodology to contribute toward this body of research. The present study also responds to the call for Size Acceptance messages to become more widely engaged in culture (Donaghue & Clemitshaw, 2012).

To achieve the goals of this study the HAES and FA messages will be presented on separate occasions, with HAES presented first then FA. This will enable an analysis of response to each as well as being able to see whether talk differs in relation to the messages. The rationale for this order of presentation is based on both the nature and challenges put forward from each message. HEAS, while challenging the dominant assumptions about the nature of the relationship between weight and health, nonetheless retains the pursuit of health as a valuable goal. Fat Acceptance however, seeks to take health out of the equation viewing health as a personal matter rather than a moral responsibility, making it a potentially more radical message to accept within the wider community.

Through an analysis of talk generated from the focus group discussion, evidence of engagement or lack thereof with both HEAS and FA will be examined. Areas of contest and acceptance of these counter messages will be able to be identified together with the grounds on which such responses are based. How the messages of HEAS and FA hold up against the dominant discourse will also be evident. Will these messages have appeal and to what extent will people be
sympathetic to them? Such responses will also highlight the potential of these movements to impact upon the social construction of weight and achieve a reduction in weight based stigma, prejudice and discrimination.

Method

Participants

Participants were 21 female undergraduate students from Murdoch University. The age range of participants was 18-60 years (M = 30.29, SD = 12.54). The majority of participants (19) identified as Australian, with the remainder identifying as British. Participants were recruited by advertising on the Psychology subject pool website (Appendix B) and via advertisement posters placed around the University campus (Appendix C). The study was promoted as an opportunity for women to engage with messages that resist the ‘weight centered health paradigm’. Familiarity with Size Acceptance movements was not a requirement, and body weight was not a criterion for participant selection. Participants received psychology subject pool credit hours for their involvement in this research.

Procedure

Participants took part in a set of two, 60 minute focus groups spaced one to two weeks apart. Each focus group consisted of three to six participants. At the commencement of each focus group participants were provided information regarding the details of the sessions and were assured of their anonymity (Appendix D). Consent forms were signed, allowing the sessions to be audio recorded (Appendix E) and demographic details completed (Appendix F). Focus group conversation was generated via reading material and photographs presented throughout the sessions. Focus group one included content relating to Health at
Every Size, while focus group two related to Fat Acceptance (see Materials section to follow). Information regarding the source of the content distributed was given, and participants were encouraged to make notes or comments on the readings. Once participants had finished reading, a series of questions focusing on reactions to the material, and reasons for agreeing or disagreeing with, were posed for discussion. The same question schedule (Appendix G) was used for all groups; however, the discussion remained flexible and responsive to the topics raised by participants.

To enable analysis, focus groups were transcribed orthographically. For the purpose of participant anonymity pseudonyms were assigned. Transcripts were labeled with a letter to indicate the group set and a number to indicate a first or second session. For example ‘2A’ refers to the second session for group A. There were six groups in total, completing two sessions each, for a total of 12 focus group sessions.

Materials

The materials selected were taken from critical obesity literature and online blogs. They were chosen for the position they take in resisting and contesting the weight centered approach to health that dominates in Australian culture today. The first item presented in focus group one was an extract from the introduction to The Obesity Myth (Campos, 2004; Appendix H). This extract reviews evidence contesting the relationships between weight and health, and calls for an end to the ‘war on obesity’. The second reading presented was the HAES Manifesto, an extract from Health at Every Size: The Surprising Truth About Your Weight (Bacon, 2010; Appendix I). The HAES Manifesto reflects a similar argument to the first extract, challenging several assumptions associated with weight and health, and offering
suggestions for achieving well-being and health-enhancing habits that are not weight dependent. Lastly two images from the ‘I Stand’ online campaign, by Marilyn Wann were presented (Wann, 2012; Appendix J). The objective of this picture campaign was to draw attention to the automatic associations attached to weight; the images depict large bodied women with captions supporting health at every size messages. Women participating in this campaign, selected their own images and captions.

The second focus group session was designed to take the conversation away from discussions about the best methods for promoting health and into the realms of the Fat Acceptance and Fat Liberation movements. The choice and order of material was intended to ‘mirror’ the first focus group. To commence the focus group, participants were given the opportunity to share any comments or questions that had arisen since the previous meeting. The focus group then continued with the presentation of another two pictures from the ‘I Stand’ campaign (Wann, 2012; Appendix K). The pictures presented on this occasion offer messages of fat and size acceptance that are not related to health. The Fat Liberation Manifesto (Freespirit & Aldebaran, 1973; Appendix L) was then presented for discussion. This manifesto offers the perspective of the fat liberation movement that identifies an alignment with other oppressed groups. Arguments are made for equality and an end to discrimination. The final item presented was an extract from a high traffic size acceptance blog called Dances With Fat (Chastain, 2014; Appendix M). The extract calls for separation between weight and health, the author also challenges the notion of health as an obligation.
Approach to Analysis

For the purposes of this study the focus group discussion followed a question and answer format. Participants tended to respond to the materials presented and the questions asked; as such the dialogue developed more between facilitator and participant, rather than primarily between participants. In responding to the materials, participants often engaged in self-disclosure; comments were made regarding their own weight, and their experiences of being a particular weight. Such disclosure was not requested of participants and arose naturally during interaction.

The intention behind the design of this study was to present the messages of HAES and FA separately, with the ‘softer’ HAES perspective presented before the more ‘radical’ FA. Analysis of the data maintained this separation, with transcripts grouped into sessions and approached accordingly. Familiarity with the data corpus began during the process of transcription. Once transcripts were complete the refinement procedure began. The first body of instances was composed of instances of talk relating to the endorsement or the rejection of the HAES and FA messages presented. From here analysis moved to refine these instances to the most frequent and characteristic expressions from participants. As this research sought to analyze response to messages from these resistance movements, particular attention was paid to how participants grounded their expressions of support for, or skepticism of, the arguments presented in the materials they read. The method of analysis used to allow these points of contest to be considered is Critical Discourse Analysis (van Dijk, 2001).

As a method of Discourse Analysis, Critical Discourse Analysis (CDA) moves beyond a focus on interactional pragmatics to enable consideration of
“ideological systems of meaning” (Parker, 2013, p. 230) that undergird specific statements and render them intelligible and meaningful. From a social constructionist orientation, CDA pays particular attention to the production and perpetuation of the ‘taken-for-granted’ status of dominant discourses, which allows them to be perceived as legitimate or natural (van Dijk, 2001). The objective of this research is to utilize CDA to illustrate whether and where the counter discourses of HAES and FA “appeal to a story the audience tells itself, or is sympathetic to” (Locke, 2003, p. 5) and where they fail to engage. Via application of CDA, greater insight into the (in)ability of counter constructions of weight and health to connect with non-specialist audiences will be achieved.

**Analysis and Discussion**

To correspond with focus group content, the analysis and discussion is organized into two sections. In the first section, covering response to HAES, I discuss how participants endorsed the shift from weigh focus to health focus as well as how they also expressed concerns about the ability to be simultaneously healthy and obese. In the second section I discuss the responses generated from Fat Acceptance messages. Analysis covers the way in which basic civil rights were endorsed by participants as well as how fat oppression was depicted as quite different to racism and sexism.

**Section I: Responding to HEAS**

**The pursuit of health is helpful not harmful.** Initial responses to the HAES message acknowledged that this perspective was not widely held in society, although participants expressed the view that it would be preferable if it was. The impact that
HAES could have, was depicted positively, and a shift in focus from body size to health was generally seen as ‘good’. Extracts 1 and 2 illustrate this discourse.

Extract 1 (Transcript 1C)

Daele: I like the idea of this, and I think information focusing on health as opposed to weight is a good way to go.

Extract 2 (Transcript 1F)

Jade: I think that the focus on obesity might be focusing on the wrong thing. I think we need to be promoting good health over good weight.

The repeated use of the word “good” (Extract 2) expressed general agreement with the HAES challenge to the logic that normal weight equals health. There was recognition also, that this shift in focus would not only be ‘good’ in terms of health consequences, it would be ‘good’ to put an end to the negative stereotypes and assumptions that the ‘weight focused’ approach perpetuates. Transcript 3 shows an example of a participant acknowledging the impact of stigma on the individual and how this judgment can impact on the pursuit of health.

Extract 3 (Transcript 1D)

Jo: I think the, adopt healthy lifestyle habits. I think labeling people actually reduces their ability to adopt healthy habits, I think they become so frightened to get out there and you know, go walking, because they are judged, but I think removing, and saying people can be whatever size they are, people are going to engage in much more in sport, whatever, because they feel less marginalized, so I think that you would have a lot more people out there being healthy and perhaps not being neurotic and anxious
and depressed about their weight, and they would get on with their life and living.

This participant endorses the HAES view of the harmful social and psychological consequences that result from the “labeling” and “judgment” of people as fat and unhealthy. Endorsement of the HAES message is provided on the grounds that a HAES approach may assist in reducing stigma and allow people to “get on with their life and living”. There is no mention in this extract that weight loss may be a part of this lifestyle or result from “adopting healthy lifestyle habits”, indicating a wholesale understanding and endorsement of the HAES message.

Not all responses to recommendations from the HAES perspective were as receptive to the idea that health-enhancing behaviours can be uncoupled from weight. The following extract is responding to specific recommendations made in the HAES Manifesto (Appendix H).

Extract 4 (Transcript 1C)

Holly: I think in the 3rd point it makes about having a healthy lifestyle and that, I think if you follow those um 3 bullet points [...] becoming more physically vital...Eat when you’re hungry, stop when you’re full...tailor your tastes to enjoy more nutritious food...] from life to death, you’re less likely to be overweight than if you have a sedentary lifestyle and you’re eating foods high in fat, so this is basically telling you to have a healthy lifestyle, so whether that has the effect of weight loss, that may differ depending on the person, but it is probably most likely to have the consequence of weight loss if you follow those...
Daele: You wouldn’t expect a hugely overweight person to be following these principles.

This participant acknowledges the HAES claim that health enhancing practices don’t necessarily translate into changes in body weight (“so whether that has the effect of weight loss, that may differ on the person”); however she qualifies this by suggesting that if someone did follow the HAES recommendations they would be likely to lose weight, a point of view which is affirmed by the next speaker. These statements reflect the assumption that weight is a product of lifestyle, and that excess body weight can be seen as evidence that a person is unlikely to be engaging in a healthy lifestyle. The belief that, for most people, most of the time, health behavior will be reflected in body size, maintains its hold as the dominant ideology.

**This idea is good, but reality is different.** While the HAES message as a concept received positive reaction, participants appeared to find the dominant weight related health paradigm hard to set aside, even when there was a desire to embrace HAES. Extract 5 is an example of such conflict.

Extract 5 (Transcript 1C)

Daele: I want it to match, and there are things about it that I like but there’s little things that I go, and maybe it’s because I’ve heard it so much in other media.

This extract illustrates recognition of, not only the power of the dominant ideology, but also the media as a key source perpetuating and promoting such messages. Extract 6 expands on this idea, citing investment of public funding and medical motives as evidence that there must be a clear relationship between weight and health.
Extract 6 (Transcript 1C)

Daele:... if we have a public health campaign about obesity, and I think well surely we are spending money to tackle something that is costing us money, so if it’s not, if there isn’t all these medical reasons for it then we wouldn’t be spending money to try to change people ways about it, if there wasn’t a decent reason to.

The existence of apparently legitimate social action designed to address obesity is called on as a common-sense motive for rejecting the HAES message. Citing the source of these actions as the government and the medical profession, works to add weight and legitimacy to anti-obesity rhetoric. Regardless of whether anti-obesity messages are actually true, a “regime of truth” has been created via linking ‘knowledge’ to the ‘power’ of the government and medical profession (Hall, 2001, p.74). The taken-for-grantedness of the claim that obesity “is costing us money” also provides another logical reason for suspicion regarding HAES’s central claims. Again negative associations regarding weight and health, and in this case the cost to society of poor health, highlight and legitimize the positioning of the overweight person as a drain on society however much it might be ‘nicer’ to think otherwise (Lebesco, 2011).

All excess weight was not viewed equally as participants expressed skepticism with the HEAS message by questioning the ability to be healthy at very high weights. Distinctions were drawn between obese and super obese individuals, where day to day functioning was impaired. While health was portrayed as being achievable at lower levels of obesity, at higher levels the reality of being healthy, or achieving health was questioned. Extract 7 and 8 challenge the idea of being healthy and extremely overweight.
Extract 7 (Transcript 1B)

Claire: I think somebody can be, can have, um, some healthy elements to, a bigger size ...but I kind of also sort of, you know there is so many things attached to being overweight... your joints hurt and your back hurts and there’s a lot of other elements that aren’t really talked about, it’s not as fashionable...I’m skeptical I think when I hear you can be really healthy and really overweight, and I don’t mean a few kilos.

Extract 8 (Transcript 1A)

Emma: And I must admit I .. think there’s various degrees of obesity too, where you go like, ok, you know it’s an extra 20kilos, ok, that’s fine, an extra 30 kilos, but when you get to the super obese, like where you have to knock down walls to get someone out of the house, you start to think, yeah, that’s probably hazardous to your health.

Extract 7 recognizes that a person can achieve some degree of health at a larger size, personal observations are however then brought into the conversation to reinforce skepticism with the HAES message. Extract 8 reflects a similar notion that degree of weight and degree of health may be linked. This participant also raises the idea of the ‘super obese’ person, a categorization frequently drawn upon throughout the focus groups, as though the ‘super obese’ person represented a common occurrence in society.

HAES as an Excuse. The idea that a message like HAES could actually promote an unhealthy lifestyle and provide people with an excuse not to look after themselves or their children was another response expressed by many participants.
While such responses were often framed within an acknowledgement of the complexity of the message as in Extract 9, others were more direct as in extract 10.

Extract 9 (Transcript 1F)

Tara: It’s just, I feel like all of these things kind of oversimplify it, and there’s pro’s and con’s to every view, like if you, you’ve got to be careful with this, I like the way this, coz you don’t want to pressure and make people feel bad ... But at the same time we don’t want people that are unhealthy to think that um, they can eat what they want sort of thing ... but you don’t want to promote people to have an unhealthy lifestyle, which this can do, but then at the same time, you don’t want to feel bad, stress people, when they are healthy, and give overweight people a bad name when they’re probably healthy ...

Extract 10 (Transcript 1B)

Claire:...the only thing that scares me is the people who use that as kind of an excuse to not look after their kid’s health...

The juxtaposition of HAES as encouraging “unhealthy” people to “eat what they like” being situated within a message that also recognizes the impact of weight stigma, and positions overweight people as “probably healthy” (Extract 9), indicates the availability of opposing discourses relating to this topic. As already mentioned, when talking about weight and health, the dominant health related weight paradigm tends to remain in the conversation. This may make the integration of alternate messages challenging, and Extract 9 provides an example of this in action. Extract 10 however offers a much bolder view of HAES as an excuse not to do the right thing. This response is indicative of the perception that overweight people lack not
only abilities, they also lack ethics, to the extent that they would compromise their children’s health as long as they had ‘an excuse’ (Rice, 2007). Such commentary also draws on the neoliberal views of citizens as accountable for their actions and their weight (Crandall & Martinez, 1996); reducing this accountability by providing people with an excuse for ‘unhealthy’ behaviors is depicted as not in the best interest of society.

**Size-Acceptance is challenging.** Central to the message of HAES is size acceptance and self-acceptance and while self-acceptance was generally considered a positive pursuit and achievement, there were concerns expressed regarding the ability of fat people to achieve such states of being. The responses here centered on the suggestions from the HAES manifesto, titled “What Can You Do?” (Appendix H). The first suggestion put forward is “Accept your size”, this recommendation was met with concern regarding the difficulty of such an achievement given the proliferation of anti-fat messages and sentiment in society. Extract 11 is an example of such responses, depicting the positive sentiment behind the recommendation and also recognizing the challenges faced.

Extract 11 (Transcript 1E)

> Fiona: Yeah, I think it’s lovely, yeah, but before you can accept your size, there perhaps is work to be done, on the person, because of the media, because of the environment …

This participant notes the impact that external factors can have upon identity and self-concept. One of the consequences of stigma, as identified by Goffman (1963) is the development of a ‘spoiled identity’ as a consequence of negative judgment and appraisal by others. Extract 11 recognizes the challenge posed to the
overweight individual in going from a spoilt identity, to self-acceptance, and the role outside influences may play in derailing this process. Extract 12 takes the topic of size acceptance further by placing ‘conditions’ on individual change prior to self-acceptance. This extract is responding to the order of the recommendations suggested in the HEAS manifesto, which are sequenced; 1) Size acceptance, 2) Trust yourself and 3) Adopt healthy lifestyle habits.

Extract 12 (Transcript 1A)

Amy: I just think it’s important to, um adopt the healthier lifestyle habit first and then once you try to incorporate those habits in, then accept your size from there, do it at the end, and trust yourself. So I’d probably put number 3 as the first one, and then accept your size and then trust yourself.

Emma: I’ll go, I’ll say you need to accept yourself first because if you start from a position of I hate myself and I’m disgusting and I’m ugly and nobody will ever like me, um it makes, making those positive changes that you talk about really really difficult. But I think if you start at the other end and say hey it is what is, I’m ok with it, you don’t have to live with it, and I’m ok with it. It makes it easier to move forward into making positive choices...

While Amy makes the suggestion that self-acceptance comes from actions, and specifically health related actions; Emma challenges this point of view, reiterating the HAES ideology that change is “easier” from a place of acceptance. Again these differing perspectives reflect the intersection of the dominant weight focused health viewpoint and the challenge posed via a weight neutral orientation. The suggestion that one should adopt healthy behaviors prior to accepting one’s size also extends the notion that health is as an obligation one has to society (Crawford,
While Extract 11 and 12 identify different perspectives, both participants endorse the importance of healthy lifestyle choices and actions.

**HAES Images.** In an attempt to offer a different level of engagement with the messages of size acceptance, images representing the HAES ideology were presented (Appendix I). The first of two pictures, shows a large bodied woman [this woman would most likely fall into the ‘obese’ or ‘morbidly obese’ category on a BMI scale] standing and smiling, with the caption “I stand for joyful activity for all, free from shame”. The second picture shows a young large bodied woman [this woman would most likely fall into the ‘obese’ category on a BMI scale] on a bicycle, with the caption “I stand for health at every size and respect for every person”. Participant response to these images was initially to compare images, and identify which they found preferable. There was an overall preference across all focus groups, for the second picture. The reason for this preference was openly acknowledged to be related to the depiction of activity. This preference for activity is evident in Extract 13.

**Extract 13 (Transcript 1A)**

Emma: I think it [referring to picture 2] just looks really natural and normal people ride bikes, and she looks like young woman to me and young women, they ride bikes, that one, the one on the left [referring to picture 1], she is not doing anything, she is just standing here, like, a teapot, I’m just standing here.

Kathy: Maybe she [referring to picture 1] is like in her boot scooting boots, or something, I don’t know, maybe she could be dressed up about to do...
some activity, but she is kind of just standing there like she has just had lunch

Both responses directly criticize Picture 1 for lacking in activity, with the suggestion by Kathy, that maybe the person in the picture has “just had lunch” appearing to add to that criticism. These responses support the idea that activity is preferable, and if there is a message suggesting people can be healthy at any size then actually depicting people of size being active would be an acceptable strategy. The ‘honesty’ of the preferred image [picture 1] was however brought into question in Extract 14, casting doubt on how such images may be interpreted.

Extract 14 (Transcript 1C)

Daele: You know, my first thought is, do they? Does she exercise, I know she is on a bike, and it’s not nice, but you know ... there is that, just that moment when I look at, where I go, do you exercise?

Facilitator: Yeah, yep, that’s your initial.

Daele: And it’s harsh and it’s not overly nice to admit, but that’s the first thought.

In admitting that her first reaction was to wonder whether the photograph was staged, this participant effectively, although reluctantly, reflects the presumption that fat people do not really exercise and people who exercise are not fat. Here again the idea that body weight and activity are linked is drawn upon to directly critique the image reflecting the apparent implausibility of the HAES message.
Section II: Responding to Fat Acceptance

The second round of focus groups commenced where the first round of focus groups left off, with the presentation of another two images from the “I Stand” campaign (Appendix K). The first picture (picture three) features a woman smiling, with the caption “I stand for the art of fat fabulous lives”. The second picture (picture four) may be considered a more ‘glamorous’ image with highlighted makeup and a caption that states ‘I stand for self-acceptance and confidence”. Both of the pictures focus on the women’s faces, as such body size is not visible, it is however apparent that these women have bodies that would most likely be considered obese.

Fat Acceptance Images. On presentation of the images, participants again spontaneously compared the images and discussed them in terms of which they preferred. Response to these pictures was more mixed, with some participants preferring the more natural image [picture 3], while others preferred the more ‘glamorous’ [picture 4]. As can be seen from the talk in extracts 15 and 16, part of the reason for liking these messages is because they depict non-stereotypical images of larger women.

Extract 15 (Transcript 2B)

Zoe: I like the first one [Referring to picture 3] coz she is so happy and smiley and it is showing I’m just happy how I am and you know you don’t, you can be fat and happy.

Extract 16 (Transcript 2E)

Kim: I like the other one [Referring to picture 4], she’s got her face all done up and still sexy in a way, like and yeah I think that um is a good message as well, like you can be sexy at any size.
Lucy: I think that one [referring to picture 3] also like challenges the notion of um, that like attitude, um, that bigger people don’t look after themselves, like they don’t take care of themselves, um, like they are quite well groomed and quite beautiful and yep

The women in the images are depicted as, ‘fat and happy’, ‘fat and sexy’ and ‘fat and well groomed’ all pairings that participants recognize as challenging the dominant stereotypes associated with larger people, in a positive way. This response gives some indication that the fat identity does not necessarily need to be a spoilt identity (Goffman, 1963) when larger images are literally ‘framed’ in a particular way, response may be positive. It is important however to note that, while these responses recognize the images as ‘going against’ stereotypes, the salience of the negative stereotypes remain.

The use of the word ‘fat’ in the message attached to image 3 also provided much discussion. Prior to the presentation of the images, some background information on the re-uptake of the word fat by the FA movement was provided. The example of the re-appropriation of the word ‘queer’ by the homosexual community was also given. Participants tended to draw upon their understandings of how negative words may be reclaimed, and they expressed some sympathy regarding why the FA movement would adopt such a strategy, as evident in Extract 17 and 18.

Extract 17 (Transcript 2F)

Liz: I like how, um fat is probably being used as a word to discriminate against overweight people, they are using it as their own tool now, which I think makes people stop and think. They are actually embracing it, um which increases the argument that they are confident ...
Extract 18 (Transcript 2E)

Jo: I think the more you expose the word, the better, the more habituated it is, fat being an acceptable thing and you make it not a taboo word, I think is really advantageous, just like yep, I’m fat, yep and fabulous, any linking you can do to the word fat that is not negative is probably really really good.

Holly: Yeah, coz people generally try and skirt around that word.

Jade: And probably help take away those negative connotations in general, if it’s being said all the time and in a positive context ...

There was also recognition of the pejorative connotations attached to the word fat, and how using the word in a different context was considered a positive action. The recognition and acceptance of this strategy, gives some indication that alignment with other oppressed groups and civil rights movements, gay rights in particular, enables the FA movement to be more readily understood by those not familiar with FA. This response is also reflected in the initial responses to the messages of FA.

**Everyone deserves equal rights.** Participants all agreed with the statement in the FA manifesto that equal rights are deserved by all people, and recognized that this is not always achieved. Active discrimination against fat people was recognized as impacting upon the lived experience of the individual. While equal appropriation of civil liberties was seen as something all humans logically deserve, there was an almost reluctant admission that this is not reflected in reality. Extract 19 reflects this sentiment.
Extract 19 (Transcript 2D)

Mel: Um, I think all people should be considered valuable, it shouldn’t need to be said, that’s what I think, well isn’t that a given, that you’re a human being, so you’ve got the same rights as everyone else.

Facilitator: ...why do you think it does need to be said?

Mel: Because it doesn’t happen ...

Following on from this Extract 20 also demonstrates recognition that equal rights are deserved by all, but raises the suggestion that even thought people have rights, as a society we also have the right to attempt to modify people’s actions should they not be in the best interests of society.

Extract 20 (Transcript 2C)

Daele: I think yeah, when you read that [Fat Liberation Manifesto; Appendix K], you think yeah, I’ll agree with that, you know, you’ve got just as much right, regardless of your poor health choices, but then you know, people make poor health choices like smoking, drinking driving, doing drugs, and we have health campaigns to try and minimize the effects...

By bringing public health campaigns into the conversation, this extract makes the case that fatness is a health risk, just like many other health risks, and that makes it a legitimate target for campaigns directed at trying to change it. Fat people are not being ‘picked on’ or targeted as such, and while they deserve equal rights regardless, they are also positioned as having a responsibility of making better health choices.

**Health is a Responsibility.** Overall the FA message appeared much more challenging for participants to endorse. The call for acceptance of fat people,
regardless of their health choices was met with concern. Comments identified a lack of responsibility to society and family, which was associated with not ‘trying’ to be healthy. Again the assumption articulated is that excess weight necessarily implies poor health and a shortened life expectancy. As the participant in Extract 21 articulates, participation in society via the pursuit of health is expected; if someone hasn’t currently achieved health, they should at least be trying to become healthy.

Extract 21 (Transcript 2B)

Sam: Hm, you have a responsibility to be a grown up and wear big people pants, and you know, if you do have kids, you have an obligation to them to be around as long as possible... you’ve got to do your part being a member of society and just take your own responsibility. So, and that can be at different levels, it can be someone who has health restrictions, but that doesn’t mean you get a ‘get out of jail free’ card, you know, you’ve still got to do your best, and you’ve still got to try your best ...

This extract again brings the obligation to pursue health (Crawford, 2006) as rationale for rejecting Fat Acceptance. The unwillingness to pursue health is constructed as not only irresponsible but also childish with the participant comment in Extract 20 suggesting that people should grow up “and wear big people pants”. Neoliberal ideologies are also positioned against the FA message; responsibility and obligation, regardless of ability, are held up as a reason for rejecting this message.

The depiction of FA providing a “get out of jail free card” evokes the sense of a ‘free ride’ for fat people, where they are not being held accountable for their choices, and not ‘pulling their weight’ in terms of contribution to society. Extract 21 also reflects similar neoliberal beliefs.
Extract 22 (Transcript 2E)

Holly: I think looking at a selfish point of view, this is not my point of view, if other people are healthy they can work, they can provide to the economy, they are less of a strain on the health care, it’s more like as a collective sort of society, it’s better in a sense.

Prior to making this statement, Holly seeks to distance herself from the comment, by framing the opinion as not her own. Health, once again is depicted as a personal responsibility, a moral obligation and a collective good (Crawford, 2006). The overweight citizen is considered inadequate as a worker (Lebesco, 2011) as well as an additional drain on the community for requiring health care. The assumptions evident in this response echo the notion that being fat is not a responsible way of life; with fat people ‘taking from’ rather than ‘contributing to society’.

Fat Oppression is Different. While there was acknowledgement that FA could re-appropriate the word fat, there was little acceptance for the suggestion that fat oppression could legitimately align itself with other oppressed groups. Participants throughout all the groups identified differences in the source, nature and seriousness of the forms of oppression FA sought alignment with. Extract 23 makes a striking comparison between racism in particular, and the plight of the overweight citizen.

Extract 23 (Transcript 2B)

Sam: Yeah, I do, to a degree, I think they have got a point

Facilitator: yeah
Sam: It’s yeah, it’s yeah they have got a point but I don’t think people died over this, so like racism so, but I think, it’s like 85% yes and the other 15% like, well, you haven’t been hung up and killed on a tree lately have you?

The oppression facing the fat person compared to the oppression people of colour experienced is set against one another in this extract. A graphic example of the devastating consequences of racism is pitched against fat oppression in a statement that few could argue against, effectively shutting down further comment.

Racism and sexism were also identified as different from fat oppression based on the assumptions that weight is subject to personal control and also has the potential to harm health. Control and health were identified repeatedly as the variables presenting not only a barrier to endorsing fat acceptance, but also as providing justification for the critique of fat people. Extract 24 and 25 are examples of this response.

Extract 24 (Transcript 2F)

Tara: ... with racism and sexism, it’s about something you are born with, that you can’t change, so there is more criticism for something that is supposedly you can easily control

Extract 25 (Transcript 2C)

Daele: I think it’s a hard one, because I don’t think it’s as straight forward because I don’t think it’s as straight forward as being gay or being black, or you know, one of those things, and where is the point, it’s not as cut and dried ... it’s a health risk, and, so that’s not ok, so you can’t, it’s a tricky one because you can’t say, fabulous at every size, because it’s not necessarily
true, whereas the colour of your skin doesn’t affect your health in any way shape or form ...

The comment by Tara in Extract 24, that weight is “supposedly easy to control” poses some challenge to the mainstream view that weight is within control of the individual. While the comment is not developed further here, it does provide an indication that the participants is not completely ‘sold’ on the dominant idea around the controllable nature of weight. The comments from Daele in Extract 25 however reflect the dominant ideology surrounding weight to a greater extent. The statement regarding skin colour not affecting health, while going against documentation of the health disparities experienced by people of colour throughout much of the western world (Williams & Mohammed, 2009) may be seen as a way of comparing a controllable physical attribute against one that is outside of individual control. In doing this body size is separated further from other sources of oppression.

The challenge facing acceptance of the FA message, was further highlighted with the recognition that not only are alternate perspectives circulating in society, these perspectives gain strength via their source. As already discussed in response to the HAES message, when knowledge is linked to a powerful source such government or an authority such as the medical profession, the ‘truth’ of these messages becomes difficult to challenge (Hall, 2001). Extract 26 recognizes the challenges these powerful discourses present.

Extract 26 (Transcript 2D)

Jill: Also I think while the government are still pushing the to be healthy you must be thin, message it’s going to be very hard to go against that, because
politically you’ve got this whole thing, of, you’ve got to be thin to be healthy.

Facilitator: It’s very powerful

Jill: Yeah

Facilitator: When it comes from the government

Jill: Yeah, it comes from the government, it’s coming from our doctors, it’s coming from everybody to say, you must be thin to be healthy. It’s, it’s not something that’s easily challenged, no, not really coz, everybody else is believing something else.

The messages of FA are going up against anti-obesity messages originating from powerful sources. This participant however, recognizes these messages as messages, rather than holding them up as arguable truth. The anti-obesity message has been pushed promoted and legitimized, it has gained acceptance, and is now being pushed by society in general. By framing the anti-obesity message as socially constructed, the FA message can be viewed as an alternate construction seeking exposure. However, based on the responses voiced in the focus groups FA has not been able to generate much power in this setting.

**Conclusion**

If weight stigma and the associated negative consequences are to be reduced, attitudes of the general public toward weight, health, fat people and fat bodies need to be understood and the nuances revealed. The intention of this research was to contribute to this understanding via the analysis of responses to messages from size acceptance movements. As demonstrated through the analysis, participants in this study were sympathetic to the effects of weight stigma and were happy to see
challenges to the negative stereotypes of fat people. This engagement however, did not dislodge their beliefs about the un-healthiness of fatness, the controllability of weight nor the moral responsibility of pursuing health. Such responses, while reflecting some positive movement toward the idea of size acceptance, represent relatively strong adherence to the dominant weight related health paradigm prevalent in western societies.

The HAES message received positive response for including the adoption of healthy lifestyle habits and the pursuit of health as central to the HAES message. Health at Every Size was also endorsed on the grounds that it may be a method or means for achieving weight loss. Response to this message is reflective of Crawford’s (2006) concept of ‘healthism’. By following the recommendations of HAES, individuals are viewed as being able to uphold their moral obligation to self and society; pursue health and potentially lose weight. In contrast to this response, HAES was also viewed as having the potential to provide an excuse for poor health choices and hence, supporting reduced individual accountability. Such an agenda runs counter to neoliberal orientation of western society to hold individuals accountable for their actions and consequences (Crandall & Martinez, 1996; Lebesco, 2011). Rather than reducing stigma, rejection of the HEAS message on these grounds upholds negative views of fat people, suggesting de-stigmatizing messages are self-serving in nature, and perpetuates the idea that fat people lack ethics and abilities (Rice, 2007).

Fat Acceptance was recognized by participants as a political message advocating societal, rather than personal change. The use of the word fat was recognised as a positive tactic by the FA movement, echoing the actions of other oppressed groups (Saguy & Ward, 2011) and recognised as an attempt to de-
stigmatise the word. Also providing grounds for endorsing FA was the widely held view that all people are deserving of equal rights, regardless of their size or health choices. This endorsement however was met with challenge when the FA message advocated removing the obligation of health as a necessary pursuit and prerequisite for equal rights. The idea of equal rights with unequal responsibility was a challenging concept to endorse. The arguments put forward in rejecting this part of the FA message again drew on neoliberal ideologies of responsibility to family and society; to pursue health in order to be a valuable citizen (Crawford, 2006; Lebesco, 2011).

Central to the rejection of both the HAES and FA messages were the beliefs that; body weight was within control of the individual, higher body weights were indicators of poor health outcomes and the pursuit of health is an obligation individuals have to society and themselves. Adherence to these ideas posed a challenge to endorsing opposing messages within this forum. While conventional understanding of the weight and health relationship was frequently positioned as rationale for rejecting the messages of HAES and FA there was also evidence of support in these messages attempt to de-stigmatise weight. The impact of weight stigma and discrimination was recognized as harmful to the individual in terms of both their life experience and their pursuit of health, acknowledging the finding that weight stigma and discrimination are detrimental to health and well-being (Major et al., 2012; Thomas, 2008). Support for a shift in weight focus to health focus also featured throughout the analysis, indicating that participants were receptive to the idea that weight is not straightforward predictor of health.

The present study was promoted as an opportunity to engage with messages that resist the ‘weight centered health paradigm’ and open to women only, as such
responses generated may have been influenced by the context of this study. The intention of this study was explicitly pro critique of mainstream perspectives, and while the messages of HEAS and FA were presented in order to be questioned, participants are likely to be more willing to consider the merits of these messages than they might otherwise have been if recruited randomly. Indeed, voluntary feedback from a number of participants indicated that they had sought out this research project because they felt the topic important to discuss. As noted earlier, weight was not a factor in recruiting participants; as a consequence diversity in body size was evident in many focus groups. The impact of this diversity may have influenced participant interaction. A certain ‘delicacy’ of response was often observed during focus group discussion. While it is not within the scope of this research to address this directly, consideration of this type of interaction may be worth noting for future projects.

A further consideration for future research is the gender focus of research. As research in this area is still relatively limited, there was an intention to begin with a gendered approach. Weight stigma and discrimination tend to be gendered in nature and as such there is a bias toward women involved with and endorsing size acceptance movements (Fikkan & Rothblum, 2012; Saguy & Ward, 2011). This is not to discount the importance of understanding how men respond to messages of size acceptance. Men form a significant part of the social context in which these messages are received and if there is hope of reducing weight stigma, then the responses of men must also be considered.

In conclusion, qualitative research such as this can offer much to the understanding of how messages promoting size acceptance are responded to in the wider community. In particular this research sheds light on how the messages of
HAES and FA intersect with and take on the dominant weight related health paradigm. I have drawn attention to the challenges facing size acceptance as these movements attempt to generate not only private self-acceptance, but also social change. While the messages and motives of these movements appear to be understood and their ideology appreciated, the presence of the anti-fat rhetoric is never far away. Creating more distance between these ideologies, may however not be the solution to reducing weight stigma and discrimination, finding common ground, may be a more appropriate strategy. At the present, that common ground appears most likely to be the pursuit of health.
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Appendix A: Manuscript Submission Guidelines

This thesis was prepared for the journal Feminism & Psychology.

_Feminism & Psychology_ is an international peer reviewed journal that provides a forum for debate at the interface between feminism and psychology. The journal’s principal aim is to foster the development of feminist theory and practice in – and beyond – psychology.

1. Peer review policy

_Feminism & Psychology_ operates a strictly anonymous peer review process in which the reviewer’s name is withheld from the author and, the author’s name from the reviewer. The reviewers may at their own discretion opt to reveal their names to the author in their reviews but our standard policy is for both identities to remain concealed. Each manuscript is reviewed by at least two referees.

2. Article types

_Feminism & Psychology_ welcomes manuscripts in a variety of formats, including work that introduces innovative forms of feminist psychology scholarship. _Feminism & Psychology_ publishes the following kinds of pieces: theoretical articles (up to 8000 words); empirical articles (up to 8000 words); methodological articles (up to 8000 words); brief research reports (up to 3000 words); observations and commentaries (between 500 and 2000 words); book reviews (up to 2000 words); book review essays (up to 8000 words); special issues; and special features (including reappraisals of classic texts).

Proposals for special issues or special features should be directed to the Editors.

If you are uncertain about the relevance of your manuscript for the journal, please contact the Editors.

Articles, Observations & Commentaries, Brief Reports

The Aims and Scope of _Feminism & Psychology_ are as follows:

Feminism & Psychology provides an international forum for debate at the interface of feminisms and psychologies. The journal’s principal aim is to foster feminist theory and practice in – and beyond – psychology. We are interested in pieces that provide insights into gendered realities along multiple intersecting dimensions of difference, privilege and inequality. In addition to empirical work, we invite critical engagement with theories, methods of inquiry, concepts and disciplinary and professional practice.

_Feminism & Psychology_ encourages submissions from scholars, researchers, activists and practitioners at all stages of their careers.

Authors are also advised to consult the Editorial in volume 24(1) for more detail.

_Feminism & Psychology_ publishes empirical research based on qualitative, quantitative or mixed methods. To merit publication, such research should be rigorous, ethical, and theoretically informed, and the results should contribute to critical feminist psychology projects.

_Feminism & Psychology_ also publishes work that engages critically with theories, methods, and concepts, as well as critical analyses of disciplinary and professional practices. For all submissions, originality is an important criterion. Space in the journal is scarce and so a publishable piece must say something that has not been said before, offer a different perspective on material already in the public domain, or stimulate debate.
The Observations & Commentaries section provides an opportunity for scholars to reflect on a particular issue, comment on others’ work, or discuss theory or research processes.

Brief research reports may present preliminary research findings or a specific aspect of a study that does not require a full-length article. Anyone is welcome to submit a brief research report, but we especially encourage students who have recently completed theses or dissertations to submit brief reports of their work.

Book Reviews

Our aim is to publish book reviews (and reviews of other media or fiction, if relevant) that are informative and stimulate further discussion and debate. Feminism & Psychology publishes:

- Reviews of between 1,000-2,000 words that move beyond a summary of the contents to provide a critical evaluation of the arguments and approach taken to the subject matter by the author(s). A book review that takes up the author’s theoretical, conceptual, practical, political and/or methodological arguments and develops a debate around these issues can become a piece that is worth reading in its own right.
- Review essays, in which several books in a topic area (usually 3) are reviewed together in order to explore the topic and the contributions of the texts. The arguments in a review essay will therefore be more wide-ranging. Review essays may be up to 8000 words long.

Special Features and Special Issues

Special Features consist of a guest-edited collection of short pieces that address an issue of contemporary interest to feminism and psychology. Special Issues are similarly guest-edited issues of a journal focussed around a particular theme. Feminism & Psychology will compile also Virtual Special Editions of previously published work that can be used for teaching and training. Proposals for Special Features, Special Issues and Virtual Special Editions are welcome. Please direct inquiries to the Editors.

3. Authorship

Papers should only be submitted for consideration once the authorization of all contributing authors has been gathered. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.

The list of authors should include all those who can legitimately claim authorship. This is all those who:

1. have made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data
2. drafted the article or revised it critically for important intellectual content
3. approved the version to be published.

Authors should meet the conditions of all of the points above. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

When a large, multicentre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section.

Please refer to the ICMJE Authorship guidelines at http://www.icmje.org/ethical_1author.html.
4. How to submit your manuscript

Before submitting your manuscript, please ensure you have carefully read and adhered to all the guidelines and instructions to authors provided below. Manuscripts not conforming to these guidelines may be returned.

*Feminism & Psychology* is hosted on SAGE Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts. Please read the Manuscript Submission guidelines below, and then visit [http://mc.manuscriptcentral.com/fap](http://mc.manuscriptcentral.com/fap) to login and submit your article online.

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed for the journal or submitted a manuscript, it is likely that you will have had an account created. For further guidance on submitting your manuscript online, please visit ScholarOne [Online Help](http://www.scholarone.com/help)(.)

All papers must be submitted via the online system. If you would like to discuss your manuscript prior to submission, please refer to the contact details below.

5. Journal contributor’s publishing agreement

Before publication SAGE requires the author as the rights holder to sign a Journal Contributor’s Publishing Agreement. SAGE’s Journal Contributor’s Publishing Agreement is an exclusive licence agreement which means that the author retains copyright in the work but grants SAGE the sole and exclusive right and licence to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than SAGE. In this case copyright in the work will be assigned from the author to the society. For more information please visit our [Frequently Asked Questions](http://www.sagepub.com) on the SAGE Journal Author Gateway.

*Feminism and Psychology* and SAGE take issues of copyright infringement, plagiarism and other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of articles published in the Journal. Equally, we seek to protect the reputation of the Journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article (removing it from the journal); taking up the matter with the head of department or dean of the author’s institution and/or relevant academic bodies or societies; banning the author from publication in the journal or all SAGE journals, or appropriate legal action.

5.1 SAGE Choice and Open Access

If you or your funder wish your article to be freely available online to non subscribers immediately upon publication (gold open access), you can opt for it to be included in SAGE Choice, subject to payment of a publication fee. The manuscript submission and peer review procedure is unchanged. On acceptance of your article, you will be asked to let SAGE know directly if you are choosing SAGE Choice. To check journal eligibility and the publication fee, please visit [SAGE Choice](http://www.sagepub.com). For more information on open access options and compliance at SAGE, including self author archiving deposits (green open access) visit [SAGE Publishing Policies](http://www.sagepub.com) on our Journal Author Gateway.

6. Statements and conventions

6.1. Acknowledgements

Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your References.
All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

6.2 Declaration of conflicting interests

Within your Journal Contributor’s Publishing Agreement you will be required to make a certification with respect to a declaration of conflicting interests. *Feminism & Psychology* does not require a declaration of conflicting interests but recommends you review the good practice guidelines on the [SAGE Journal Author Gateway](https://www.sageauthors.com).

6.3 Funding Acknowledgement

To comply with the guidance for Research Funders, Authors and Publishers issued by the Research Information Network (RIN), *Critical Social Policy* additionally requires all Authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit [Funding Acknowledgements](https://www.sageauthors.com) on the SAGE Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding or state in your acknowledgments that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

6.4 Other statements and conventions

Non applicable.

7. Permissions

Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please visit our [Frequently Asked Questions](https://www.sageauthors.com) on the SAGE Journal Author Gateway.

8. Manuscript style

8.1 File types

Only electronic files conforming to the journal’s guidelines will be accepted. Preferred formats for the text and tables of your manuscript are Word DOC, RTF, XLS. LaTeX files are also accepted. Please also refer to additional guidelines on submitting artwork below.

8.2 Journal Style

*Feminism & Psychology* conforms to the SAGE house style. [Click here](https://www.sageauthors.com) to review guidelines on SAGE UK House Style.

8.3 Reference Style

*Feminism & Psychology* adheres to the Publication Manual of the American Psychological Association (Sixth Edition) reference style. [Click here](https://www.sageauthors.com) to review the guidelines on APA to ensure your manuscript conforms to this reference style.

8.4 Manuscript Preparation

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point.

8.4.1 Your Title, Keywords and Abstracts: Helping readers find your article online
The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE’s Journal Author Gateway Guidelines on How to Help Readers Find Your Article Online.

8.4.2 Corresponding Author Contact details

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

8.4.3 Guidelines for submitting artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE’s Manuscript Submission Guidelines.

Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

8.4.4 Guidelines for submitting supplemental files

This journal is able to host approved supplemental materials online, alongside the full text of articles. Supplemental files will be subjected to peer review alongside the article. For more information please refer to SAGE’s Guidelines for Authors on Supplemental Files.

8.4.5 English Language Editing services

Non-English speaking authors who would like to refine their use of language in their manuscripts might consider using a professional editing service. Visit English Language Editing Services on our Journal Author Gateway for further information.

9. After acceptance

9.1 Proofs

We will email a PDF of the proofs to the corresponding author.

9.2 E-Prints

SAGE provides authors with access to a PDF of their final article. For further information please visit Offprints and Reprints on our Journal Author Gateway.

9.3 SAGE Production

At SAGE we place an extremely strong emphasis on the highest production standards possible. We attach high importance to our quality service levels in copy-editing, typesetting, printing, and online publication (http://online.sagepub.com/). We also seek to uphold excellent author relations throughout the publication process.

We value your feedback to ensure we continue to improve our author service levels. On publication all corresponding authors will receive a brief survey questionnaire on your experience of publishing in Feminism & Psychology with SAGE.

9.4 OnlineFirst Publication

A large number of journals benefit from OnlineFirst, a feature offered through SAGE’s electronic journal platform, SAGE Journals Online. It allows final revision articles (completed articles in queue for assignment to an upcoming issue) to be hosted online prior to their
inclusion in a final print and online journal issue which significantly reduces the lead time between submission and publication. For more information please visit our OnlineFirst Fact Sheet.

10. Further information

Any correspondence, queries or additional requests for information on the Manuscript Submission process should be sent to the Editorial Office as follows:

The Editors
Feminism & Psychology Editorial Office
E-mail: fapeditorial@sagepub.co.uk
Appendix B: Subject Pool Advertisement

Project Title: Responding to the Resistance: Women’s Views on Fat Acceptance and Health at Every Size Messages.

Ethics Permit Number: 2014/065

Investigator: Patricia Cain (30332353)

Supervisor: Ngaire Donaghue

Description:

You are invited to participate in a Qualitative study investigating how women respond to messages that resist the popular ‘weight centered health paradigm’. As a liberation movement, fat activism has reclaimed the word fat and challenged the notion of ‘fatness’ as a health and weight loss problem. The Fat Acceptance and Health at Every Size are movements are leading this challenge. These movements have been debated and written about by feminists and academics, yet little research has been conducted with women who are not engaged with or invested in advancing these debates. If you choose to participate you will take part in two focus groups (each 60 min) where you will read literature from the Fat Acceptance and Health at Every Size movements. You will then have the opportunity to discuss your views with other participants. Discussion will revolve ‘around’ these topics; there will be no requirement for personal disclosure or pressure to answer any questions. Focus groups will be recorded, all responses will be kept confidential and your name will not be reported. As reimbursement, Psychology students will receive 1 hour of subject pool credit for each focus group attended. For further information please contact Trish Cain respondingtoresistance@hotmail.com or Associate Professor Ngaire Donaghue, School of Psychology (n.donaghue@murdoch.edu.au)
Appendix C: Advertisement Poster

Ladies, I am conducting a Qualitative study investigating how women respond to messages that resist the ‘weight centered health paradigm’ and I need your voices to make this happen.

As a liberation movement, fat activism has reclaimed the word ‘Fat’ and challenged the notion of ‘fatness’ as a health and weight loss problem. The Fat Acceptance and Health at Every Size movements are leading this challenge, yet little research has been conducted with women who are not engaged with or invested in advancing these debates.

If you choose to participate you will take part in two focus groups (each 60 min) where you will read literature from the Fat Acceptance and Health at Every Size movements. You will then have the opportunity to discuss your views with other participants.

Focus groups will be recorded, all responses will be confidential and your name will not be reported.

As reimbursement Psychology students will receive 2 hours of subject pool credit.

To register your interest please enroll via the Psychology Subject Pool, Responding to the Resistance: Study 2014/065

For further information please contact Trish Cain respondingtoresistance@hotmail.com or Associate Professor Ngaire Donaghue, School of Psychology (n.donaghue@murdoch.edu.au)

This study and advertisement has Murdoch University Human Research Ethics Approval (2014/065)
Appendix D: Information Letter

A Discursive analysis on women’s responses to Fat Acceptance and Health at Every Size messages.

Chief Investigator: Associate Professor Ngaire Donaghue
School of Psychology and Exercise Science

Student Investigator: Patricia Cain, Psychology Honours Student

Nature and Purpose of the Study

The relationship between health and weight, which has formed the foundation of many obesity related arguments, is currently being contested. As a liberation movement, fat activism has reclaimed the word fat and challenged the notion of ‘fatness’ as a health and weight loss problem. The Fat Acceptance and Health at Every Size are movements are leading this challenge. These movements have been debated and written about by feminists and academics, yet little research has been conducted with women who are not engaged with or invested in advancing these debates. The intention of this study is to analyze the ways in which women respond to and potentially engage with these messages for the purpose of gaining greater insight into the challenge these messages pose to the dominant ‘weight centered health paradigm’.

What Does Your Participation Involve?

Your participation will involve attending two 60 minute long focus groups, spaced approximately two weeks apart. A focus group is a forum for interaction and discussion with other participants. Each group will involve 4-6 participants, and will be attended by women only. During the focus groups you will be presented with literature from the Fat Acceptance and Health at Every Size movements. You will then have the opportunity to discuss your views with other participants. Discussion will revolve ‘around’ these topics; there will be no requirement for personal disclosure or pressure to answer any questions.

Voluntary Participation and Withdrawal from the Study

Your participation in this study is entirely voluntary and you may withdraw at any time without providing an explanation. If you decide to withdraw, any information you have already provided will also be withdrawn and not included in analysis. All information is treated as confidential and no names or other details that might identify you will be used in any publication arising from the research.
Possible Benefits of this Study

This study is an opportunity for women to discuss challenges that are currently being directed toward the dominant weight discourse operating in society today. It is not the intention of this research to convince or convert anyone to the ideologies of any particular size acceptance movement, nor to make any suggestions on how ‘health’ should best be pursued. Exposure to alternate messages may however offer women a perspective on weight and health that had not been previously considered. Outcomes of this research will contribute to the limited academic literature in this field.

Possible Risks

There are no specific risks anticipated with participation in this study. Some of the issues discussed may be of a sensitive nature, however there is no obligation to comment, and no requirement to disclose any personal information. If you find that you are becoming distressed, we recommend the Murdoch Counselling service located off Bush Court, South Street Campus, ph. 9360 2293.

Reimbursement

Psychology students will receive 60 minutes of subject pool credit for each focus group attended.

Questions

If you have any questions about this project please feel free to contact either myself, Trish Cain on ph. 0414 582 203 or my supervisor, Associate Professor Ngaire Donaghue, on ph. 9360 6450. My supervisor and I are happy to discuss with you any concerns you may have about this study.

A summary of the research findings will be available in November on the School of Psychology website http://www.murdoch.edu.au/School-of-Psychology-and-Exercise-Science/Research/Psychology-Research/Research-results/

Thank you for your assistance with this research project.

This study has been approved by the Murdoch University Human Research Ethics Committee (Approval 2014/065). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University’s Research Ethics Office (Tel. 08 9360 6677 or e-mail ethics@murdoch.edu.au). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix E: Consent Form

A Discursive analysis on women’s responses to Fat Acceptance and Health at Every Size ideologies.

1. I agree voluntarily to take part in this study.

2. I have read the Information Sheet provided and been given a full explanation of the purpose of this study, the procedures involved and of what is expected of me.

3. I understand that I will be asked to take part in an audio recorded focus group. I will be asked to read material on Fat Acceptance and Health at Every Size and then have the opportunity to discuss these with the other participants.

4. The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.

5. I understand I am free to withdraw from the study at any time without needing to give any reason.

6. I understand I will not be identified in any publication arising out of this study.

7. I understand that my name and identity will be stored separately from the data, and these are accessible only to the investigators. All data provided by me will be analysed anonymously using pseudonyms.

8. I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

☐ I understand that I will be audio recorded for the purposes of this study. (Please tick)

Name of participant: ____________________________

Signature of Participant: ____________________________ Date: …../…../……

I confirm that I have provided the Information Letter concerning this study to the above participant; I have explained the study and have answered all questions asked of me.

Signature of researcher: ____________________________ Date: …../…../……
Appendix F: Demographic Details

Age: ___________________

Nationality: _______________________

Post Code: _______________________

Focus Group 1. Question Schedule.

1. Introduction and overview.

2. Read Extracts from the introduction to the Obesity Myth by Paul Campos.

3. What are your thoughts on this extract?

4. What do you think about as primarily a “cultural and political” issue?

5. What do you think about weight as a “form of human diversity”, do agree or disagree?

6. Read The HEAS Manifesto.

7. What do you think about the challenges made to the ‘assumptions’ about weight and health in this document?

8. Are there any arguments that stand out as being particularly convincing?

9. What do you think of the proposition that weight is not a good predictor of health?

10. The last section of the HEAS Manifesto suggests ‘things we can do’ what are your thoughts on these suggestions? Are there any that stand out that you particularly agree or disagree with?

11. View pictures from the ‘I STAND’ campaign.

12. What do you think about these images?

13. What do you think about the messages?

14. What do you think of the language used in these campaigns, for example “respect” and “freedom from shame”.

15. What do you think are the main messages that are being conveyed by these images and campaigns?

16. Do you think that these images and campaigns are effective in changing people’s perceptions about weight and health?

17. What changes, if any, do you think these images and campaigns could have on people’s attitudes towards weight and health?

18. Do you think that these images and campaigns could influence people’s behavior towards weight and health?

19. What are your thoughts on the language used in these images and campaigns?

20. Do you think that these images and campaigns could help to reduce weight stigma and promote a healthier society?
Focus Group 2. Question Schedule

1. Overview of today’s agenda.

2. Since the last focus group does anyone have any comments they would like to share, or any questions?

3. View pictures from the ‘I STAND’ campaign.

4. What do you think about these images?

5. How do you think these images and messages compare with the images we viewed in the last focus group?

6. What do you think about the use of the word FAT?

7. Read the Fat Liberation Manifesto.

8. What are your thoughts about this document?

9. What are your thoughts about fat liberation being aligned with the “struggles of other oppressed groups”?

10. What do you think “reclaiming power over our bodies and lives” would look like for fat women?

11. Read Dances with Fat blog extract.

12. What do you think of the message expressed in this blog?

13. What do you think of the comment that “health is not an obligation and not a barometer of worthiness”?

14. How ‘accepted’ do you think a message like this would be wider society.

15. Do you think messages around Fat Acceptance and Health at Every Size are more relevant or acceptable for women than men?
Appendix H: The Obesity Myth – Extract from Introduction

Is your weight hazardous to your health? According to America’s public health authorities, there’s an 80% chance that it is. From the Surgeon General’s office, the Centers for Disease Control, the National Institutes of Health, and our leading medical schools, America’s anti-fat warriors are bombarding us with dire warnings: According to such sources, no less than four of every five Americans maintain a medically dangerous body mass.

If these claims sound implausible, there’s a very good reason why: because they’re false. Indeed, given that Americans are enjoying longer lives and better health than ever before, the claim that four out of five of us are running serious health risks because of our weight sounds exactly like the sort of exaggeration that can produce a cultural epidemic of fear, bearing no relation to any assessment of risk.

What I discovered was that a host of eminent doctors, scientists, eating disorder specialists, psychologists, sociologists, and other critics of America’s obsession with weight and weight loss have concluded that “overweight” and “obesity” are not primarily medical issues at all. In the wake of a century’s worth of unsuccessful attempts to find a cure for the “disease” of a higher-than-average weight, a diverse and distinguished group of critics has come to see weight in America as primarily a cultural and political issue. Indeed these opponents of the war on fat have subjected the supposed medical justifications for that war to devastating criticisms. Such critics point out that there is nothing new about either America’s “obesity epidemic,” or the public health warnings it inspires. For more than fifty years now, the government officials have been making the same dire predictions concerning the public health calamity that is about to befall us as a consequence of the nation’s expanding waistline.

The rejection of the war on fat is based on a simple principle: that tolerance toward an almost wholly benign form of human diversity is the least we should expect of ourselves, if we wish to lay claim to living in a civilized culture. The war on fat is an outrage to values – of equality, of tolerance, of fairness, and indeed of fundamental decency toward those who are different – that American culture celebrates as essential features of our nation’s character. And in the end nothing could be easier than to win this war: All we need to do is stop fighting it.

Appendix I: Health at Every Size Manifesto

THE HAES MANIFESTO

Health at Every Size: The New Peace Movement

We're losing the war on obesity. Fighting fat has not made the fat go away; however, extensive "collateral damage" has resulted. Food and body preoccupation, self-hatred, eating disorders, weight cycling, weight discrimination, poor health... Few of us are at peace with our bodies, whether because we're fat or because we fear becoming fat. It's time to withdraw the troops. There is a compassionate alternative to the war—Health at Every Size—which has proven to be much more successful at health improvement—and without the unwanted side effects.¹,² The scientific research consistently shows that common assumptions underlying the war on obesity just don't stand up to the evidence.

Assumption: "Overweight" and "obese" people die sooner than leaner people.

False! Almost all epidemiologic studies indicate people in the overweight or moderately obese categories live at least as long—or longer—than people in the normal weight category. The most comprehensive review of the research pooled data from 26 studies and found overweight to be associated with greater longevity than normal weight.³ Analysis of the National Health and Nutrition Examination Surveys I, II, and III, which followed the largest nationally representative cohort of U.S. adults, also determined that the "ideal" weight for longevity was in the "overweight" category.

Assumption: Being "overweight" or "obese" puts people at significant health risk.

False! Epidemiological studies rarely acknowledge factors like fitness, activity, nutrient intake, weight cycling, or socioeconomic status when considering connections between weight and disease. Yet all play a role. When studies do control for these factors, increased risk of disease disappears or is significantly reduced. What's likely going on here is that other factors increase disease risk at the same time they increase the risk of weight gain.

Assumption: Anyone who is determined can lose weight and keep it off.

False! The vast majority of people who try to lose weight regain it, regardless of whether they maintain their diet or exercise program. This occurs in all studies, no matter how many calories or what proportions of fat, protein or carbohydrates are used in the diet, or what types of exercise programs are pursued. Many studies also show that dieting is a strong predictor of future weight gain.

Assumption: Weight loss will prolong life.

False! No one has ever shown that losing weight prolongs life. Some studies actually indicate that intentional weight loss increases the risk of dying early from certain diseases.

Assumption: The only way for "overweight" people to improve health is to lose weight.

False! Most health indicators can be improved through changing health behaviors, regardless of whether weight is lost. For example,
lifestyle changes can reduce blood pressure, largely or completely independent of changes in body weight.\textsuperscript{2, 4} The same can be said for blood lipids.\textsuperscript{2, 4} Improvements in insulin sensitivity and blood lipids as a result of aerobic exercise training have been documented even in persons who actually gained body fat while participating in the intervention.\textsuperscript{2, 5}

Assumption: Health is declining as a result of an "obesity epidemic."

False! While it’s true that we’re moderately fatter than we used to be, life expectancy has increased dramatically during the same time period in which our weight rose (from 70.8 years in 1970 to 77.8 years in 2003).\textsuperscript{26} That’s right, government statistics predict that the average kid can now expect to live almost eight years longer than his or her parents! Not only are we living longer than ever before, but we’re healthier than ever and chronic disease is appearing much later in life.\textsuperscript{26} Death rates attributed to heart disease have steadily declined throughout the entire spike in obesity.\textsuperscript{27} Both the World Health Organization and the Social Security Administration project life expectancy to continue to rise in coming decades.\textsuperscript{26} We are simply not seeing the catastrophic consequences predicted to result from the "obesity epidemic."

Blame Economics

Why do these faulty assumptions continue to proliferate and why isn’t the reality more widely known? There can only be one explanation when science so blatantly contradicts popular thought: economics.

There is a huge industry that benefits from widening the boundaries of what is considered a problematic weight, including weight loss centers, supplement makers, drug companies, physicians, and...
purveyors of diet books, foods and programs. Even scientists benefit by getting research grants and serving as consultants, or by running weight loss centers at universities. Convincing us of a crisis can also aid government agencies in obtaining congressional funding. And expert panels that create public policy and determine research funding are populated by individuals with financial conflicts of interests.

That said, I do not believe that those engaging in this damaging paradigm are part of a widespread conspiracy. We are all raised with the assumption that fat is bad and permanent weight loss can be achieved through dietary change and exercise. These assumptions are so strongly a part of our cultural landscape that they are regarded as self-evident, and few even consider questioning them. As a result, many well-intentioned, caring people unknowingly collude and transmit this cultural bias. Also, there is little reward for questioning these assumptions, other than peace of mind. Indeed, for a professional to challenge these ideas is tantamount to career suicide; this is in stark contrast to the large financial/incentive for supporting the old paradigm.

**What Can You Do?**

Refuse to fight in an unjust war. Join the new peace movement: “Health at Every Size” (HAES). HAES acknowledges that well-being and healthy habits are more important than any number on the scale. Participating is simple:

1. **Accept your size.** Love and appreciate the body you have. Self-acceptance empowers you to move on and make positive changes.
2. **Trust yourself.** We all have internal systems designed to keep us healthy—and at a healthy weight. Support your body in naturally finding its appropriate weight by honoring its signals of hunger, fullness, and appetite.

Excerpt from *Health at Every Size: The Surprising Truth About Your Weight* © 2010 by Linda Bacon. May be freely distributed, provided that it remains in its entirety and this copyright message appears. More info at www.HAESbook.com.
3. **Adopt healthy lifestyle habits.**

Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social, emotional, and spiritual needs restores food to its rightful place as a source of nourishment and pleasure.

- Find the joy in moving your body and becoming more physically active in your everyday life.
- Eat when you’re hungry, stop when you’re full, and seek out pleasurable and satisfying foods.
- Tailor your tastes so that you enjoy more nutritious foods, staying mindful that there is plenty of room for less nutritious choices in the context of an overall healthy diet and lifestyle.

4. **Embrace size diversity.** Humans come in a variety of sizes and shapes. Embrace the beauty found across the spectrum and support others in recognizing their unique attractiveness.

**References**


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Excerpt from Health at Every Size: The Surprising Truth About Your Weight © 2010 by Lisa R. Rien. May be freely distributed, provided that it remains in its entirety and this copyright message appears. More info at www.HAESShook.com.


29. Social Security Administration, *Periodic Life Table*. 2007 (updated 7/9/07).

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Appendix J: ‘I STAND’ Campaign pictures 1 and 2.

Appendix K: ‘I STAND’ Campaign pictures 3 and 4.

Appendix L: Fat Liberation manifesto

FAT LIBERATION MANIFESTO

1. WE believe that fat people are fully entitled to human respect and recognition.

2. WE are angry at mistreatment by commercial and sexist interests. These have exploited our bodies as objects of ridicule, thereby creating an immensely profitable market selling the false promise of avoidance of, or relief from, that ridicule.

3. WE see our struggle as allied with the struggles of other oppressed groups against classism, racism, sexism, ageism, financial exploitation, imperialism and the like.

4. WE demand equal rights for fat people in all aspects of life, as promised in the Constitution of the United States. We demand equal access to goods and services in the public domain, and an end to discrimination against us in the areas of employment, education, public facilities and health services.

5. WE single out as our special enemies the so-called “reducing” industries. These include diet clubs, reducing salons, fat farms, diet doctors, diet books, diet foods and food supplements, surgical procedures, appetite suppressants, drugs and gadgetry such as wraps and “reducing machines”.

WE demand that they take responsibility for their false claims, acknowledge that their products are harmful to the public health, and publish long-term studies proving any statistical efficacy of their products. We make this demand knowing that over 99% of all weight loss programs, when evaluated over a five-year period, fail utterly, and also knowing the extreme proven harmfulness of frequent large changes in weight.

6. WE repudiate the mystified “science” which falsely claims that we are unfit. It has both caused and upheld discrimination against us, in collusion with the financial interests of insurance companies, the fashion and garment industries, reducing industries, the food and drug industries, and the medical and psychiatric establishment.

7. WE refuse to be subjugated to the interests of our enemies. We fully intend to reclaim power over our bodies and our lives. We commit ourselves to pursue these goals together.

FAT PEOPLE OF THE WORLD, UNITE! YOU HAVE NOTHING TO LOSE ….

By Judy Freespirit and Aldebaran
November, 1973
Copyright The Fat Underground

It's okay to be big, as long as you’re healthy.

Nooooooooooooooo. I think we have got to separate weight and health. The rights to life, liberty and the pursuit of happiness (and to be treated with basic human rights) are inalienable. They are not size dependent, health dependent, or healthy habit dependent. Fat people don’t lose the right to exist if they have health problems and it doesn’t matter why we have those health problems. Let’s remember that health is multi-dimensional, not entirely within our control, not an obligation, and not a barometer of worthiness.) Like everyone else, fat people have the right to make choices about how we prioritize our health and the path we are going to take to get there. Regardless of the choices we make, or our health status, or anything else, we never stop being allowed to exist. (And that would be true even if weight loss was actually likely to make people thinner or healthier.)

Appendix N: Raw Data Set

As proposed in the ethics application (2014/065), availability of the raw data for this project was to be limited to the author, Patricia Cain and supervisor, Associate Professor Ngaire Donaghue. For this reason the raw data is not included in the Thesis submission. If required for examination purposes please contact the author for access to either recordings or transcripts of the focus groups.