1-1-2012

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Linfield College, 2012
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"I am suffering from living in a society that tells me that the cure for social stigma, shame, humiliation and incompetent healthcare is for me to lose weight, when the truth is that the cure for social stigma is ending social stigma."

Abstract

This study investigates the social movement, Fat Acceptance, and the personal experiences and discourse of members in online forums that discuss topics such as advocacy and personal struggles, as well as the personal experiences and discourse with members of online groups that went through, or are about to go through, weight-loss surgery. Five interviews with individuals from both groups were conducted for the study and allow for a more in-depth view into the individual experience, supplemented with observations from online blogs and forums. I found that the Fat Acceptance Movement and the WLS (weight loss surgery) community generally opposed discrimination of people of size in society and mirrored each other's arguments over issues of sizism in the media and daily interactions.

Introduction

Sizism is one of the last forms of socially acceptable discrimination in American society today. Through the medical field, the media, and the daily interactions of individuals, the prizing of 'thinness' and the discrediting of 'fatness' has become common so as to be a cultural value and expectation (Sobal 1999)( Cordell &Ronai 1999). The Fat Acceptance movement is fighting against the discriminatory attitude in the modern American culture which idolizes thinness as being equal to healthy and beautiful, and fatness as unhealthy and ugly (Wann, 1998). At the same time that this movement fights for a shift in attitude towards people of size, the weight-loss industry is booming with products and procedures. Weight-loss surgery (WLS), albeit deemed extreme, is also deemed a healthy choice for anyone that is considered fat for the simple reason that being fat in itself is viewed as unhealthy, and many Americans opt for these procedures to lose weight every year. I study the WLS community, a group of individuals undergoing surgery
to lose weight, and the Fat Acceptance movement, a community stating firmly that they shouldn't have to lose weight, to investigate how they cope with being stigmatized as a person of size, and their views about each other.

**Theory: Stigma**

To explore this topic, I draw from and apply Erving Goffman’s theory of stigmatization to examine ‘fatness’ to better understand the discrimination these individuals face, as well as to understand the social mechanisms behind stigmatization. In order to express the extent of discrimination and the role that social symbols of the body take in this discrimination, Scheper-Hughes and Locke’s discussion surrounding an American view on ‘healthy bodies,’ and Mary Douglas’ theory concerning body symbolism are discussed. In order to fully understand the plight of people of size in America, I investigated their lives as stigmatized individuals and the means that they may go through to cope with it, one being to create a social movement organization.

People of size are stigmatized for what their physical appearance represents; common stereotypes for someone with a larger body size include “lazy,” “stupid,” “sexless,” “self-indulgent,” “sloppy,” “incompetent,” “weak” and to have a general lack of self-control (Wann 1998)(Cordell &Ronai 1999, p.29)(Sobal 1999, p.233). Erving Goffman (1963) defines stigma as “…an attribute that is deeply discrediting (of the bearer)” (p.3). The attribute, in this case, implies a moral failing on the part of the individual as symbolized by their physical appearance. The body is a tool for which society can rely their metaphors for values onto; “just as it is true that everything symbolizes the body, so it is true that the body symbolizes everything else,” (Douglas 1966, p.122). According to Scheper-Hughes and Locke (2008)“It is not always
possible to see where nature ends and culture begins in the symbolic equation," (p.19). Therefore we cannot know the true indicators, or meanings even, of physical health but perhaps only the indicators for social health. Fat doesn’t indicate to actual physical unhealthiness as much as it does socially unacceptable behavior.

As Pollitt (1982) argues, “the (American) politically correct body for both sexes is the lean, strong, androgynous, and physically ‘fit’ form through which the core cultural values of autonomy, toughness…and self-control are readily manifest” (cited Scheper-Hughes & Locke 1987, p.25). Since “health is…achieved rather than an ascribed status…ill health is…attributed to the individual’s failure to live right, to eat well, to exercise, etc.,” the natural body is clearly not the desired body (Scheper-Hughes & Locke 1987, p.25). Even further from the natural body is the stigmatized body, the one which not only doesn’t present these “core cultural values” as described above, but actually goes against them. Increasingly, the fat body is the unhealthy, or even worse, uncontrolled body that is stigmatized in American society.

The pressures of this social body image are especially hard on the American woman, who is “expected to be fun-loving and sensual, (but) she must also remain thin, lovely, and self-disciplined,” as the “modern” and “liberated” woman (ibid, p.26). Simone de Beauvoir’s (1949) theory of women as the “second sex” discusses the very idea of women as “the other” to men, in which a woman is “essentially to the male a sexual being. For him she is sex- absolute sex, no less,” (Lemert, 2004, p.339). In this categorization of woman as only a sexual object in regards to men, and in every other regard nothing more than man’s opposite, women’s social power is reduced to their sexuality. Culturally, this translates into a woman’s body being a primary characteristic, putting emphasis most highly on her appearance. In terms of weight, women of size feel the pressures of stigmatization more acutely than men of size due to the ‘othering’ of
women in society. This ‘othering’ connects women more to ‘nature,’ (i.e. bearing and nurturing children and the family outside of society), thus allows a woman’s physical appearance determine her social worth; a man’s social worth is deemed on other factors because he is connected more to ‘society’ (working and creating in society), though they may still be, and increasingly are, stigmatized to an extent due to their size (de Beauvoir 1949).

The way in which people react to those that deviate from social expectations and values is learned behavior from the greater society. Goffman (1963) argues that:

“Stigma management is an offshoot of something basic in society, the stereotyping ... of normative expectations regarding conduct and character; profiling is classically reserved for...persons who fall into very broad categories and who may be passing strangers to us” (p.51).

“Profiling” aids individuals’ behavior in their daily interactions and expectations of others. One can profile another, typically a stranger, and assess, based off of cultural knowledge, what expected interaction will take place between them. This allows for simple interactions between individuals to effectively interact in daily occurrences. However, it also leads to discrimination against those that were historically looked down upon for cultural assumptions regarding character. “When the sense of social order is threatened...the symbols of self-control become intensified along with those of social control,” argue Schep-Hughes and Locke (1987), indicating to the extreme measures taken in demonizing devalued bodies in extreme situations, such as ethnic groups being blamed for social issues in scapegoating, and other prejudice-based situations (p.24, emphasis added). This scapegoating and prejudice can be seen in how people of size are treated as negative stereotypes for all of America, seen as generally unhealthy beings and, in many cases, individuals with severe moral failings.
The stigmatized individual is nonetheless a member of the same society, and as such holds many of the same values as other citizens of their culture. The pain that a stigmatized individual faces is when they realize that, while they had “(held) the same beliefs of identity that we do” and so has the same expectations of cultural claims as “everyone of selected social category into which he unquestionably fits (age, sex, profession, etc.),” that they are not being fully accepted by their peers (Goffman 1963, p.7). This individual feels “shame...because a central possibility...of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing” (ibid, p.7). They are not as easily employed due to stigmatization and suffer from other effects of being a social outsider. The stigmatized are not given these same cultural claims, affecting their daily interactions and particularly create more challenges for them in the modern world of social isolation and economic distress.

It is known that the discriminated feel the effects of the “'(spoiled) social identity'; it has the effect of cutting him off from society and himself so that he stands a discredited person facing an unaccepting world” (Goffman 1963, p.19). My study examines two main options for a fat, discriminated individual in the United States to take. Goffman (1963) argues that:

“in some cases it will be possible for him to make a direct attempt to correct what he sees as the objective basis of his failing...(making) a transformation of self from someone with a particular blemish into someone with a record of a particular blemish” (p.9).

In the case of a fat stigma, weight loss, and most permanently (and extreme), weight loss surgery is the means of “correcting”. The means by which individuals deal with stigma, particularly life-altering surgery, is an “indication of which the extremes to which the stigmatized can be willing to go through, and hence the painfulness of the situation that leads them to these extremes” (ibid, p.9). For those pursuing this option, it is hoped that it will make the individual more acceptable in appearance and thus no longer a part of their previous, ‘spoiled profile’ in the greater society.
Social Movement Organization Theory

In this study, I argue that the Fat Acceptance movement is an “identity seeking movement,” in which one “reclaim(s) a self robbed of its identity” (Johnston et. al 1997, p. 279). The materialistic and symbolic goals that this group holds are formulated and framed by cultural constructs of identity. Much like Durkheim’s discussion surrounding religion, these social movement groups are “… collective representations that express collective realities; rites are ways of acting that are born only in the midst of assembled groups and whose purpose is to evoke, maintain, or recreate certain mental states of those groups” (Durkheim 1995,p.9). In the case of these social movement organizations, the telling of stories and molding of the group’ demands and beliefs are what establish the “certain mental states” of the movement (ibid). In joining a group in which members share their similar stories of discrimination, individuals, according to Durkheim, cope with their feeling of anomie, or normlessness (Durkheim 1951). In the case of these stigmatized individuals, such anomie may result from the sense of not being treated the same as their non-stigmatized social counter parts, as described above by Goffman (1963).

Members join such a group to create a collective identity to which they can identify themselves and act as a part of socially. While the individual identity is a part of a group mainly through technology, collective identity allows individuals to act within this other identity and expected behaviors. Indeed, activists of the Fat Acceptance movement encourage potential members to identify themselves as “fat” as a part of group membership (Wann 1998). Members of the WLS community, particularly in the medical field, have a more complex relationship with potential members since joining the group involves factors outside of the individual’s own decision (i.e. health insurance coverage, signing off from psychological analysis, a doctor’s
permission). WLS members do not connect through ideology, but through the shared experience of becoming a WLS patient, once they are an established member of the community through this physical change.

**Thesis Statement**

Some of those considered fat choose to leave this category through surgery, or a 'correction of this blemish' as Goffman would put it (1963). This change of identity from a 'fat,' stigmatized individual to a socially-acceptable person (appearance-wise), creates a shift in the groups’ interactions between those that are undergoing this physical transformation and those that are not. Those that are undergoing the transformation are further isolating themselves from certain groups that would otherwise attempt to identify and connect with them, (i.e. the Fat Acceptance Movement), even as they are becoming less isolated (ideally) to the non-fat-accepting general population. In this process of transformation, many patients join online and in-person support groups to share their experiences and advice with others that had the same type of surgery/ body modification. It is difficult to identify other surgeries, particularly elective, that require so much time, proven commitment and competence on the part of the patient.

Much of the media, education and even language used in the discussion surrounding people of size in America are generally negative and even derogatory in tone (BBCNews 2008) (Puhl et al. 2008). As stated above, according to Goffman’s study of stigma, society places stock in such physical ills to indicate something about the individual’s character. In America today, the media typically regards “fat” people as being ‘lazy,’ ‘stupid,’ and ‘lacking self-control.’ Groups, such as the NAAFA and ASDAH, are a part of the Fat Acceptance Movement, in which people “of all sizes” fight for anti-discriminatory rights (NAAFA 2011).
However, those who opt for weight-loss surgery or diet for the sole purpose to lose weight in order to fix them are often held in a view of disdain by those in the movement (Glen 2008). I believed that, as individuals go through the process of losing weight, before and after the surgery, and change their appearance, they would change their behavior, self-presentation (representation) and perhaps even their views. The line between being accepted by the greater society by becoming a socially acceptable size, and fighting against the discrimination for those that are not, is a largely unacknowledged one. I’m investigating how these two groups view the other, whose actions oppose the ideals and/or decisions of the other.

Literature Review

There is significant research in the field of Fat Studies that discuss the feelings of stigmatization among people of size in America. However, few, if any, studies evaluated the experiences of weight loss surgery patients alongside the experiences of Fat Acceptance advocates. My research will be useful in seeing the collective experiences of the ‘fat’ community in America.

The modern American media’s demand for thin, young individuals is a reflection of the supposed characteristics of the honorable person: one who is a “thin, moral and admirable” (Counihan 1992, p.55). As anthropologist Claire Cassidy (1991) argued, “…thinness in the midst of abundance… projects the traditional message of power…” (p.181). Those who do not fit into the accepted confines of physical appearance have few options when it comes to acting within society, since they do not project a “message of power” (Cassidy 199, p.181). Sobal (1999) makes a similar argument, that “the rise in emphasis on thinness (has been) accompanied by a parallel rejection of fatness” (p.233). Being visibly outside of the acceptable standards of
physical appearance leaves one in a category of deviance, leading to negative expectations of character and even stigmatization for “moral failure” (Sobal 1999; Goffman 1963). Today, “discrimination against overweight people—particularly women—is as common as racial discrimination” (Yale University 2008). To be fat is seen as an option which people choose through a bad lifestyle (Pool 2001). Common stereotypes for a fat individual are gluttonous, incompetent/ stupid, “insecure”, or just “lazy” (Fikkan & Rothblum 2005, p.18). Through the presentation of studies that indicate to unfair treatment of people of size in the workplace (Fikkam and Rothblum 2005), healthcare settings (Fabricatore et al. 2005), the media (Greenberg and Worrell 2005), and other social settings, into the academic field of sizism in America is well underway.

In response to such cultural pressures, in both representation in the media and personal daily interactions, a new social movement calling for Fat Acceptance immerged as early as the 1960’s (Sobal 1999). The Fat Acceptance Movement has been promoting the rights of “fat people who are stigmatized and discriminated against” through zines and other counter-cultural forums (Fat!So? 2011). In recent years, advocacy has moved online through a connection of activist bloggers and forums where people can share their ideas, organize events to raise awareness of discrimination and petition for rights. Many of these online sites discuss the harmful effects of such views of larger people, including those from the health community. There are several definitions to the movement, but general themes that are repeated in blogs are: “health comes at all sizes” (Size Diversity and Health 2012), “recognizing the deceitful practices of the weight-loss industry and countering them” (Carolyn, Big Fat Blog 2004 ), and “human beings deserve to be treated with dignity and respect...fat people are human beings” (Harding 2010).
One of the most frequently used arguments of the Fat Acceptance Movement is that being fat in itself is not unhealthy. However, just like smoking tobacco, allowing oneself to be anything but so-called normal and healthy is a lifestyle choice that needs to be ‘fixed’ by the medical community. The difference, argued by the Fat Acceptance community, is that there is no scientific proof that fat kills the way that tobacco does (Wann, 2009). Many of the studies used in the media today to ‘prove’ being fat is inherently unhealthy are continuously misquoted or inaccurate; there simply is no solid data to support the notion that fat in itself kills (Chastain, April 2012). The subject whether obesity is a choice or a disease is where much fat discrimination stems from (especially in regards to insurance companies and medical care) (Cordell & Ronai 1999; Chastain 2012; Wann 1998), and what causes so much discomfort in both the Fat Acceptance and WLS community. Both the World Health Organization and the US Centers for Disease Control and Prevention consider obesity to be a disease (in which both define adults with a BMI of 30 or higher falls into the definition of obese) (Centers for Disease Control and Prevention, 2010; World Health Center, 2012). The medical community clearly states that fatness is a disease in both these terms although there are many studies showing that there is no direct connection between the relation between an individual’s height and weight, or Body Mass Index (BMI), which solely determines if an individual is overweight or not, and their overall health (Bacon & Aphramor 2011; Wann 2009; Matheson et al. 2012).

Fat Acceptance advocates argue that fatness is neither a choice nor a disease, but a natural part of biological diversity, and is not inherently bad and most certainly is not a disease, in which one must accept and respect “the natural diversity of body sizes and shapes” (Poretsky, March 2012). Like most Fat Acceptance advocates, Marilyn Wann presents her research in her arguments, finding one source that stated “seven out of eight” people labeled as “obese” are not
diabetic (Wann, 2009; National Center for Health Statistics, 2006). Despite all of the data that shows the contrary, many in the West today still believe that being fat is unhealthy. Activist Marilyn Wann (1998) states that:

"There’s nothing wrong with being fat. Just like there’s nothing wrong with being short or tall, black or brown. These are facts of identity that cannot and should not be changed. They’re beyond cures or aesthetics. They provide the diversity we need to survive.” (p.28).

In such declarations as this, Fat activists provide the argument that fatness is not a disease as it has been diagnosed in the health community (Sobal & Maurer 1999). In a cunning way to show the difference between the public’s views on obesity as a ‘disease,’ Wann describes her experiences in promoting the Fat Acceptance movement among outraged, anti-fat people. She recalls her experiences as the following:

“...(the first radio caller during a radio interview) would use precisely these words: ‘I’m so outraged by this woman...Don’t you know your fat is going to kill you?’...Really now, these callers are not concerned about my health...(I had said) ‘My blood pressure, blood sugars, and cholesterol are all normal. I feel great and I weigh 270 pounds’...Let’s imagine that I go on the radio, and I say, ‘Hi, I have a deadly disease. But I’m doing everything I can to stay in good health...all my numbers are normal and I feel great.’...A normal reaction would not be, ‘You cannot be healthy! You have a deadly disease and you’re gonna die! Nothing you do makes a difference. You’re gonna die, die, die!’ Even if fat really were a deadly condition, who would call the radio station to say that? To scream that? A hateful person, someone who wishes me (and everyone like me) dead, gone, disappeared.” (Wann 1998,pp. 31-32).

Experiences like these are cited by activists often to point out the prejudices and injustices fat individuals face in America today. They further argue that the medical community’s defining of obesity as a curable disease has only exasperated the public’s opinion on the subject, since the focus of common discourse increasingly surrounds only the question regarding ‘disease’ or ‘choice.’ Women in particular feel the effects of such negative stereotyping and idealized
expectations of beauty disproportionately relative to their male peers, although men are increasingly targets of body image stigmatization.

Members of Fat Acceptance form groups online to share their collective experiences as stigmatized individuals and to draw strength in their declaration against fat hate in much of the same way as the early feminist movement created a declaration against sexism. Jane Mansbridge (2009) discussed how “the ideology of the women’s movement itself is inclusive, stressing the sisterhood of women of differing classes, ethnicities, regions and traditional politics,” essentially indicating the far-reaching goal of female social solidarity with each other “because structurally they have similar relationships to the world, and particularly to men” (p.151). Due to such a generally open ideology, any woman is a potential member of the movement, and so the goals of any action by the group have to benefit all or as many women as possible. In the same way that the Women’s Liberation movement had to be inclusive, so that all women of any background or ideology could join in a movement to aid all women, so must the Fat Acceptance movement: any fat individual (or even a sympathizer) is a potential member, and therefore the goals of the group have to benefit all or as many fat people as possible. Social change had to occur in general gender roles and stereotypes, and women used their own stories (and for “scenes never lived through” as described by other women) to discuss necessary changes and to transform the goals (p.151). This frame transformation through the use of other women’s stories and the inclusivity of all women changed the group in the 1960’s. This sort of cultural change is demanded by Fat Acceptance (to fight stereotypes), and they utilize the stories of fellow “fatties”* through zines, online blogs and forums to share their stories in much the same manner.

*This is a term used by advocates themselves, as a form of making the word their own and not an insult, and can be seen in Fat Acceptance site names such as “Fierce, Freethinking Fatties”(fiercefatties, 2012; Wann 1998).
In another connection to the feminist movement, Sobal describes the Fat Acceptance movement as “highly gendered, with a majority female membership,” (1999:242). This is in response to the stronger cultural pressures on woman to fit into the prescribed regime of beauty in consumerism. Lelwica (1999) argues that the:

“...consumer-media culture’s prevailing ideals of womanhood, along with the self-correcting disciplines that these ideals inspire (e.g., dieting and exercise), are the icons and rituals by means of which a vast number of girls and women organize their daily hopes and fears,” (p.5).

This sort of body image fanaticism is argued by Lelwica to be the new religion of the Western consumer, particularly for women. Extreme forms of this “quasi-religious character of women’s preoccupations with their bodies and food” fall into the realm of ritual in the behavior of an anorexic, bulimic, or any others that follow such beliefs (Lelwica 1999,p.6). This extreme behavior reflects the harsher treatment fat women face than that of fat men, discussed in weight-bias employment studies; women defined as fat (“those in excess of 20% of standard weight for height”) earned “an average of 12% less than non-fat women (counterparts), whereas this finding did not extend to fat men” (Fikkan & Rothblum 2005,p.20). Since the pressure is greater for women to not be fat, the measures that women take, either joining a movement to make their bodies more socially acceptable or drastically change their bodies to be equal to what is already socially acceptable, are much greater and in greater numbers.

Despite the fact that Fat Acceptance has been around for several decades, the movement has started identifying itself with the Occupy Wall Street movement, which arose in September, 2011. Golda Poretsky, a Fat activist and certified holistic health counselor, wrote in her blog:

“The Occupy movement is trying to break down a myth...The reality couldn’t be more different than the myth. And yet, the right’s only response is, “Get a job, ya hippies!” The Right continues to attempt to discredit Occupy’s argument by insisting that the myth is real. If Occupy folks just work harder and do things right and stop being so lazy, they’d
all be living the American dream... Have you ever been told that if you just worked hard at it and did things right, you’d lose the weight and keep it off?... It’s the argument that supports continued discrimination against fat people because if fat people really are just lazy and not working hard enough... the diet companies... and doctors, and the AMA, etc. don’t have to do the work of realizing that the whole system is based on a lie and that it’s dangerous and needs to change.” (More of Me to Love, November 28, 2011).

In this clear parallel made between the two movements, there is an attempt made on the part of activists to create frame bridging to other current events that are receiving much public support as well as media attention (Snow et al). Activist Marilyn Wann (2011) takes a stance in her own blog;

“A lot of us believe that the wealthiest .01 percent of people are conducting class warfare on the human species. Have you noticed that ass warfare (keeping us all worried about our weight) is a big part of their world-domination plan? Let me demonstrate: In the United States, Americans spent $60.9 billion last year on weight-loss products that obviously did not produce on their promise, according to Marketdata Enterprises,” (November 28).

The objective and goals of the Fat Acceptance movement are not changed in these comparisons, but framed in a way that draws an undeniable parallel between the arguments, and therefore create, ideally, an undeniable alliance between the groups making them. This is a form of frame bridging and alignment, drawing the attention of potential members from a similar cause and shifting the argument in a way which cannot be easily dismissed by members of this other cause, due to its similarity to their own. The “ass warfare,” as activist Marilyn Wann calls it, is essentially a *capitalistic* phenomenon according to Fat Acceptance (Wann 2011; Thomas 2011). Their argument is that, essentially, with fat-hate is the fear of becoming fat just as much as there is the want to improve oneself in order to be hated less. This particular argument had been a part of Fat Acceptance creed long before the Occupy movement, but the parallels between the goals of the group create an advantage for the less widely known People of Size.
This study will fill in the gaps left in the literature concerning this group, looking more into how individuals define themselves in society, how they the groups they are in define them in society, and how these definitions are forms of coping with such discrimination. Stigmatized individuals, as shown above, are given less social rights in their daily interactions, and the individuals in this study are those that have done something to change their disadvantaged point in society by joining a group that redefines themselves as either no longer discriminated against or not passively being discriminated against.

Methods

I became interested in body image and modern feminist issues in America through my studies of Medical Anthropology. After grazing through the academic articles that appeared after searching these key ideas, I stumbled upon fat studies. I was intrigued, and the more I read the messages of this social movement and stigmatization, where the messages of self-acceptance and self love after a lifetime of discrimination in stories from these individuals, I had to find more. I came across many forums and found a wealth of information regarding this sensitive subject in most Americans’ minds. In finding a subject in which every American I know has a strong opinion about, positive or negative, but know little about, fat studies are an intriguing place to investigate feminism, medical anthropology, and modern discrimination.

I interviewed local people connected to the groups that I could find in an initial search of the WLS community to build a convenience sample of participants. This led me to the medical side of the issues, allowing me to create a sample of participants I investigated through semi-structured interviews. In total, I conducted 6 interviews, two with WLS patients, one with a medical psychologist, one with an adult internal care provider, and two with Fat Acceptance advocates. The interviews all started with general questions about themselves and how they
became a part of the community, followed by questions regarding their experiences as or with WLS patients and as or with Fat Acceptance advocates. Questions investigated participants’ own feelings about their body, the treatment they receive from other people, how they have dealt with any negative treatment, why they think that is, how they live in the community of their choosing and how they came to choosing that one. Using qualitative analysis of movement communication over several months, with a focus on advocacy, culture references in current events, history as a person of size and reports of daily interactions, will provide a greater understanding of the fat movement, WLS patients, and the field of fat studies in general.

I was immediately connected to a psychologist who consults WLS patients before and after their surgery. From there I was connected to a clinical doctor who strongly advocates for WLS. I then interviewed a WLS patient (several years after her surgery) who was more than willing to share her experiences. From there I was put into contact with another WLS patient, and a clinical doctor who had patients who had had weight loss surgery. All individuals in this sample had a clear bias for having WLS and had medical backgrounds, but I feel they offered great insight to their experiences in the field, and explained details interactions I saw repeated through the forums and other interviewees in their personal experiences, thus leading me to believe their experiences were common. I was then able to interview two Fat activists by contacting them through their prominent Fat Acceptance blogs, and conduct interviews over the phone.

The other ‘option’ for the stigmatized I’m studying is one of acceptance and activism, thus I have been investigating the Fat Acceptance movement in terms of frame alignment. The discriminated can also find “…others who are ready to adopt his standpoint in the world and to share with him the feeling that he is human and ‘essentially’ normal in spite of appearances…,” leading to a form of social acceptance, if on a smaller scale (Goffman 1963, p.19). They will
form into a group, or even a movement, to share their stories and beliefs, building an ideology of demands and grievances to share with the greater society. Goffman (1963) states “often those with a particular stigma sponsor a publication of some kind which gives voice to a shared feeling, consolidating and stabilizing for the reader his sense of realness of ‘his’ group and his attachment to it…” (p.25). Social constructionism, the theory which defines social movements as a part of a collective social drama, emphasizes the role of the individual within the group while also connecting individuals to a single idea. “Frame alignment” is the process in which “some set of individual interests, values, and beliefs and social movement organization (SMO) activities, goals, and ideology” create a common denominator between individuals and the rest of the SMO(Snow et. al 1997, p.211). William Gamson (1997) states “the trick for activists is to bridge public discourse and people’s experiential knowledge, integrating them in a coherent frame that supports and sustains collective action” (p.228). For Gamson, it is important for the grievances of the movement to become a part of common discourse, in order to stay relevant in the public mind and to perhaps even gain widespread support. This is a part of frame bridging. The ideology of a SMO can reach, and influence potential members faster and more easily than ever before through the technological media (television, blogs, forums, etc.). Multiple resources, of course, are available and necessary, since “it often obstructs and only rarely and unevenly contributes to the development of collective actions,” because it leaves one feeling a lack of “collective agency,” (i.e. is disconnecting) (Gamson 1997, pp.242-243). With modern social networks, the “direct relationships” that Gamson concluded as necessary can actually be made and affirmed in the form of direct or mediated communication. The media themselves are used to reaffirm the definition of the movement and maintain the demands of the group, but the group
must keep strong communication within and outside of the movement group to form and maintain internal solidarity and connections with a broader public audience.

Six individual semi-structured interviews were completed for this study from appropriate members of each community to allow for in-depth views of the experiences of the stigmatized in America. These interviews consisted of open-ended questions regarding their experiences with discrimination and their experiences with their respective groups regarding discrimination. I included interviews with members of the medical community who work with WLS patients after I realized that they play important roles in the WLS community in general. Psychologists, adult internal care doctors, surgeons, etc. are all needed for weight loss surgery to even occur. I only interviewed advocates from the Fat Acceptance community since it is a personal choice only to join this group, though the advocates typically include psychologists, bloggers, etc. I supplemented my information from online forums and blogs of each group in order to gain more insight to the patterns that emerged from the interviews. Prominent patterns emerged from the blogs, the forums and the interviews quickly, directing my research towards these patterns. These patterns included the telling of ‘shame stories,’ in which individuals discuss specific examples of being publicly humiliated for their size (these often included shopping for clothes, visiting the doctor’s office, riding on a plane, eating out, etc.), ‘anger,’ in which individuals discuss their feelings about being discriminated against, ‘dieting frustration,’ in which individuals discuss their frustration as ‘failures’ for weight yo-yoing from diets that didn’t work, and ‘group joining,’ in which members discuss their past as a person of size and how they came to the group they joined.

Blog Data
On multiple occasions, events would arise in the media that bloggers from both the WLS community and the Fat Acceptance movement would discuss and even have similar opinions on the matter, even echo the other’s argument. In the case of a certain advertisement by the PCRM (Physicians Committee for Responsible Medicine) that promoted fat shaming, both Melting Mama, a blog by an outspoken WLS patient, and Dances with Fat, a Fat Acceptance advocacy blog, called for public action against the organization. Both posted addresses or emails where readers could contact the PCRM to condemn their negative stereotyping in an “activism opportunity” (Chastain, April, 2012; Melting Mama, April, 2012). Melting mama (2012) stated

“As you can see, this commercial further perpetuates weight bias and stigma. The commercial clearly displays an individual affected by obesity as clumsy and careless. Negative weight bias such as this must stop! We need your help!” (April).

The writer for Dances with Fat (2012) states in a similar fashion

“At this point I think it’s safe to say that either they don’t care about shaming fat people, or they’re morons. Either way, it’s time to fix the problem. People who are actually proponents of Responsible Medicine suggest evidence-based health interventions that don’t shame anyone,” (April).

These shared ideas and shared support for people of size in the media (sharing of a video of a successful, fat contestant on Britain’s Got Talent, etc.) and anti fat shaming (activism against the Epcot anti-fat exhibit) are seen in succession with the media itself (Melting Mama March, 2012) (Chastain February 2012; Schwartz February, 2012). Often, both message boards in the WLS blogging community and the Fat Acceptance blogging community will post the same topics in regards to the same events. While the WLS blogs will also discuss diets and WLS products (such as vitamin supplements and girders) and diet talk is strictly forbidden from most Fat Acceptance blogs, this change stems from the one’s choices in self acceptance as a discriminated individual.
Interview Results

From my six interviews (two Fat Acceptance advocates, two WLS patients, a WLS psychologist, and an internal adult care doctor) several patterns emerged that reiterated the words of those in the blogs and forums. Everyday occurrences of discrimination against people of size were reported from every interviewee, including those who work with people of size but are not fat themselves.

Fat Acceptance bloggers, such as Deah Schwartz, or ‘Dr. Deah,’ on More of Me to Love (2012) often discuss the daily issues they face in a “thin bias” world. In one such post, Schwartz (2012) discusses the issue of getting ‘health advice’ from strangers;

“I am not even talking about the never-ending stream of body comments in the tabloids. I am talking about face to face full body slamming contact commenting by strangers who feel perfectly justified in walking up to someone and letting them know that they are fat,” (April).

Similar stories of daily interactions such as this were explained by one interviewee, a WLS patient. He explained;

“…the anesthesiologist says ‘I really need to talk to you about this. You need to lose weight, this is not good for you…’ and…I was about to have surgery…the insensitivity of this medical professional, to think that by his saying that to me, that that’s somehow going to fix it. I was just like ‘Oh thank you, I didn’t know I was fat. Thanks for telling me.” (Interviewee #5).

Another interviewee, a WLS surgery patient as well, explained her take on discrimination against her:

“That is a part of reality. I’m not saying that people do it purposefully, I think people, especially skinnier people, have a bias. “oh that person is lazy”, lazy is a big bias of people that are heavy, or that they do nothing but eat.” (Interviewee #3).
She discussed how she believed she had difficulty finding a job as a result of her weight and the stereotypes that go along with it. She used the terms “lazy,” and “bad hygiene” or “bad health habits” and “just don’t care” when describing stereotypes she encountered in her daily interactions (Interviewee #3).

One WLS patient, the only man I interviewed from this highly gendered issue, described a feeling of “rage,” that had grown after a lifetime of “self-loathing” and “hate” for himself and from others, which persisted even after he lost weight (Interviewee #5). He stated “I mean we (people of size) are one of the few groups that they are still allowed to make jokes about. Everybody will laugh. But I won’t. And that, it makes it especially difficult because it’s humiliating; you’re not accepted,” (Interviewee #5). Two points were interesting about this statement. The first is that he still identified himself as a person of size, despite having fallen out of that category medically and socially years prior, after he had the surgery. Secondly, this statement echoes the words of many of the Fat Acceptance bloggers, so much so that I asked him if he followed any bloggers or forums online. He replied no, revealing that these were his true personal encounters and feelings. He described his personal experiences, which were like so many from both the Fat Acceptance movement and WLS community.

He also described a lack of feeling of support when it came to his preparation for the surgery and his time after.

“After the surgery I, there’s a so-called support group at (name of other Weight Loss Surgery Center), but they have an organization that puts people through the pipe-line. They had a group that was fairly large and I found it useless. Totally useless. It was not run well, there were a lot of people in it, it was every bit as incoherent as a Weight Watchers meeting. And I’ve been to plenty of those. I believe that there is a need for them (support groups)… The surgeon has the attitude “I cut, I’m done, you’re fixed, goodbye.” And she’s a great surgeon, she saved my life, but um, it’s a certain perspective
on things. This. People need support before, they need to understand what they have to do, what, how their life has to change, how their family has to be a part of this process both before and after. After they’ve had the surgery, they may experience dumping, they may need a band, they may not lose the weight they probably need to lose right away. There are so many issues, it’s so complicated.” (Interviewee #5).

His descriptions of his experience with the WLS support groups he was sent to by his doctor fits into the description given by the WLS psychologist and internal care doctor, who both voiced their grievances with certain support groups that did not help their patients. Both healthcare professionals expressed that they had, “favorites,” or preferred groups or psychologists that they sent their patients to due to their reputations as offering decent support, recommendations given from other community members of WLS (Interviewee #1). This same pattern of relying on the recommendations of the WLS community for medical concerns (including which medical professionals to use) was seen in the online forum groups as well. The patient said his one attendance to this group “...was like a Weight Watcher’s meeting” and did not feel he gained anything positive from the experience (Interviewee #5). He believed he was able have a “successful” surgery with the aid and support from his family, from which many have had similar surgeries, creating a form of a stronger, more personal connection to other WLS community members on his own.

The WLS psychologist, the two Fat Acceptance advocates and both WLS patients discussed their experiences as children and ‘fat shaming.’ One advocate stated:

“Personally I was a fat kid, and it really, well really made my world difficult. And I never was a super obese kid, but I was very kind of husky and athletic. And it really was the kind of thing where if you were only 10 lbs thinner you would be terrific…” (Interviewee #4).

This same advocate worked with kids as a child psychologist and explained her experiences with larger children mirrored her own and many others with the same stigma. She explained of
children that “if they were overweight, that one characteristic eclipsed all of their accomplishments” (Interviewee #4). This same experience is described by those in the forums, the blogs and my other interviews. One blogger discussed problems from her childhood; “It’s very hard for me to eat out at restaurants, since that was where the parents liked to humiliate me. ‘If you eat all that’s on your plate, other people are going to notice what a pig you are!’” (bronwenofhindscroft, April 2012). Schwartz stated in an interview that she “became aware and self-loathing of my body – concurrently. I went from just being a whole person who didn’t separate who I was from my body, to looking at my body as something ‘other’ than I was and something wrong,” (More of Me to Love, November 2011).

One WLS patient/nurse described her view on the community connection and her personal experience, as a form of bridging and strengthening of the community through the sharing of stories, creating a collective identity of the stigmatized:

“Absolutely, and shared experiences. We’ve all been there, we’ve all eaten something that we shouldn’t have, even if we were told don’t eat that. Because it sounds so good. Or we had those shared experiences where we went in and had a fill and were too tight were up all night because our acid reflux was on overdrive because our stomach wasn’t working right and we had to call and get an unfill pretty quickly and so. There is that, shared experience has drawn us all together, and not only that but we all experienced what it is like to be fat. And we know what it feels like. And we’re all in different states of weight loss, but we all know where we all started. And you know there’s a kinship there. I remember when I couldn’t even get dressed without feeling winded. Or whatever. And these are experiences that people who are naturally thin have no clue, no clue what it means to be exhausted after you get dressed, or no clue what it means to have to go on an airplane and have to suck it in just to put on the seatbelt because you’re too embarrassed to ask for the extension. Or having to dread to go to the doctor because you have to be weighed. Or having people asking you how much you weigh, even if they’re trying to wrap it up in a compliment, like “oh you look like you’ve lost weight, how much do you weigh now?” you know whatever, being able to shop in a place where clothes aren’t so big that they look like they belong on a cow, or you look at it on the hanger and say that’s my size but look at how big that is! Is my ass really that big? Shopping huge, hated it, I hated going shopping for clothes! Because you could never find something you liked in the size that you were, and I’m sure people that are thin have that same problem, but for
us it was because we were fat, *I mean everything got blamed on because we were fat.* I don’t have a job because I’m fat, I don’t have a date because I’m fat... my kids don’t want me to go to school because I’m fat. Well that isn’t true. It’s because they’re teenagers and they never want moms at school. You know, you do tend to blame everything on your weight, because it’s a good *scapegoat,* even if you feel like you wish you could change it, it would be like someone saying I wish I could stop breathing for 5 minutes. It would take a lot of practice, a lot of commitment and then still only a few people could achieve that. Well, you know that’s kind of what it felt like to be fat. And it isn’t like we don’t try. That’s the whole thing, people think we just quit trying. It isn’t like quit trying.

You do Weight Watchers, you do Atkins, you do this or that, which is one of the things that find out when you try to have the surgery, they will ask what have you done, what has been successful, what hasn’t been successful. Joined the gym? Everybody’s joined the gym! You know, but you tell me, could you really, you know, lots of people can sustain a gym lifestyle everyday or every other day, but lots of people can’t. And I’m not saying their priorities are wrong, it’s just a reality; lots of people can’t. And then you know, you have to find more clothes that fit, and then more people are going to see you trying to struggle to do a stair climber or an elliptical, or you know all of those things that are very very difficult for people who are large, so then you go to the people who have large people, like Curves or places like that. And it’s still hard.” (Interviewee #2, emphasis added).

This particularly telling interview with a WLS patient/nurse echoed a pattern seen in the message boards as well as the other interviews I had seen; *shared experience.* In her words, WLS patients share the experience of surgery, but also “we all experienced what it is like to be fat. And we know what it feels like... And you know there’s a kinship there,” (Interviewee #2). This kinship is of course shared with others in their society who have been identified as ‘fat,’ thus identifiable, and identified by those in the Fat Acceptance movement. Similar stories, particularly concerning medical visits, shopping for clothes and airplanes, are repeated throughout both communities as cited negative experiences for individuals. Due to policies concerning airlines (individuals over a certain weight can be required to purchase an extra seat or need to ask a flight attendant for a seatbelt extension), stories concerning public humiliation and shaming from airline workers are frequent in both forums and were mentioned by four of my interviewees unprompted. Doctors visits, in which people of size often complain about having
their weight blamed for any and all of their health issues, are also weighed and often cite being shamed by their doctors (Chastain, 2012; Wann 1998). In each of these stories, the individuals discussed instances in which they felt discriminated against or simply as if they did not ‘fit’ into society.

These individuals also described how they put effort into losing weight to gain social standing, but they never fully gain and/or sustain the social status of ‘thinness,’ thus they don’t gain other social statuses. This same Fat Acceptance advocate/psychologist described how her child patients attempted to avoid discrimination through weight loss;

“...And as a result they started channeling their energy into dieting and changing the way they looked...they got on a weight cycling...They gained weight, they lost weight, they gained weight, they lost weight, and usually wound up gaining weight over the long term. The second thing that happened was they began to be less successful in some of these other areas because they were funneling so much energy into their appearance and when they didn’t live up to those expectations, when they didn’t see the results that they wanted or that the people around them wanted, they got depressed...So grades dropped and after school activities started to get rough, they stopped being involved in recreation activities because they were embarrassed by their bodies.” (Interviewee #4).

They would put their energy into losing weight to no longer be discriminated against, but once they did not lose enough of it or gained weight back, that effort would be seen as wasted and they would not have gained the social status desired. This same advocate described how she focused on helping individuals find other way to “channel their energy” into other activities or causes that matter to them (Interviewee #4). Both WLS patients interviewed discussed their own frustrations as individuals that struggle with “weight cycling,” as well all of the bloggers I investigated. In all cases, the individuals felt frustration in being unable to attain permanent weight loss (thus permanent social status change). This frustration, as described above, led all to become further frustrated in their situations as stigmatized individuals, leading them to make
final decisions to leave the weight cycle. At this point, the individual wither made the decision to accept their bodies as is, since dieting was not making them permanently thin and not bringing them the joy essentially promised to those who were within the confines of valued body-types, or to get weight loss surgery (assuming they qualified for the surgery). With these decisions, individuals were able to change their statuses from those who were victimized and discriminated against to those who either once had a discrediting feature or who were advocates to stop discrimination against this feature.

Throughout my interviews, I only came across one instance in which an interviewee blatantly stood against the other group in this study. A member of the WLS community, an internal adult care practitioner, replied to the direct question asked of all WLS community members interviewed, what is your opinion of the Fat Acceptance movement? She replied, “I think there are groups of people out there who are a part of the ‘Fat Acceptance’ movement because they’ve basically given up, don’t want to do anything for their health and this is their way out,” (Interviewee #1). Even this statement came with the stipulation that she also thought “some people just need to accept themselves before they can even make any healthy changes,” (Interviewee #1). This one statement echoed by Fat advocates, who discussed healthy changes they made after joining the Fat Acceptance movement; these were changes in mental health. Poretsky (2012) in giving advice in her blog to potential members of Fat Acceptance stated “respecting the natural diversity of body sizes and shapes may lead you to respect your body more, which may lead you to eat and exercise in a more intuitive healing way” (March). Chastain stated in her blog “people don’t take care of things they hate and that includes their bodies,” (April 2012c).
Analysis

The Fat Acceptance movement is an “identity seeking movement,” in which one “reclaim(s) a self-robbed of its identity” (Johnston et al. 1997, p. 279). The materialistic and symbolic goals that this group holds are all in relation to cultural constructs of identity. Members join such a group to create a collective identity to which they can identify themselves and act as a part of socially. However, the patterns that arose in my investigation indicate that individuals joined the Fat Acceptance movement in order to strengthen their individual identities, as a person that accepts and even loves their body rather than as a person who is discriminated against. In joining the Fat Acceptance movement, these individuals identify themselves with the group, but do so in a way that enhances their self identity, and many may only act within the movement to the extent that they can enhance their sense of self.

As expected, many members of Fat Acceptance form groups online to share their collective experiences as stigmatized individuals and to draw strength in their declaration against fat hate in much the same way as the early feminist movement created a declaration against sexism. They have an open ideology; in the same way that the Women’s Liberation movement had to be inclusive, so must the Fat Acceptance movement: any fat individual (or sympathizer) is a potential member, and therefore goals of the group have to benefit all or as many affected people as possible; thus anyone can share their stories through forums or blogs. Typically these forums are closed so that members can share their stories without fear of bullying or ‘trolls,’ making these settings ideal for individuals attempting to avoid or stand against discrimination. In order for individuals to join and strengthen the group, they must feel safe and welcome to share their experiences with the community, but must first be accepted into the group through moderators.
WLS patients are also seeking a level of community with others in their same position and therefore a group with which they can identify with socially. As once-stigmatized individuals making radical lifestyle changes, they seek solidarity and support from others with a similar identity, rather than building/aiding their identity from the group, they seek a group with which they can meet individuals. Surprisingly, Melting Mama’s arguments and the mission of many ObesityHelp groups are not all that different than the Fat Acceptance community’s (Melting Mama 2012; Obesity Help 2012). One such forum mission states “The Bariatric Buddy support group is a safe place for the bariatric population or those considering bariatric surgery, to go for support, acceptance, understanding, encouragement, empowerment and information,” indicating to the desire to reach out generally to others in the community of thousands and offer support on the individual basis (Obesity Help 2012).

The WLS community has an extremely diverse population, with a subset of those who have similar ideals to Fat Acceptance. This is due to the manner in which WLS patients were brought together as a group; through their actions, whereas Fat Acceptance members were brought together as a group by shared ideology. So while bariatric patients became members of their respective group for different reasons and even different goals (as one entire page of ObesityHelp displays the near 50,000 goals multiple members have claimed) (Obesity Help 2012), Fat Acceptance members joined their group for a specific set of goals in mind that is similar with that of the rest of the group. Since the WLS community is so diverse, it’s much harder to deduce any overall opinion of the group concerning Fat Acceptance, particularly since so many share a similar argument to the social movement.
However, even though the groups are made of people with different social profiles, the only real difference that can be found between the groups when it comes to their body image and life experiences is in how they came to be in their groups. All of the members of either forum will cite negative personal experiences as a person of size before they joined the group (through undergoing surgery or by making the necessary choices to join the Fat Acceptance movement), and how their lives have changed as a direct result of joining the group. These are not two groups fighting against each other; these are two groups facing the same problems in society, fighting the same battles, who wish to change their situation for the better. This comparatively similar anti-discrimination view can be explained by Goffman’s (1963) theory that those have ‘corrected’ what caused their stigmatization do not get “the acquisition of fully normal status, but a transformation … into someone with a record of having corrected a particular blemish” (p.9).

Thus, WLS patients do not become thin or ‘normal’ individuals, but individuals who were once fat. Most importantly, they do not deny their status of once being fat, but in fact must embrace the new lifestyle of a WLS patient and even embrace the WLS community.

Pierre Bourdieu’s theory of habitus and cultural capital can be seen in the identities of the Fat Acceptance movement and among WLS patients. One accrues cultural capital in either group by being, previously or currently, discriminated against (Jenkins 1992). Each individual joins the group with stories of negative experiences as a person of size, and strengthen the claims of others in the group and the group itself by contributing their own story. Their shared experiences are repeated among themselves and the greater public to bring more light to their cause as well as a form frame bridging. While both groups are egalitarian in power (there are no bloggers that are proclaimed more important than others in either case as far as I can find), having cultural capital in stories of discrimination strengthen the group itself in lending support to others in the group,
who also have stories of discrimination. These stories may lead to advice or peer support on the part of bloggers or fellow forum-users.

The WLS patient/blogger Melting Mama (2011) made this point in a post responding to the idea that women can get by “with a little help from our friends”:

“...The argument against this idea is that women who "allowed themselves" to get morbidly obese "need" someone or something holding them accountable, or they won't perform. Or, if the fat girl doesn't subscribe to a certain Way Of Thinking, she cannot possibly succeed...No. You DO realize that even <gasp!> FAT PEOPLE CAN BE SUCCESSFUL IN MOST ANY AREA OF LIFE, but simply NOT HAVE CONTROL OVER THEIR BODIES? Please,” (March 20).

This blogger is making a similar argument to those who advocate for equality for people of size, one which is fighting against stereotypes of fat people being ‘stupid,’ ‘lazy’ or ‘incompetent’ as was explained above, are common prejudices about people of size. In the Fat Acceptance movement community, entire blogs and forums are set devoted to the one topic of fighting against these stereotypes. Chastain in her blog Dances with Fat discusses ‘thin bias’ and stereotypes against people of size, most often discussing her own experiences as a person of size and a competitive dancer. In the WLs community, Melting Mama (2012) posts many articles based on the ‘thin bias’ of American media, like this one about the photo shopping of celebrity singer Adele by Vogue magazine:

“Certainly the Vogue cover was meant to be dramatic and glamorous, why must they shave off (half) her body? She’s gorgeous AS SHE IS, let the people see that, and not aspire to a faked perception of women,”(February).

One WLS patient interviewed stated that he understood that “it’s our culture; thin is very valued, very valued,” as a part of ‘thin bias’ (Interviewee #5). This is a reflection of Cassidy’s (1991)
argument of America’s valuing of the “thinness... which) projects the traditional message of power,” and the increased valuing of thinness has lead to a devaluing of fatness(p. 181).

In the WLS community, there is a dynamic between the patients and the medical community that I think would be beneficial to study further, as one group has cultural capital in stories of discrimination and the other has significant cultural capital in medical knowledge and power (WLS cannot occur without approval from multiple medical professionals for a single individual). It is possible, and occurred several times in my own study, for a WLS patient to also be a medical professional, and for medical professionals to repeat stories of discrimination from their patients (or their own experience, depending on the individual). Therefore, there is a question of power and interest in the medical community concerning WLS, and issues that arose for WLS patients while working with the medical community.

Fat Acceptance and WLS patients are not on opposite sides of a battle. Both groups are fighting the same battle against discrimination although both are doing so in different ways. To fight against these daily struggles, weight loss surgery patients change themselves to ‘fit’ into the society; Fat Acceptance advocates want society to change to allow everyone to ‘fit’ in.

Conclusion

The effect of discrimination on these individuals is resulting in the creation of Other cultures, formed by individuals bridging through their shared experiences and shared goals. While there is the separation between the WLS community and the Fat Acceptance community in certain functions regarding specific topics such as health management and perceptions of outsiders, members of these communities have a shared experience of being discriminated against for the same reason. Since members of both groups where all stigmatized at one point for their size, they
share similar stories in experiences and even share similar stances on the same issues. Members of both groups discuss having been ‘shamed’ for their size by family members, strangers in daily interactions, the media, etc. and still oppose such shaming, whether or not they are a part of the Fat Acceptance movement which fights for social equality for people of size. WLS patients, despite their dramatic steps to no longer be a person of size, still show support for successful people of size and oppose forms of fat shaming (both of which are seen on many WLS blogs and forums as discussion topics). This collective identification in support for or opposition to these topics was most obvious in sync with events discussed by the media online; when EPCOT was under attack for the new fat shaming attraction, it was widely discussed in both the WLS and Fat Acceptance communities online. When a clip of a certain successful Britain’s Got Talent contestant of size first appeared online, it became a point of support in both communities.

I investigated the WLS community, a group of individuals undergoing surgery to lose weight, and the Fat Acceptance movement, a community stating firmly that they shouldn’t have to lose weight, are studied to investigate how they cope with being stigmatized as a person of size, and their views on each other. While it has been established in the field of Fat Studies how prevalent discrimination against this group is in America, the specific means of coping through social movement organizations in comparison to those who cope through medical body modification. With my study, I was able to relate these two seemingly conflicting groups of the stigmatized together through their similar arguments. These groups, while seemingly divergent in means of coping with discrimination, generally hold similar beliefs in regards to social reform in terms of stopping stigmatization against people of size. Their shared experiences as discriminated individuals connects them stronger than initially hypothesized and therefore add to the academic arguments surrounding fat studies and stigmatized individuals. Further
investigation into the effect of shared experiences of different groups should be taken for greater understanding of its role within them.

To improve this study, I would conduct more interviews with more WLS patients and Fat Acceptance advocates, with an organized plan of interviewing (who, why, etc.) would create a clearer investigation of a more select population thus stronger results for that population. An organized plan of studying selected blogs and forums after a longer study of their prevalence in the populations of the communities being interviewed would allow for a more sufficient and accurate investigation into the attitudes of the subjects. Or else a system of selecting random blogs and forums would need to be applied. Furthermore, the investigation of the blogs and forums could be separated completely into a different study since it is such a wealth of information on its own. I would also like to investigate the phenomenon of “strong ties” and “weak ties” in these communities, since I observed this shift in phenomenon in both groups but was unable to study it further. Another important phenomenon to investigate would be the purposes of individuals joining either group; were there patterns in their decisions for either group? These questions would lead to greater understanding of either group.
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Appendix A: Setting

Within the ObesityHelp online forum are subgroups which are separated by types of surgery they have had (LAP band, Roux-en-Y, etc.), weight loss related (nutrition, exercise, dieting, etc.), other medical conditions (arthritis, cancer, etc.) and finally other interests (arts, relationships, etc.). All of these sub-forums are connected with a single main message board which can be avoided by choosing/ searching for one of the more specific types of groups instead. Specific groups can be created outside of all of these categories in order to create their own foci. These subgroups are sorted by “Official OH (ObesityHelp) Support Groups” and “Member Created Groups” (Obesity Help 2012). In these two categories, group stats are displayed by the top five groups with “Most Recent Activity,” “Most Members,” and “Newest Groups” (ibid). In the “Official OH Support Groups,” the group named “Bariatric Buddy” was listed as having “Most Recent Activity” and “Most Members,” as of November 15, 2011 (during my data gathering), with 123 reported activities in the preceding month and 2282 members (compared to the next closest group with a mere 1750 members and 42 activities in the preceding month).

“The Bariatric Buddy” touts itself as “a safe place for the bariatric population or those considering bariatric surgery, to go for support acceptance, understanding, encouragement, empowerment and information,” making their focus on community support for others making the same transition clear (Obesity Help 2012). Their “mission” as a group is for members to be “active” in “forming friendships and gathering for chats in (their) chat room,” and they in fact have a scheduled time for members to “chat” weekly with each other (ibid). The individual who started the group lists their qualifications as a “certified wls group leader, a certified life coach, with additional bariatric specific coach training, a certified back on track facilitator, and an LPN” (ibid). The main goal of this group is stated as being to “truly make an impact in others’ lives and
our own,” which is suggested through participation so that members can “really (be) here for each other” (ibid). This weekly chat may well be why this group is the most active group.

Of the “Member Created Groups,” a group called “Back on Track Together” has a total of 2630 members and is listed as third most active group with 91 reported activities, as of November 15, 2011, in the preceded month (Obesity Help 2012). The group listed as most active was called “SHARE IT! Our World...Nuestro Mundo...Notre Monde,” with a total of 239 activities and 430 members at the same time of the other reported groups (ibid). “Back On Track Together,” which has the most members of any other group on the ObesityHelp website, “is especially for weight loss surgery post-ops that want to get back on track, stay on track and discuss and topics concerning weight loss post-operatively” (Obesity Help 2012). The group itself states that it exists “to provide support to each other, motivation, inspiration, and to share ideas and strategies for change to incorporate healthy habits into our life,” and that they “will share (their) successes, challenges, and reach (their) goals” (ibid). “SHARE IT!...” touts itself as a group that discusses everything: “life stories, experiences, family, pets, recipes, projects, fun, pictures, more fun...” (Obesity Help 2012). They claim to have only one rule; “R.E.S.P.E.C.T...it is free...we should treat others as we would like others to treat us...” (ibid).

Both of these groups have more reported activity and/or members than those created by the greater ObesityHelp website, which I believe may indicate to the importance of fellow patient/member support over that of the medical community’s. The far-reaching goals of the “SHARE IT!...” group also indicates to the desire for a stronger community among at least a subset of those in the WLS forum. ObesityHelp’s forums consist mostly of medically-focused topics, such as what to expect after surgery, risks and benefits from certain types of surgery, lifestyle changes, and other types of medical problems often associated with obesity and/or weight loss surgery.
“Back On Track Together” has the most members and is for those who have had WLS, but have gotten “off track” so to speak, and thus indicates to the collective feelings of responsibility of the self by many members of ObesityHelp.

Much like the ObesityHelp forum site, More of Me to Love’s forum consists of multiple subgroups that are separated by focus/topic. These sub-groups are called “Flab Gab,” “Fat Activism,” “Something GOOD Happened on the Way to the Forum,” “I See Fat People,” “Creativity Abounds,” “Enough About My Body!- As Wonderful As It Is,” “The Science of Weight and Fat and Fat Studies,” and “Food, Eating and Other Culinary Delights” (More of Me to Love 2009). Under these various titles are more forum tables in which the total of 942 forum members (as listed at the bottom of the page) can post/response to topics such as “Fat on Television and in the Media” (with a total of 16 posts and 21 replies) or projects such as “International No Diet Day” (with a total of two posts and 32 replies) (ibid, as of November 23, 2011). Of these topics, two are about exercise and one about recipes (compared to the 2 others about NOT dieting or diet “lambasting” topics). The site’s statistics list a total of 103 topics, with 224 replies, making a total of 327 posts. October 12, 2011 at 12:18pm was when the most visitors ever visited the forum, with a total of 234, at once (ibid). The same website serves as a place for multiple bloggers to post. This forum site clearly has a smaller population than that of ObesityHelp, and although these are both too small of samples to make any definitive conclusions, it can be hypothesized that the WLS community is much larger than the Fat Acceptance community. This hypothesis would make reasonable sense since the Fat Acceptance movement is defined by the stigmatization of its members as well as the placement of their argument in opposition to social norms.
Appendix B: Missed Data

Initially I planned on interview only two advocates as case studies for both the Fat Acceptance movement and Weight Loss Surgery patients and was in correspondence with them to plan further official interviewing for the benefit of this study. However, neither writer/advocate continued their correspondence with after a certain point. I believe this may be due to the short time frame I had to build rapport with either group, particularly the Fat Acceptance movement, before I began asking them for in-depth interviews, a mistake on my part. The advocate for the Fat Acceptance Movement has a busy life promoting their books, popular in the Fat Acceptance circles, and attending events for the cause. The WLS advocate works as a blogger for the cause and is often busy with their own research.

With more time and funds, I believe that I would have been able to work directly with these group members on a more personal basis, however even joining forums for the Fat Acceptance movement takes a significant amount of time, (often private blogs taking weeks of awaiting approval of the site managers before one can even see/comment on the forums) and money (larger groups like NAAFA require a yearly cost to become a member and therefore become a part of the online forums). I believe these groups remain ‘closed’ to keep those with less than admirable intentions, and in fact with the specific intent of bullying (known as ‘trolls’ online), from attacking those in Fat Acceptance. Without the typical social agreement that discriminating against this particular group is unacceptable, the groups are more open to attack from ‘trolls;’ this is seen poignantly in the closed (invite-only) Facebook(©)group, “Rolls not Trolls.” This is a reflection of society’s view on the group more than on the group itself.

On the other hand, WLS patient forums are easy to find but much more difficult to wade through as focus discussions range from types of surgery to lifestyle to pop culture to failed
surgeries. Body image is prominent in all of these foci, and finding those that are most relevant is difficult. Blogs for both groups are much easier to find, but to read each and every article of each one is difficult. Since virtually anybody with internet access can have a blog, finding those closely connected with their given movements was difficult. This brings us back to the issue of losing contact with the individuals I had planned on interviewing.