Portfolio Volume 1: Major Research Project

Size Acceptance:
A Discursive Analysis of Online Blogs

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Contents

Table of Figures

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Abstract

Traditional views on 'overweight' suggest that managing one's weight is a simple balance of energy for which all individuals have the capacity and affordances to control, as long as they have the willpower to do so. This is problematic because such perspectives are drawn upon as resources for social interaction and can thus translate into deliberate negative actions and discriminatory behaviour. Despite recent evidence suggesting that 'overweight' is more complex than first presumed, traditional methods of weight loss remain predominant.

Less culturally available perspectives do exist such as those presented by the Size Acceptance (SA) movement. SA has recently developed particular strengths because of the affordances of online blogs, including the potential for wider dissemination of less culturally available perspectives. This research explores the more and less culturally available perspectives around the fat body and how these emerge and are taken up in talk online - specifically by those who engage with SA communities. A discursive thematic analysis is used to explore how SA bloggers construct their position and identities online.

Creating an awareness of how language is drawn on to construct fat 'perspectives' can help with becoming more resistant to hegemonic power. This research offers a unique contribution in its demonstration of how SA bloggers are positioned in such a way as to provide an alternative claim to "expertise", which enables their views to be heard as a credible and legitimate alternative to those of more established authority-figures - such as health professionals. Furthermore, the creating of an 'in-group' allows for corroboration as a '*community* of experts' and the de-legitimisation of the 'out-group' – that is, again, more established authority-figures, such as health professionals.

This has implications for both research and clinical practice in that it can enable professionals working in physical and mental health to better understand why individuals might position themselves in ways such as SA, and what they might give up by accepting more culturally available perspectives as 'truths'. This can

help in gaining an understanding of the resistance fat people can have to professionals and change (i.e. weight loss), which might be experienced in clinical settings. Successful weight loss is deemed unlikely by much of the existing literature and failure to lose weight is associated with poorer mental health, therefore SA online might offer positive implications for mental health (regardless of weight loss) even if not for physical health. It is therefore important for professionals to be mindful of the less culturally available perspectives that exist and what online spaces offer for already-marginalised groups, before making attempts to remove or delegitimise such sites.

Chapter 1 Introduction

This research consists of a Discursive Thematic Analysis of online web-blogs written by individuals who adopt a position of 'acceptance'[1] toward 'the fat body'.

Chapter 1 sets out my theoretical and methodological positions, as well as the personal and clinical motivation for this research, to set a backdrop for subsequent chapters. I will present my choice of language, introduce relevant theoretical ideas, and provide a rationale for the direction and aims of this research. Following this, chapters will include a review of general background literature, a systematic review of applicable research, a detailed outline of the methodology used, my analysis, and a discussion of the implications and clinical relevance of this research.

1.1. My Theoretical Position

My motivation for research within this chosen topic area is influenced by a personal set of beliefs held about 'the fat body', that fall within the epistemological framework of social constructionism. There is no single agreed definition of social constructionism and therefore the definition outlined here is not a statement of truth, but one made to help guide the reader to better understand the position of this specific research. Although social constructionism makes no ontological claims, I feel that being transparent with my position helps paint a more vivid picture of the influencing factors in the inception of this research and plays a key role in how I view 'fatness'.

1.1.1. Fat as a Social Construction

Burr (2015) writes of a set of assumptions that form the foundation of most definitions of social constructionism. These are, a critical stance toward taken-for-granted knowledge; the historical and cultural specificity of knowledge; knowledge as sustained by social processes; and knowledge as determined by

[1] I have chosen to present some words with a 'single inverted comma' to draw attention to the multiple meanings these words often hold.

social action. Similarly, Berger and Luckmann (1991) propose individuals attach meaning to objects around them based on social interaction and agreement, which subsequently influence people's behaviour. Burr (1995) also claims that language facilitates meaning making through the construction of concepts/names. Social constructionism argues that the 'naming' of what constitutes a 'thing' (i.e. its potential to be socially constructed) is different from claiming its 'reality' (Andrews, 2012). This is not the same as claiming that a 'thing' has no independent existence beyond language, which is often a misconception of social constructionism. 'Fat' is a physical body state and also a word that comes fully loaded with meanings. According to social constructionism, through the medium of language, powerful entities can mediate the reality of society; including that of the 'fat body' (Berger & Luckmann, 1991).

The Cultural Encyclopaedia of the Body (Pitts-Taylor, 2008) sets out multiple definitions for 'fat'. As a noun, the term 'fat' in reference to the human body means deposits of adipose tissue – that is, loose connective tissue composed of adipocytes, used to store energy and insulate the body. As an adjective, 'fat' is used to refer to the overall corpulence or largeness of the human body. 'Fat' can also be used as an adjective to imply richness and abundance. For many, the word 'fat' is an insult. Precisely what is defined as a 'fat body' is variable, has changed throughout history, and has held various, often contradictory, meanings. Defining a 'bodily norm' across history is also difficult due to a lack of demographic data on body weight prior to the mid-twentieth century. Paintings, literature and sculpture from previous centuries do form a basis for recording a history of the meaning of the 'fat body' in a Western society. A brief history of the 'fat body' is outlined in Chapter 2.

Ontologically, I believe that a form of reality exists, in that 'fat/adiposity' is a material/objective reality. However, epistemologically I believe that the concepts of being 'fat', 'overweight' or 'obese' are more complex and are best understood as social constructions, because the attached meaning is much more than the physicality of 'fat/adiposity'. Under a social constructionist framework, I argue

that names/labels have been placed on the amount of visible 'fat/adiposity' a person is permitted, before being treated in particular ways because of it. I believe that the meaning of 'fat' has changed over history and culture (Gergen, 2009). Powerful influencers such as government, medicine, education and media, have created discourses of 'fat', which can consequently restrict and permit access to lifestyle choices (Brewis, 2014). In line with Burr's definition of social constructionism, I believe that these labels, meanings and perspectives are often treated as taken-for-granted truths and are thus sustained by social interaction and behaviour. In being mindful of my own use of language, I will continue to refer to the 'fat body' throughout this research. For me, this encompasses the reality of the physicality of 'fatness' without specifying a (medically) defined range as suggested by language such as 'over-weight' and 'obesity'.

1.2. My Position on the Fat Body

I intend throughout this research to be transparent regarding my position, beliefs and feelings on this topic; a topic that tends to evoke both personal and political responses for most people. Reflexivity refers to the ways in which prior experience influences engagement (Dowling, 2006). Within a research process this is crucial in order to maintain an awareness of my inevitable influence on the constructions of meaning made, and for the reader to ascertain whether this research is valid and credible. I have been guided by Ahern's (1999) ten tips for reflexive bracketing to aid me in this endeavour (Appendix C). I hope to put forward an argument and discourse of my own around the 'fat body', whilst also allowing for the stimulation of alternative thought to my own.

1.2.1. Significance of the Research

Experiences from both my personal and professional life have influenced the development of my beliefs around the 'fat body'. I do not deny that the physicality of the 'fat body' exists and can impact health and wellbeing. I have witnessed the physical pain that a 'fat body' can cause to hips, joints and/or gallstones. I have observed the potentially fatal consequences of having high blood pressure and cholesterol (caused by fat deposits narrowing blood vessels)

resulting in fatty liver damage and heart failure. I have worked with individuals to reverse insulin resistance, and live with the worry and risk of conditions such as obstructive sleep-apnea; all in relation to body weight. However, in line with increasingly voiced arguments (Bacon, 2010; O'Hara & Gregg, 2006, 2010; Robison, 1999; Sobal, 1999) I am persuaded by alternative possibilities. These include the idea that a 'fat body', that has limited or no health problems, can be metabolically fit at a weight above the medically defined 'healthy weight' range and that 'fatness' need not (for certain) act as a mirror to whether a body is healthy, unhealthy, or moral.

I have experienced, witnessed and worked with the struggle in response to cultural perspectives around 'fatness' in Western society, which I believe impose meaning on what it is to be visibly fat or thin. I believe that the 'fat body' can consequently be viewed as unacceptable and this can have detrimental implications for both physical and mental health because of the treatment this legitimises. Weight discrimination is prevalent for individuals classified as 'obese' by their body-mass-index (BMI) and is linked to a number of negative consequences such as low self-esteem, negative identity and reduced access to lifestyle choice and support (Andreyeva, Puhl, & Brownell, 2006; Puhl & Heuer, 2009). It is important to address this because research suggests that traditional weight loss methods (implemented in order to remove fat) are inefficient in achieving and maintaining weight loss for a majority of people (Brownell et al., 2010). A failure to lose weight and/or maintain weight loss is significantly associated with poorer mental health and suicidal ideation (Ju et al., 2016).

Despite this, traditional methods of weight loss remain predominant (Hill, Wyatt, & Peters, 2012). I agree with Daníelsdóttir (2010), that reducing negative treatment toward the 'fat body', by challenging and changing perspectives, can improve self-esteem, positive identity and access to support, resulting in improved quality of life and health, regardless of weight (loss). Less culturally available perspectives do exist, such as Size Acceptance (SA). SA includes Fat Acceptance (FA) (a political movement that rejects the devaluation of 'fat'

people) and Health at Every Size (HAES) (a movement that promotes adopting health habits for 'health' rather than 'weight'). SA movements were first established in America in the 1960's as an act to resist the more culturally available perspectives within Western society, by offering and disseminating alternative -less culturally available - perspectives (Lupton, 2013). By the 1990's other countries became involved, including England, before finally taking up a home on the Internet in the 2000's (known as the "Fatosphere") (Harding & Kirby, 2009). This has been shown to impact individual understanding of the causes and consequences of the 'fat body' and its acceptability (Dickins, Thomas, King, Lewis, & Holland, 2011; Lillis, Hayes, Bunting, & Masuda, 2009). SA online has been shown to positively impact offline life (Dickins, Browning, Feldman, & Thomas, 2016).

These less culturally available perspectives might be positive for inducing a sense of empowerment and possibility to facilitate change, but could equally act as a barrier. For example, narratives such as being content at a particular body size 'with no intention for weight loss', could equally mean 'with no intention for health maintenance', which has the potential to result in proportionately comparable negative health consequences. I therefore remain cautious and intrigued by how both more and less culturally available perspectives are drawn on and used within Western society.

1.3. My Methodological Position

The social constructionist framework and my intrigue around the impact and influence of more and less culturally available perspectives in Western society guide my focus on language and choice of methodology. Theories of ideology, hegemony and discourse have been used to understand how the production and dissemination of 'knowledge' results in unequal power relations. Such concepts are drawn on here to help understand how some perspectives (or 'Discourses' with a capital 'D' (Gee, 2015)) might be maintained despite what appears to be inconsistency and ineffectiveness in relation to rising obesity rates; as suggested by the Health and Social Care Information Centre (2016). Below I provide an

argument for the use of the Internet as a new and important source of data, which I argue ought to be used by researchers across disciplines. I also outline my methodological approach to analysing SA blog discourse (discourse with a small 'd', that is, language in use (Gee, 2015)) - specifically a discursive thematic analysis - and the rationale for its application within this research. Further detail of its application can be found within the Methodology chapter.

1.3.1. Discourse and Power

'Discourses' are systems of thought, or knowledge claims, that produce a particular perspective or version of events (independent of a speaker) (Burr, 1995). For example, the construction of 'mental illness' (for a coprehensive discussion on this see Cromby, Harper, & Reavey, 2013). Discourses (or perspectives) are constantly drawn on, predominantly using language, as a resource for social interaction. According to Foucault (1978) a particular Discourse can become dominant, through the claiming of 'truth' and the marginalisation of other perspectives. Once 'dominant', such Discourses thus become taken-for-granted as 'truth', making them more culturally available within a given society. Experts in a particular field (such as medical doctors) are one such group that can make claims of 'truthfulness'. Speakers can claim to be 'experts' in order to be perceived as legitimate and authoritative and therefore allowed to speak on a given topic.

Ideology is the process through which more culturally available perspectives reflect the interests of a particular powerful group (Purvis & Hunt, 1993). Gramsci (1992) refers to hegemonic power as the States' capacity to control society through convincing us to subscribe to social values in a *consensual* capacity, rather than through *coercion* (i.e. control through punishment). Hegemony is therefore the taken-for-granted knowledge that guides our understanding of the world (Gramsci, 1971). Science, government, industry, technology and the media culture (news, film, TV, internet) all use hegemony to spread certain Ideology to the masses (Horkheimer & Adorno, 2002).

As these more culturally available perspectives unfold through society this creates rules and norms which act as restraints against alternatives (i.e. less culturally available perspectives). Because we are constrained by the perspectives that are available to us, we adopt them and inevitably repeat, and therefore power continues. The role of constructionist research is to question what appears to have become taken-for-granted. Subordinate groups can become experts of their daily experience and with the advent of the Internet such voices have a new platform from which to make attempts for less culturally available perspectives to be heard. However, the Internet also provides a platform for alternative forms of journalism (e.g. fake news) that act to deliberately misinform. This can have implications for those who attempt to present alternative perspectives and legitimize themselves through the Internet (Castells, 2015).

1.3.2. The Internet

82% of adults (41.8 million) in Great Britain in 2016 accessed the Internet every day, compared with 35% (16.2 million) in 2006 (Office of National Statistics, 2016). The Internet is a place for accessing information and interaction across large geographic distances, even for those with very little technological knowledge. Nowadays, when events occur it is possible to take to the Internet to voice reactions. After the invention of weblogs in the 1990's (shortened to blog in 1999), multiple forms of social media began to explode in popularity (Rettberg, 2008). Blogs are web pages that provide online commentary on a variety of issues, using text and/or multimedia that is periodically updated and presented in reverse chronological order (Drezner & Farrell, 2008). Blogs tend to be personal, within specific communities, and read by repeat visitors (Kumar, Novak, Raghavan, & Tomkin, 2004); however, blogs can also be written as institutional journalism (Domingo & Heinonen, 2008).

Motivation for blogging may include education, self-expression, activism, and connection with others of similar mind (Jones & Alony, 2008; Tan & Teo, 2009). The Internet and blogging provide an opportunity for less culturally available

perspectives to be disseminated and accessed by a wide range of individuals at a limited financial cost. They also provide a source of unique data for researchers. Rheingold (1993, p. 6) argues that community formation online is a natural evolution "just as microorganisms inevitably create colonies". The "Fatosphere" can be understood as one such community of blogs and bloggers (individual and group), who sit under an SA frame.

Online, individuals are able to control self-disclosure and anonymity (visual and discursive), manipulate the impressions of others, and avoid negative social repercussions (Chester & Bretherton, 2007; Christopherson, 2007; Joinson, 2001; Qian & Scott, 2007). It is therefore understandable why a community of people (i.e. 'fat' people) might be drawn to the Internet as a space that permits an experience that is different from their daily visibility. However, this also provides the possibility for opinion to be misinterpreted or deliberately propagated as 'fact'. This can also lead to online disinhibiting effect in which individuals behave differently to their 'real' world selves; which can be benign (e.g. becoming more open and supportive) or toxic (e.g. becoming more closed-minded and aggressive) (Suler, 2004).

1.3.3. Communities of Practice

Community of practice (CoP) refers to a group with members who act as 'experts' in a specific area of interest (Lave & Wenger, 1998). Members can be understood as participating in the creation of 'knowledge' and collective learning through group discourse, support and interaction. The Internet allows for an extension of CoP beyond geography. Online Community of Practice (OCoP) follows this same definition, within a virtual space for people who might not normally ever meet. The Internet maintains a record of ideas, talk and resources, creating an accessible archive of expertise. The "Fatosphere" could be classified an OCoP as members come together as 'experts' of their 'fat' bodies to create a new record. The impact of this on the development of new perspectives and implications for others (e.g. providing legitimisation of alternative constructions) is thus an area of interest.

The asynchronous nature of many online platforms allows participants to be involved at their own convenience. However, questions have been raised regarding the level of participation needed to constitute legitimate membership of an OCoP. Two types of participation have been identified. Active participation refers to members whom regularly contribute to community discourse (Ardichvili, Page, & Wentling, 2003; Wenger, McDermott, & Snyder, 2002). Peripheral participation refers to members whom read without contributing themselves, but can nevertheless still gain knowledge and skills from the communal resources (Lave & Wenger, 1991). This provides an opportunity for new members to learn from peers or colleagues through observation until they feel comfortable sharing their own knowledge, opinion and/or experience. This also provides an opportunity for less culturally available perspectives to be disseminated in ways never seen in previous generations.

1.3.4. Analysing Discourse

Examining the relationship between language and meaning from a critical position often leads researchers to focus on identities viewed as contested or powerless, and the discourses that surround them (Baker, 2006). The 'fat body' can be argued as such, as a stigmatised identity, which is highly visible and immediately discredited within day-to-day interaction (Dickins, 2013). Researchers have claimed that through analysing discourse, it is possible to improve our awareness of the ways such people/groups of people are positioned and constrained by the more culturally available perspectives within a society (Willig, 1999). By highlighting the role that the repetition of more culturally available perspectives plays in shaping experience, attitude and practices, taken-for-granted assumptions can be deconstructed (Still, 2008). Becoming more aware of how language is drawn on to construct and repeat such perspectives can help us become more resistant to hegemonic power (Gramsci, 1971). This could have implications for the reflexivity (and thus practice) of medical and mental health professionals (Kogan & Brown, 1998).

Due to its focus on language, discourses, identities and power, a discursive analysis appears to be the most useful methodological choice for this project; focusing on the way both more and less culturally available perspectives are enacted, reproduced, and resisted in text and talk (Van Dijk, 2001). The use of naturally occurring data online, such as blogs, allows access to discourse without the direct influence of the researcher on the data. This is particularly important within the domain of SA because of the mistrust with institutions, such as academia, which would inevitably influence any new data collected. Additionally, the Internet is becoming so dominant in our lives that no other interaction is quite like it. Research should be taking the opportunity to draw on such data sources. Although this is growing, psychological research is relatively behind in its use of the Internet compared with other disciplines (e.g. humanities/social science) (Gosling & Mason, 2015).

Chapter 2 Literature Review

My theoretical, personal and methodological positions have led to the development of initial questions, which are used to guide my review of existing literature. This research explores the culturally available perspectives around the 'fat body 'and how these (and alternatives) emerge and are taken up in talk online - specifically by those who engage with SA online communities. This research also considers how individuals describe and position *themselves* through language. A concern with these areas underpins the examination of existing literature, as set out in this chapter, which in turn can be seen to refine the final research questions and methodology for this project.

This literature review begins by exploring a brief history of 'the fat body' to contextualise the reader to the current study. This is followed by an exploration of contemporary perspectives around the 'fat body,' encompassing medical, political, societal, feminist, and psychological. The potential impacts of these are explored and critiqued. A systematic literature review of relevant research follows in order to highlight gaps that currently exist within the literature, providing a rationale for the direction of the current project.

2.1. A Brief History of Fat

According to historical literature, in Medieval Britain the diets of the rich and poor were very different. The wealthy had the financial means to afford meat and other food luxuries. Infectious diseases were common around this time. Body fat came to be seen as a sign of robust health, high social standing, and a life of leisure rather than toil (Beller, 1977; Brown, 1993). However, as infrastructure improved, and the poor were put to work, the availability and variety of food increased for both the rich and the poor; including that of sugar, preservatives and cheap carbohydrates. The 19th Century marked a turning point in attitudes toward body fat as no longer a symbol of status, which continues today with the current (western) association of higher weight with poorer socio-economic status (Levenstein, 1988). Writings at this time document the term 'corpulence'

as a condition resulting from self-inflicted overindulgence (Pitts-Taylor, 2008). Thinness became valued among the upper classes and celebrity, who had both time and finance to dedicate to body maintenance (Rothblum & Solovay, 2009).

Legitimisation of a medical frame for 'fatness' (and morals) came in the form of the Body Mass Index (BMI). In 1943 the Metropolitan Life Insurance Company (MLIC) (1959) proposed BMI as a method for determining an ideal weight range for humans to live longest. People who were previously considered 'normal' suddenly became 'obese' and insurance companies gained a means to restrict coverage based on weight (Rothblum & Solovay, 2009). BMI was soon utilised by the health industry and government to determine those believed to be at higher risk of disease and early mortality (Jutel, 2008; Oliver, 2006), resulting in a medicalization of the 'fat body'. Despite unclear and changing causes, the World Health Organization (WHO) officially recognised 'obesity' as a physiological disease in 1948, entering the diagnostic classification standard 'International Classification of Disease 6th edition' (ICD-6) (James, 2008).

The rise of popular media in a growing, employed and literate population opened the door for advertising and the dissemination of cultural norms through newspapers, magazines, film, radio, television, and most recently, the Internet. By the 20th century the body had become a commodity as industry discovered the profit to be made selling diet products, sparking a commercialisation of health, beauty, and fitness. Diet adverts and 'miracle cures' for weight loss were commonplace in newspapers and pharmacies, despite many causing serious and even fatal side effects (Pitts-Taylor, 2008). *Weight Watchers* (founded in New York in 1963) reached Britain in 1967, the first copy of *Slimming* magazine was issued in 1969, and by the mid-70s the diet industry was firmly entrenched in UK culture. The message here was that 'fatness' is preventable if food intake is restricted and monitored through self-regulation (Ogden, 2011).

To date, the influence of governmental funding has lead to a public health concern around an 'obesity epidemic' (Paradis, Ramirez, Barr, & Meyer, 2011). Diet and exercise remain the dominant recommended treatment by medical

professionals, however surgical procedures such as bariatric surgery are now also promoted as a means to reduce food intake (and thus combat 'obesity'). This too continues the medicalization and commodification of the 'fat body' as health care providers make money for hospital services from bariatric surgery tariffs, branded as improving health and reducing overall health-related costs (Szasz, 2003). However, this is not without criticism, by writers such as Cooper (2010). In recent years the SA movement has begun to make headlines in the media and provide a counter to existing evidence based research, by critiquing many of the bio-medical claims around the 'fat body' and proposing alternative frames for 'fatness' (Sobal, 1999).

2.2. Framing Fatness

A variety of frames for the meaning of 'fatness' have been written about academically over the past 20 years, to help identify how and why 'fatness' has been thought of in particular ways throughout history. Framing theory draws on social constructionist ideas, proposing frames as cognitive shortcuts that enable individuals to more quickly make sense of everyday social experiences (Entman, 1993; Goffman, 1974). This is achieved through the selection and promotion of only certain aspects of information regarding a problem and course of action. Frames compete for dominance as most accepted and can affect social inequality through influencing opinion and attitude (Gamson, 1992; Saguy & Almeling, 2008; Saguy & Riley, 2005).

Four key papers present what they believe to be dominant frames for 'fatness' (Table 2:1). Themes across these proposed frames include: (1) personal responsibility for behaviour as the cause of 'fatness' (e.g. a moral failing); (2) biology as the primary explanation for 'fatness' (e.g. medical explanations for weight gain); (3) the influence of the environment on creating society's norms and accessibility to lifestyle choices; (4) counter frames that highlight and challenge frames which discriminate the 'fat body'. Some frames have become widely disseminated, more than others, not only in medical circles but also through public education, media, industry and each other (Cooper, 2010).

Table 2:1 Fat Frames

Author and Date	Frame	Details of Frame
Sobal (1999)[i]	Moral deficit	Fat people are viewed as responsible for their bodies and should be punished as a means of social control.
	Medical disease	Obesity is viewed as a medical problem in need of medical treatment.
	Political discrimination	Activists attempt to de-medicalise 'obesity', combat discrimination and educate the public about body diversity.
Lawrence (2004)[ii]	Individualizing	Focuses on individual responsibility, biology and personal behaviour.
	Systemic	Positions individual choice in the context of environmental factors that influence eating and activity levels.
Saguy and Riley (2005)[iii]	Risky behaviour	Emphasizes personal control over weight gain. Fat bodies are read as evidence of preventable illness and moral failings.
	Disease	Defines obesity as a disease in its own right rather than as a risk for other illnesses.
	Epidemic	The term 'epidemic' is used by the media as an emotionally charged metaphor for obesity as a 'social illness'.
	Body diversity	Antidiscrimination approach, where fatness is compared to other forms of identity such as race, gender, or disability.
Kwan (2009)[iv]	Medical	Frames individuals as responsible for their 'deviant' fat bodies (as judged by BMI), resulting in the legitimizing of social inequality, moral judgment, and pressure toward weight loss.
	Market choice	Challenges the medical frame, emphasizing responsibility and neoliberal rhetoric. All bodies are tolerated, so long as they consume.
	Social justice	Considers weight (partly) beyond individual control and challenges western culture's negative depiction and treatment of fat individuals. Encourages health for everyone.

Evidence Base:
[I] Mass media, public and professional literature and observation in medical and public setting.
[ii] News media.
[iii] Secondary and original data sources.
[iv] Documents published by 3 key groups: Centres for Disease Control and Prevention ; National Association to Advance Fat Acceptance; Centre for Consumer Freedom.

2.3. Perspectives on the 'Fat Body'

This research has drawn on the core themes outlined above – the more and less culturally available perspectives regarding the fat body - to guide a review of literature and to ascertain gaps in the literature for which this research would be best placed to answer. Below I outline these in more detail, specifically: Biomedical, Neoliberal, Media, Socio-environmental, Feminist and Acceptance. I also draw on Psychology.

2.3.1. Biomedical Perspectives

According to Robinson (1999), the biomedical perspective views the body much like a machine and 'disease' as a fault in the machine. If all bodies conform to predictable laws as machines do, then according to a biomedical understanding weight gain can be explained simply as an 'energy imbalance' - as proposed by the UK Government Office for Science and the US National Institute of Health (NIH) (Hill et al., 2012; McPherson, Marsh, & Brown, 2007; National Obesity Observatory, 2010). The result of energy imbalance is a 'diseased' fat body, which is diagnosable according to the ICD as 'Obesity' (Gard & Wright, 2005; James, 2008). By Stedman's Medical Dictionary definition of 'disease', all body fat must therefore be 'disordered', rather than the body's natural response to energy storage - also a biomedical perspective (Oliver, 2006; Spraycar, 1995). Under an energy balance rationale, regulating energy intake (food) and increasing energy expenditure (exercise) is a 'cure' within every individual's control (Brownell et al., 2010). The reach of this perspective is reflected in the majority of individuals within Western society who believe that weight loss is achievable and maintainable by simply eating less and moving more (Daníelsdóttir et al., 2010).

Medical literature demonstrates the adverse health consequences of the 'diseased' fat body on physical mobility and premature mortality (Reilly & Kelly, 2011), including type-2 diabetes, hypertension, coronary heart disease and stroke (Park, Falconer, Viner, & Kinra, 2012). The fat body has become not only a symbol of endangered health for the individual, but also the family, society and even the nation's financial health (McPherson et al., 2007; Saguy & Almeling,

2008). The estimated costs to the NHS for treating overweight and obesity (including conditions attributed to obesity) are published in a National Obesity Observatory (NOO) Report (2010) including a projection for 2050 (Table 2:2). This has arguably legitimised the governing and regulation of people's weight (Gastaldo, 1997) and deemed medical intervention the solution (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Gard & Wright, 2005); including lifestyle change (e.g. diet and exercise), pharmacology (e.g. orlistat, sibutramine and rimonabant), and surgical intervention (e.g. gastric banding and bypass surgery) (Colquitt, Picot, Loveman, & Clegg, 2009; Padwal, Rucker, Li, Curioni, & Lau, 2003).

Table 2:2 Estimated Cost of Obesity (NOO, 2010)

Treatment of:	1998 (£ millions)	2002 (£ millions)	2050 (£ millions)
Obesity	9.4	49.0	9,700
Consequences of Obesity	469.9	1,1075	49,900

The energy balance perspective appears to discount the idea that weight can vary according to normal distribution (Robison, 1999) and/or as a result of a complex array of internal and external influencers dependent on the individual (Campos et al., 2006). However, there is a growing body of medical research that now critiques this perspective and suggests traditional methods for weight loss are inefficient and potentially harmful (Boero, 2007; Brownell et al., 2010; Campos, 2004; Ju et al., 2016; Mann et al., 2007). According to a 2014 systematic review of non-surgical weight loss interventions, it is possible to reduce weight and prevent weight gain through behavioural intervention; however, these are best achieved with pharmacological assistance, suggesting energy balance might not be quite that simple (Dombrowski, Knittle, Avenell, Araujo-Soares, & Sniehotta, 2014). Still, no medical intervention within reviews by Dombrowski et al., (2014) and Puzziferri et al., (2014) produced any more than limited evidence of successful weight loss and maintenance beyond 24 months, including bariatric surgery. Dieting also involves reducing energy intake, which can have detrimental effects on psychological well-being and can lead to weight cycling, a risk factor for negative mental health, cardiovascular disease and future weight

gain (Brownell & Rodin, 1994; Germov & Williams, 1996; McFarlane, Polivy, & McCabe, 1999). Obesity interventions are not cost-effective or cost saving and those that modify the environment (as opposed to personal behaviours) are most favourable (Lehnert, Sonntag, Konnopka, Riedel-Heller, & König, 2012). Research is also mounting to suggest that fatness (up to the statistical extreme) does not directly cause disease and can even be a protective factor for some diseases, such as osteoporosis, tuberculosis, and some cancers (Bacon & Aphramor, 2011; Paradis et al., 2011; Robison, 1999; Robison, Putnam, & McKibbin, 2007).

The most recent Obesity Foresight Report (Butland, Jebb, & Kopelman, 2007, p. 3) states that there exists a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain" (Figure 2:1). Despite mounting research, traditional medical perspectives have arguably become more culturally available than other perspectives that are consequently overlooked (Gard & Wright, 2005; Saguy & Almeling, 2008; Wright, 2008). Research also suggests that 'facts' don't matter as much as 'beliefs' held when it comes to 'obesity' (Gard, 2009). It is argued that mainstream obesity research is funded by capitalist nations whom are in the midst of continued assault on the public sector and welfare state and therefore funding evidence that places responsibility (and cost) within the individual is potentially cost saving (DeVogli, 2011). Additionally, studies are interpreted by healthcare, pharmaceutical, and medical professionals, which influence the market where it is delivered to the masses.

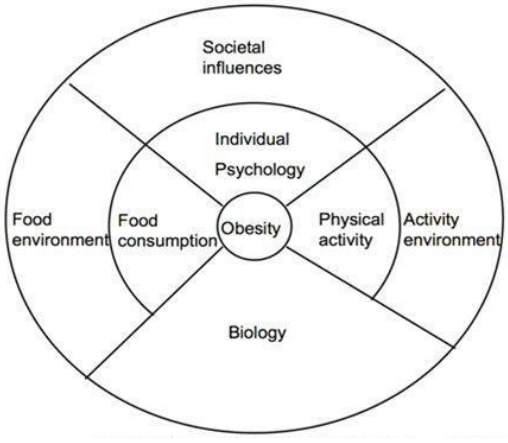

Figure 2:1 Foresight Systems Map (2007)

2.3.2. Neoliberal Perspectives

Individualism focuses on individual interest over society and is a dominant feature of Western societies, such as the UK. Ideology here reflects a neoliberal approach to citizenship, promoting competition, consumerism, and privatization (Van Houdt, Suvarierol, & Schinkel, 2011). Individuals are presented as having both the opportunity/freedom to make choices and the responsibility for the consequences of those choices (LeBesco, 2011). Therefore, freely making a 'wrong' choice outside what is considered normative and beneficial to society carries the threat of marginalization or exclusion from society (Rose & York, 1996). Maintaining a healthy body, for example, is a 'free' choice that we are all obligated to make if we are to be viewed as a valued member of society. Being `healthy' is our duty as responsible (and disciplined) citizens, because health is thought to ensure efficient contribution to the economy and no cost to the health system (Cheek, 2008). However, 'health' is deemed only possible in a thin body that stays within certain medically defined body weight limits (Campos, 2004).

Visible body fat has become the prime indicator of a person's health status and the absence of physical disease is often not enough to be considered healthy (Cheek, 2008). Health (and fat) is seen to be within every individual's control, based on the biomedical and public health perspective that a thin body is achievable through the maintenance of energy balance, if you have the will-power to do so (Cogan & Ernsberger, 1999; Elliott, 2007). The fat body is therefore often assumed to be the result of individual health misbehaviours, poor personal choices and/or a lack self-control and ethics (LeBesco, 2011; Malson, 2008; Rice, 2007). The 2015 Public Health England (PHE) (2015b) commissioned NatCen's British Social Attitudes survey (BSA) found that a majority (80%) report weight gain as being the responsibility of the individual, 60% report medical professional responsibility, and half (51%) report family and friends as responsible. Only a third attribute responsibility to supermarkets, the media or the government.

By extension, the fat body can be seen as a reflection of moral standing. Western societies has become "lipoliterate" (Graham, 2005), an ideology that the visibility

of body fat gives insight into an individual's nature (Jutel & Buetow, 2007). As such, it is argued that the thin body serves as a symbol of self-control (Germov & Williams, 1996; Lupton, 1996), whilst the fat body is seen as a failure and fat individuals as failed citizens (Elliott, 2007). The self and the body have become inseparable. Physical appearance is assumed to be representative of `inner' characteristics (Chapman, 1999). The reach of this perspective is reflected in attitudes reported by PHE (2015b) that 'overweight' individuals are lazy and could lose weight if they wanted to. Murray (2005) calls this a 'knowingness' of fat; the assumption that a person's history and lifestyle can be perceived just from looking at their body.

Failure to conform can result in civilised oppression through surveillance, exclusion and intervention (Harvey, 1999; Rogge, Greenwald, & Golden, 2004). Framing the fat body as deviant and unworthy may lead to attitudes such as 'overweight' individuals not having as much right to receive NHS treatments (PHE, 2015b). Justified as an important method for motivating change, it is common for individuals to believe that they are assisting through the use of discrimination (LeBel, 2008; Rogge et al., 2004). However, such 'help' places the fat body in a subordinate position of power and this sense of powerlessness can be further compounded by a continued failure to conform to the thin ideal (Harvey, 1999; Rogge et al., 2004). These acts of 'help' can act to legitimize negative treatment of fat people, and have the potential to cause harm, such as overly self-disciplinary practices and/or barriers to obtaining help and support from informal and formal sources (Elliott, 2007; LeBesco, 2011; Wright, 2008). However, the effectiveness and appropriateness of stigma as a form of motivating change has begun to be questioned, particularly as rates of 'obesity' are reportedly continuing to rise throughout the world (Bacon & Aphramor, 2011; Saguy & Riley, 2005).

2.3.3. Socio-Environmental Perspectives

Based on a medical understanding of energy balance, Ball and Crawford (2010) put forward a model of how environmental and socio-cultural factors might contribute to diet and physical activity (Figure 2:2). For example, social roles and relationships could influence behavioural choices. Longitudinal studies suggest that marriage and motherhood predict weight gain, predominantly as a result of role changes (Ball, Brown, & Crawford, 2002; Sobal, Rauschenbach, & Frongillo, 2003). Familial similarities in weight are demonstrated beyond that expected by shared genes, suggesting parents not only play an important role in the control of the eating and activity level of their children, but also socialize their children to share similar values, attitudes and behaviours related to eating, physical activity, and weight concerns (Bruss et al., 2005; Katzmarzyk, Perusse, Reo, & Bouchard, 2000). These factors might additionally be influenced by cultural and ethnic norms and values. For example, the role of women in society (permitted work, leisure and education) (Ball & Crawford, 2010), differences in attitudes about ideal body weight, social pressure for thinness, definitions of healthy eating, and eating beliefs, customs and practices (Powell & Kahn, 1995).

Work roles can also influence weight gain, such as jobs with high work demand, job strain, and/or care-giving roles, suggesting effects of environmental demand and access. Food and activity availability, and financial income pressures, are also associated with work role and weight (Brunner, Chandola, & Marmot, 2007; Vitaliano, Russo, Scanlan, & Greeno, 1996). It can be difficult to differentiate between biological or sociocultural factors, however studies exploring acculturation of individuals following migration suggest environmental factors, alongside psychosocial and cultural variables (e.g. those ascribed to certain body sizes), are highly likely to be important determinants of body size (Lauderdale & Rathouz, 2000).

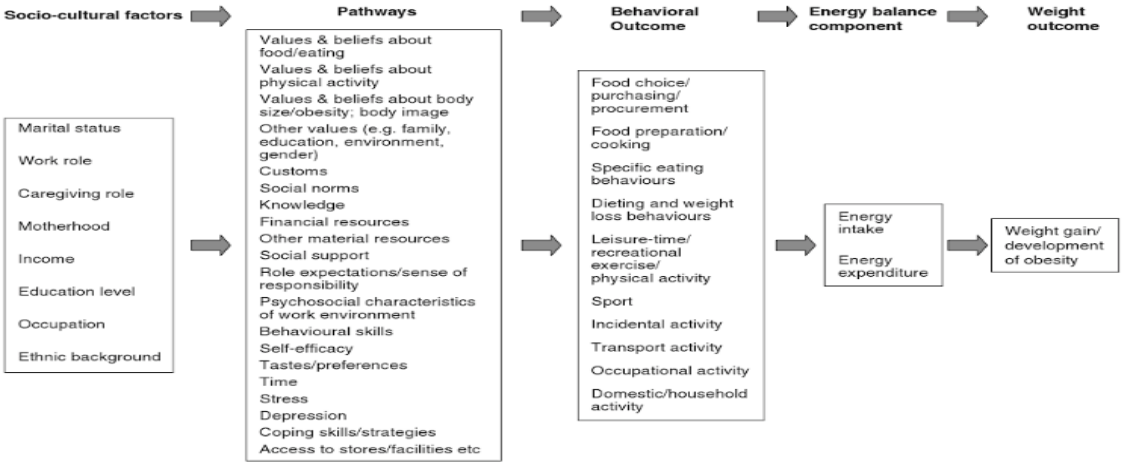

Figure 2:2: Model of socio-cultural factors and obesity (Ball & Crawford, 2010)

Socio-economic position (SEP) encompasses income, education, occupation and neighbourhood. The fat body has been demonstrated as socio-economically distributed. Fatness in developed countries is more likely in those of lower SEP, while in developing countries it is more likely in those of higher SEP (Ball & Crawford, 2010), possibly due to a continuation of living within limited resources and therefore the status that fatness still has (Beller, 1977). In developed countries, families from a lower SEP consequently have fewer monetary resources, thought to influence the ability to purchase healthy food and access paid-for recreational facilities and quality healthcare (Burdette & Whitaker, 2005; Drewnowski, 2004). Higher SEP is associated with better nutrition knowledge, a higher tendency to follow dietary guidelines (Vlismas, Stavrinos, & Panagiotakos, 2009) and participation in recreational physical activity (McNeill, Kreuter, & Subramanian, 2006). Access to greater nutrition knowledge is positively related to better diet (Buttriss, 1997). Those with a low SEP are also disproportionately exposed to a range of adverse factors that might increase the risk of weight gain (through influencing energy intake and expenditure) (Jeffery & Utter, 2003), including greater access to fast-food outlets and poorer access to supermarkets and free physical activity resources (Ball & Crawford, 2010; Reidpath, Burns, Garrard, Mahoney, & Townsend, 2002).

A modern environment that increasingly encourages high-energy intake and sedentary lifestyle can arguably make achieving the medically promoted energy-balance a challenge for all, regardless of SEP. This has been referred to as an "obesogenic" (Swinburn & Egger, 2002, p. 289) and 'toxic' (Battle & Brownell, 1996) environment. This includes the increased availability of high-calorie (e.g. containing excess sugar and fat), low-cost, and fast-food items, along with increased portion sizes. This also includes an increased use of devices that reduce physical activity (e.g. use of cars, mobile devices, accessibility through the 'delivery' industry) (Young & Nestle, 2003). There has also been a dramatic change in exposure to messages that encourage food consumption, which are particularly invested in by the food industry. Television has been cited as a contributing factor for higher calorie intake, through advertisements funded by the food industry and increased eating whilst watching television (Jeffery & French, 1998). Relative to national dietary recommendations, foods that are most heavily advertised (sugar and snacks, pre-prepared foods, soft drinks, and alcoholic beverages) are those that are consumed more, while those that receive less advertising (fruits and vegetables) are consumed less (Frazao, 1999; French, Story, & Jeffery, 2001). This suggests that the food industry and media may have a lot to answer for, regardless of the cultural background of any individual. An argument can be made that public consumerism is thus valued higher than public health.

2.3.4. Media Perspectives

The mass and news media play a critical role in messages becoming dominant within Western society, through the selection, framing and dissemination of certain issues for public and political attention (Gard & Wright, 2005). The media provide the general public with lay understanding about many things, by providing summarised versions of events and research. Messages must be short and uncomplicated in order to communicate effectively. However, this can result in assumptions being drawn by readers, particularly regarding the 'truth' of messages (Iyengar, 1991; Kim & Willis, 2007; Major, 2009; Saguy & Almeling, 2008). The media therefore has the power to tell its audience not only which

issue to think about but also how to think about them; such as what is important, normal, and/or a problem (Kim, Scheufele, & Shanahan, 2002). For example, according to a 2007 review of news media framing of 'obesity', messages of 'individual responsibility' significantly outnumbered societal and genetic attributions (Kim & Willis, 2007).

Research has reported a 2000% increase in the incidence of news media reports on 'obesity' in recent years, engraining a specific view of the fat body (and individual) within the collective public consciousness (O'Hara & Gregg, 2006). Emotive language and metaphor are often used to portray 'obesity' negatively. An `obesity epidemic' has been constructed (at least in part) through biomedical discourse and disseminated by the media. Such a message arguably suggests fatness can be passed on like an infectious disease, despite fatness not meeting the medical definition of a disease or epidemic (Boero, 2007; Campos, 2004; Robison, 2003; Saguy & Riley, 2005). Similarly, the use of metaphors such as "the war on obesity" (Gard & Wright, 2005, p. 16) arguably frames the fat body as a criminal offence in need of sanctioning, in doing so capturing public attention by utilising scare tactics and creates a social panic around body weight, despite not being legally binding (Dickins et al., 2016). These portrayals within the news media arguably continue the success of the medical, pharmaceutical and weight loss industries and legitimize the governments role in regulating its citizens (Campos et al., 2006; Robison, 2003; Saguy & Riley, 2005).

Media does not stop with the news, encompassing TV, Film, social media, magazines, the fashion industry, advertisement and more. Visual image is a highly effective method of influencing opinion and is dominant in most forms of media discourse (Gibson and Zillmann, 2000). Women in particular are often misrepresented visually in the media as significantly thinner (and 'attractive') than the societal norm. In 2013 only 2.1% of women in the UK were recorded as underweight according to BMI (PHE, 2015a), whilst 1 in 3 of those portrayed on television are underweight (Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003), and 94% of fashion models are underweight (DreamModels, 2016).

According to the PHE obesity attitudes survey (2015b) 59% of people prefer to see models of a 'healthy' weight, and whilst 34% prefer to see both models of a 'healthy' weight and 'overweight', only 5% would prefer to see 'underweight' models. The media and fashion industry have arguably acculturated Western society into accepting thinness as desirable, and 'underweight' as thinness, through investing in advertising that promote such messages. Teamed up with limited accessibility to clothing size and choice, this sets up body norm expectations for all individuals that most are unlikely to achieve and is potentially dangerous if they do. In an attempt to combat this, there has been an emergence of research into how the use of underweight models can negatively influence young women's self-esteem and body image satisfaction, and contribute to eating disorders (Morris & Katzman, 2003).

'Overweight' and 'obese' individuals are underrepresented on television, regardless of gender. Only 13% of females and 24% of males on television are 'overweight' or 'obese', compared to 58% of females and 65% of males in the UK population (Greenberg et al., 2003; HSCIC, 2016). When characters are 'overweight' or 'obese' in TV or Film, they are commonly the targets of fat humour and stigmatization. The representation of eating in the media also differs for men and women, such that men are allowed to eat "heartily" whereas the ideal woman has "achieved a state beyond craving" (Bordo, 1993, p. 102).

The idealization of the thin body and underrepresentation and stereotyping of the fat body can be said to perpetuate negative attitudes (Greenberg et al., 2003; Himes & Thompson, 2007). Heuer et al., (2011) examined over 500 pictures accompanying media stories and found most images elicited negative attitudes and a desire to create a larger social distance from fat individuals. Positive images demonstrated less negative attitudes, less desire for social distance, and were of preference. Frequent negative portrayal in the media may also lead viewers to overestimate the degree that others hold negative beliefs about 'obese' individuals and fail to consider real-life experiences and interactions when forming their own beliefs (Stangor, Sechrist, & Jost, 2001).

2.3.5. Feminist Perspectives

Women have been associated with the body in writing from as early as Aristotle (Weitz, 2003). Women are often perceived as being out of control, disordered, with addiction, and/or pathological in their eating behaviours; and other behaviours specific to women, such as 'pre-menstrual syndrome' and 'post-natal depression' (Martin, 1987; Nicolson, 2004). Such narratives can act to keep women in a subordinate position of power to men, by portraying women as inferior. The feminist movement argue that attempts to define the experiences of women as 'illness', and efforts to oppress and 'other' women and their bodies, can be seen as a reaction to the changes they have influenced (Martin, 1987; Wilkinson, 2004). "Fat is a Feminist Issue" (Orbach, 1978) is a classic book on women's relationships with food, dieting, and their bodies, and was one of the first feminist publications to link women's body size with male-controlled systems of power. Orbach's aim was to help women free themselves of "size oppression" (O'Hara & Gregg, 2006, p. 262). In doing so an attempt was made to speak against the more culturally available perspectives regarding fatness within Western society. Although an influential text at the time, gendered discourses remain dominant throughout medicine, government policy, public health and the media (Kwan, 2009; Rice, 2007).

There has been some movement within medical perspectives, by shifting the focus away from weight loss (e.g. dieting) to 'health' (e.g. healthy eating); however, from a feminist perceptive, this has arguably resulted in the conflation of health and beauty. As such, women remain subject to the narrative that `thin' is healthy, feminine and beautiful, whilst `fat' is unhealthy, ugly and unattractive to men (Germov & Williams, 1996; LeBesco & Braziel, 2001; Malson, 1998). By 'doing femininity' (Smith, 1990) it can be argued that women perpetuate gendered perspectives and in doing so uphold "beauty myths" (Wolf, 1991, p. 13). Women's self-esteem and identity in male-controlled societies are often grounded in their appearance. Self-scrutiny and self-regulation in relation to appearance, appetite and eating are often viewed as fundamental for success. Regardless of the changes women have gained within Western society generally

(e.g. education and employment), the criteria for feminine beauty arguably remains (Nicolson, 2002; Wolf, 1991). Feminists argue this is a backlash against achievements made toward gender equality (Bordo, 1993; Weitz, 2003). Nevertheless, feminist literature continues its struggle in attempts to devalue these hegemonic discourses, such as through the questioning of medical standards that measure ideal body weight and 'health' (Tischner, 2009). On-going arguments also include thinness as an unhealthy ideal that promotes eating disorders, which can carry an equal if not more immediate risk of mortality, comparative with fatness, as a result of extremely low body weight (Yancey, Leslie, & Abel, 2006).

Despite an increasing focus on men's body size and appearance (Bell & McNaughton, 2007; Gill, 2008; Monaghan, 2008), the majority research supports the notion that women are under greater and quite different pressures to conform to the (arguably bio-medically and socially constructed) body size norm of 'thinness' (Bordo, 1993; Cordell & Ronal, 1999). Feminist critics have noted that gender differences are significant in men and women's reasons for pursuing weight loss. According to Pitts-Taylor (2008) reasons given by women include a desire to be 'normal', 'healthy', aesthetically beautiful, and desirable to men. In contrast, more common among men is a pattern that reflects a greater reluctance to recognise a want or need for weight loss in the first place (PHE, 2015b). When men do pursue weight loss, reasons given include a desire for masculine bodily strength, power and the ability to protect (Pitts-Taylor, 2008). Additionally, for men, fatness can be considered a feminizing characteristic that has significant implications for gender identity. Equally, fatness in women can be said to reject cultural depictions of women as frail, which can be both positive for women's sense of power and negative for women's sense of what it is to be feminine (Orbach, 1978). Such fat perspectives, as identified by feminists, can therefore have implications for both the sense of self and the perception (and thus treatment) of others.

2.3.6. Psychological Perspectives

Mainstream psychology adds to fat perspectives by trying to answer questions around why weight gain occurs (particularly from a cognitive and/or emotional perspective), what effect the fat body has on mental health, and how psychology can help inform intervention toward weight loss. Psychology is often considered a science of human behaviour which positions itself alongside the biomedical frame when it comes to the causes and consequences of weight gain (Cogan & Ernsberger, 1999). Mental health and personality are of particular interest to psychologists. Historically, notions such as 'compulsive eating', 'internal and external eating', and 'maladaptive personalities' were documented (Schacter, 1971; Stunkard, 1976). However, there is no consistent evidence to suggest that 'obese' individuals differ psychologically from 'non-obese' individuals in terms of the incidence of psychopathology (Friedman & Brownell, 1995; Stunkard & Wadden, 1992) or personality type (Blackmeyer, Smyllie, & Price, 1990).

Psychological formulation can help to place 'obesity' outside of the individual, and psychologists can be flexible about where they position themselves as a result. Services and systems can too play an influential role on the position psychologists take. There are psychological components, and/or reactions to life experiences, which might help provide a formulation that takes into account possible drivers for weight gain (by influencing eating and activity level). One psychological perspective is that eating in response to negative emotions is an attempt to minimise, regulate and/or prevent emotional distress. Theories include eating in response to an aversion of negative emotions, eating as a distraction and pleasant experience, and/or eating as a response to glococorticoids released as a biological response to stress (Sapolsky, 1998; Spoor, Bekker, van Strien, & van Heck, 2007). However, 'emotional eating' is often found to instead enhance emotional distress by triggering feelings of guilt following an episode of eating (Bennett, Greene, & Schwartz-Barcott, 2013).

A number of mental health conditions have been associated with fatness, including depression, anxiety, and suicidal ideation (Atlantis & Baker, 2008; Blaine, 2008; Mather, Cox, Enns, & Sareen, 2009; Strine et al., 2008). 'Depression'

for example - which can equally be considered a social construction influenced by powerful bio-medical discourse taken up within wider society (Lewis, 1996) - is suggested to be more prevalent in 'obese' individuals than 'non-obese' individuals (Heo, Pietrobelli, Fontaine, Sirey, & Faith, 2006; Stunkard, Faith, Allison, & Sorensen, 2003). Psychological weight loss treatments which target 'depression' have been effective, however, this is often independent of weight-loss (Blaine & Rodman, 2007). Focusing on life experiences rather than 'conditions' may provide a more useful approach. For example, research suggests that experiences such as childhood violence and sexual abuse are risk factors for obesity, for reasons such as victims seeking to make themselves unattractive through weight gain and/or due to the use of food in response to stress (Greenfield & Marks, 2009; Gustafson & Sarwer, 2004; Laws, 1993; Noll, Zeller, Trickett, & Putnam, 2007). Despite weight gain generally not being reported as halting abuse, this makes sense of the act of eating as a function.

Many psychological 'conditions' associated with the fat body, such as 'depression' and anxiety, appear to be mediated by the experience of weight-related stigmatization (Puhl, Heuer, & Brownell, 2010; Rosenberger, Henderson, Bell, & Grilo, 2007). It is undeniable that a fat body is not easy to conceal and can thus be defined as a stigmatizing attribute due to its visibility. A stigmatized individual is "reduced in our minds from a whole and usual person, to a tainted, discounted one" (Goffman, 1963, p. 12). Living in a society where `fat' has many negative connotations, can result in negative stereotypes and stigmatization, which can translate into deliberate negative actions and discriminatory behaviour in a variety of settings and across a diversity of people (Carr & Friedman, 2005; Latner & Stunkard, 2003; Puhl & Brownell, 2003; Puhl, Moss-Racusin, & Schwartz, 2007). Between 1995/96 and 2005/06, prevalence for the experience of weight discrimination increased by 66% to 12.2%, and up to 40% when BMI over 35kg/m2 is accounted for (Andreyeva et al., 2006). Lewis et al., (2011)

identified exposure to discrimination[2] in 142 'obese' individuals' day-to-day lives as, direct (e.g. verbal abuse and teasing), environmental (e.g. lack of suitable seating and clothing available), and indirect (e.g. embarrassment and judgment from others). It is argued that stigma serves to maintain social order and exists only within powers that allow it (Link & Phelan, 2001).

Psychological consequences of negative treatment based on one's fat body include, body image dissatisfaction, low self-esteem, relationship difficulties, poor quality of life, and social isolation (Kushner & Foster, 2000; Lewis et al., 2011; Malson, 1998; Vartanian & Shaprow, 2008). These are however, by no means universal, and factors such as past experience, personal beliefs, and a strong sense of identity, can affect the perception of negative treatment from others (Brandon & Pritchard, 2011).

Many psychological weight-loss interventions attempt to address 'perception', based on the belief that adapting cognitions can improve the understanding of eating behaviours and behavioural changes can thus be implemented for weight loss (Melchionda et al., 2003; Shaw, O'Rourke, Del Mar, & Kenardy, 2005). Behavioural interventions aim to provide adaptive dietary strategies over 'maladaptive' ones (such as overeating) in order to enhance dietary restraint and increase motivation to eat more healthily and be more physically active (Wing & Greeno, 1994). When cognitive techniques are added, such as identifying and modifying negative thinking patterns and mood states (Wilson, 1999), they appear to improve successful weight loss (Cooper & Fairburn, 2001). Four systematic reviews examining the effectiveness of cognitive and/or behavioural therapy have demonstrated weight loss (Douketis, Feightner, Attia, & Feldman, 1999; NHMRC, 2003; NHSCRD, 1997; NIH, 1998).

Reviews of other forms of psychological interventions for weight loss are limited and only demonstrate weight loss with mixed success (Baron, 1998). These

[2] Link and Phelan's (2001) 3 forms of discrimination: (1) direct: subjection to overt rejection as the result of the stigma; (2) structural: structural/environmental limitations that affect day-to-day life; (3) insidious: awareness of the stigmatising label and a view of being judged in a negative manner as a result.

include, psychodynamic therapies (based on the idea that problems stem from hidden inner conflicts, e.g. psychoanalysis), humanistic therapies (focused on finding meaning in clients lives and to live in ways consistent with values, e.g. person-centred therapy) and group therapies (which are often used within commercial programmes). Group treatments do not generally promote exploration of psychological issues, but instead draw on information sharing, social support and problem solving (Hayaki & Brownell, 1996).

More recent psychological research has begun addressing 'perceptions' held by others, by challenging negative attitudes and treatment toward fat people. Such research demonstrates mixed results (Campos et al., 2006; McHugh & Kasardo, 2012). For example, attempts to address negative attitudes by challenging the perception of 'controllability' with alternative explanations, have demonstrated some reduction in the negative perception and treatment of fat people within a research context. Other research has found no change in negative attitudes or even worsening results (Anesbury & Tiggemann, 2000; Li & Rukavina, 2009; Puhl, Schwartz, & Brownell, 2005; Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003). Manipulating social norms, through the use of a confederate condemning or condoning discrimination, has been shown to have a significant effect on weight-based teasing, positive trait identification and reduced prejudice, within a research context (Puhl et al., 2005). However, it seems interventions such as these mentioned, may need to be particularly powerful and/or integrated into everyday life to have a substantial and lasting effect (Gapinski, Schwartz, & Brownell, 2006).

Some academics, health-professionals and activists (e.g. the Size Acceptance movement) publically challenge negative perspectives about fat through the dissemination of less culturally available perspectives to those that currently hold hegemonic power in society (Campos et al., 2006; Cogan & Ernsberger, 1999; Ernsberger & Koletsky, 1999).

2.4. Size Acceptance

In light of the consequences of negative treatment and self-perception related to the fat body, and with 'obesity' rates continuing to rise, it is apparent that change is needed if (physical and psychological) health is to improve for fat people. Changing negative attitudes is not an easy task, especially since a large number of those who engage in negative treatment toward fat people believe that they are 'helping' (Gard & Wright, 2005). 'Size Acceptance' (SA) movements act to resist and challenge many of the more culturally available perspectives within Western society through offering and disseminating alternative perspectives. Movements, including Fat Acceptance (FA) and Health at Every Size (HAES), have been increasing in prominence since the 1960's in the US, 1990's in the UK and 2000's online (Lupton, 2013).

2.3.1. Fat Acceptance

Fat Acceptance (FA) is not a single political movement, but an ideology which encompasses fat liberation, fat pride and fat acceptance messages (Saguy & Riley, 2005). FA challenges many of the more culturally available perspectives from a platform of civil rights, campaigning for 'acceptance' regardless of body size (Cooper, 2008; Kwan, 2009). As a political activist stance, FA argues fat discrimination results in oppression. As a liberation movement, FA contests fatness as 'illness', rejects 'moral obligation' to pursue health, and views body size as a form of diversity. FA challenges current weight-centred health policy as a violation of human rights, which contributes to inequality and discrimination in areas of personal interaction, housing, education and employment (O'Hara & Gregg, 2012; Puhl et al., 2010; Rogge et al., 2004). The FA movement sparked the creation of both the National Association to Advance Fat Acceptance (NAAFA) (founded in 1969) and the Association for Size Diversity and Health (ASDH). This could be argued as an attempt to legitimise FA. Recent research suggests engaging with the FA movement may contribute to a reduction in the prevalence of weight-related stigma and improved health (Dickins et al., 2011; Saguy &

Ward, 2011). However, the FA movement is not without critics, whom suggest FA activists are in denial, biased, and promote obesity (Miller, 2015; Young, 2013).

2.4.1. Health at Every Size

Health at Every Size (HAES) is founded on dietetics and exercise science, law and social justice, psychology and sociology (Bacon, 2010). HAES challenges many of the more culturally available perspectives by focusing on 'health' in terms of 'fitness' rather than 'weight', whilst remaining somewhat within a biomedical frame (Burgard, 2009; O'Hara & Gregg, 2010). HAES argues that weight-loss cycling can be more damaging than maintaining a higher body weight and that focusing on weight loss may discourage people from making lifestyle changes that could have considerable health benefits, with or without weight reduction (such as engaging in enjoyable movement rather than structured exercise) (Bacon & Aphramor, 2011; Campos, 2004).

HAES can be seen in most arguments that question the biomedical, public health and societal perspectives of obesity (Bacon & Aphramor, 2011; Campos, 2004; Gaesser, 2002, 2006; O'Hara & Gregg, 2010). Organisations such as the Association for Size Diversity and Health (ASDAH) are centred on principles of HAES (Bacon & Aphramor, 2011; Burgard, 2009; Robison, 2003). The formation of organisations could again be argued as an attempt to legitimise this movement. The application of HAES principals have been shown to improve health behaviours and psychosocial wellbeing, compared to traditional weight focused programs. This includes blood pressure, cholesterol, body dissatisfaction, eating disorders, depression, anxiety, self-esteem, self-acceptance, intuitive eating and physical activity (regardless of weight change) (Bacon, 2010; Bacon & Aphramor, 2011). HAES has also received support on ethical grounds, with recommendations that health professionals adopt this approach (Kasardo & McHugh, 2015; McHugh & Kasardo, 2012). Again this is not without critics who argue that a focus on health could lead some behaviours to be labelled 'healthy' (such as 'clean eating') which might still collude with beauty and industry standards (Reel & Stuart, 2012).

2.4.2. 'The "Fatosphere"

According to research into the area of SA blogging, individuals sought out an arena online away from anti-fat views. The Internet is often used for gathering information and finding social support, particularly in relation to a specific illness or health issues (physical and psychological) (Gallagher & Doherty, 2009; McClimens & Gordon, 2009). A primary reason for using the Internet in place of 'professional' support, is the shame felt in relation to body size (Lewis et al., 2011).

Outside of fat politics, there is a recurring theme of resisting and countering mainstream perspectives through the Internet (Gard & Wright, 2005; Koerber, 2001; Lewis et al., 2011). SA movements have created an online community (known by users as the "Fatosphere") for individuals to do this, whilst also sharing experiences (Dickins et al., 2011; Harding & Kirby, 2009). Still (2008) asserts that such spaces allow marginalized people to take back control of their identities and bodies. The Fatosphere promotes acceptance, empowerment, community and positive self-perception. The Fatosphere has been found to have positive psychological effects and improve self-esteem (Betton et al., 2015; Dickins et al., 2011; Harding & Kirby, 2009). However, the Fatosphere has also been criticised for promoting obesity and is often publicly condemned in order to de-legitimise its claims (Dickins et al., 2011; Lewis et al., 2011). SA in general has also been called "a white woman's game", however with diversity and the inclusion of 'non-activists' increasing due to the access for which the Internet permits, there is an opportunity for wider dissemination and diversity of SA messages (Harding & Kirby, 2009).

Chapter 3 Systematic Literature Review

In order to identify what this project could add to existing literature in a useful and and meaningful way, a systematic review was completed (see Appendix A page 117 for 117 for systematic literature review strategy and list of databases searched). Bordo Bordo (1993) proposes that discussions of fatness are absent from academia. While there While there is a significant amount of medical research on 'obesity', there is little research research specifically examining how fatness is talked about and experienced; particularly particularly online. A systematic review is detailed below, of research focusing on this this particular aspect - accounts of fat talk in online spaces, and/or first person accounts of accounts of individuals who engage with SA online spaces. Using specific search terms terms (Table 3:1) and following the inclusion criteria (Table 3:2) 9 relevant peer-reviewed articles were identified (

Table 3:3). These articles help create a rationale for this particular project as a unique piece of research and lead rationally toward the chosen research questions.

Table 3:1 Search Terms used for Systematic Literature Review

Level 1 Search Terms:	**"AND" Level 2 Search Terms:**
Fat	Discourse/Discursive
Overweight	Narrative
Corpulence/Corpulent	Talk
Obese/Obesity	Stigma
"OR" Level 1 Search Terms:	**"AND" Level 3 Search Terms:**
Fat Acceptance	Social Media
Fatosphere	Blog
Body-Positive	Online
	Web
	Cybercommunities

Table 3:2 Exclusion and Inclusion Criteria

Exclude articles that focus on:	**Include articles that focus on:**
Weight loss	Fat /Pro-Fat /Acceptance
Obesity prevention	Social media /Cybercommunities
Medical research	Talk (narratives, discourses)
Causes of Obesity	
Childhood Obesity	
Other medical conditions	
News /Print-Media	
Gender or Race only	

Table 3:3 Exclusion and Inclusion Rationale

Number of articles remaining:	Exclusion Rationale:
Total articles to begin: 74	
Included based on Title: 22	Weight loss/Obesity prevention (13); Medical Research (3); Childhood Obesity (6); Health Practice (7); Health Media (2); Dementia (1); Cancer (1); Diabetes (1); Geriatrics (1); Chronic disease (3); Drug addiction (1); Eating disorders (1); Gender (4); Animal Research (1); Gypsy narratives (1); Race (2); Tourism (3); Pregnancy (1) **Excluded based on Title: 52**
Included based on Abstract: 9	Print-media (4); TV (3); Gender (1); Class (1); Parenting (1); Policy (1); Stigma only (2) **Excluded based on Abstract: 13**

The tables below contain summaries of these 9 articles (Table 3:4, Table 3:5, Table 3:6). I have also chosen to include 4 PhD Theses (Table 3:7). Although these are not peer-reviewed and published pieces of work, the inclusion of such grey literature is arguably important for its contribution to a review of all existing literature in order to fully highlight gaps and concerns about this knowledge base.

All 13 pieces of research have been critiqued using the Critical Appraisal Skills Programme (CASP, 2017) for research (see Appendix B for full appraisals). This is a standardised tool used for appraising research, by looking at areas such as validity, importance and usefulness. A summary of the findings and key appraisal points for these articles are outlined below.

A separate CASP for this systematic literature review is outlined in appendix J.

Table 3:4 Summary of Articles – "Fat" on social media

Author	Chou, Prestin and Kunath (2014)	Hussin, Frazier and Thompson (2011)	Lydecker et al., (2016)	DeBrun, McCarthy, McKenzie and McGloin (2014)
Title	Obesity in social media: a mixed methods analysis	Fat stigmatization on YouTube: A content analysis	Does this Tweet make me look fat? A content analysis of weight stigma on Twitter	Weight stigma and narrative resistance evident in online discussions of obesity
Location	USA	USA	USA	Ireland
Participants	General population	General population	General population	General population
Data Source	Non-participant observation: Social Media posts containing 'fat', 'overweight', or 'obesity/obese' across platforms over 60 days (2.2 million posts)	Non-participant observation: 50 YouTube videos; search term 'fat'	Non-participant observation: Tweets (on Twitter) containing 'fat' over 4 hours (4596 tweets)	Non-participant observation: Posts/comments containing 'obesity' or 'overweight' from 1 Ireland-based multi-topic Internet forum; 3 specified years (2872 comments)
Method	Mixed Method: Content Analysis & Discourse Analysis	Content Analysis	Content Analysis	Thematic Analysis
Aims/ Research question	Does the social media dialogue perpetuate or curb weight stigmatization? How is obesity (and affected individuals) portrayed in social media? Do conversations about obesity or weight differ across channels such as blogs, Twitter, and Facebook?	Identify and quantify fat stigmatization in YouTube videos.	To what degree are weight-stigmatizing messages present within new-media social environments and what are the characteristics of its presence?	To gain insight into experiences and repercussions of stigma toward 'obese' bodies and understand the norms, values and beliefs evident in the online social 'field' of interaction. How are issues of obesity discussed and debated in online interaction?
Results/ Conclusions	The word "fat" was most commonly used (92%) compared to "obese/obesity" (6%) and "overweight" (2%). "Fat" was most closely associated with negative connotations, whilst "obesity" and "overweight" included more news and health-care information. Blogs and forums contained more themes compared to Twitter and Facebook. DA findings: Stigmatization, personal attacks, self-derogation and responsibility for obesity, were present. Countering weight-based stereotypes was also demonstrated: advocating acceptance and challenging common weight stigmatization/stereotypes.	Targets of stigmatization: Men (62.1%), Women (36.4%), Adults (51.5%), Children (25.8%), Adolescents (19.7%), Whites (72.7%), African Americans (9.1%), Hispanics (9.1%), Asians (3.0%). Antagonists in videos 46%: Male (88.5%), Female (7.7%), Adult (46.2%), Adolescents (19.2%), Children (15.4%), White (65.4%), African Americans (7.7%), Hispanics (3.8%). Male adolescents and adult stigmatized as awkward and accident-prone. Female adolescents and adult stigmatized as sexually unappealing. Children (both genders) stigmatized as lazy and engaging in uncontrolled eating. Average of 2.5 million views.	Negative (56.57%), neutral (32.09%), critical of others (64.0%), critical of the self (31.0%), overtly pro-thin (62.25%), pro-anorexia (0.20%), pro-fat (7.33%). Of those containing weight-stigmatizing messages (n = 529), terms included: gluttonous (48.58%), unattractive (25.14%), sedentary (13.80%), lazy (5.86%), stupid (4.16%), not sexually desirable (2.65%), Conclusions: Belief that inducing 'shame' leads to behaviour change, and online content shaped by attitudes developed outside of twitter.	Themes identified: Reactions, responses to and perception of 'obesity' and 'obese' bodies (experiences of stigma and repercussions). Diminished status/credibility of 'overweight/obese' persons. Narrative resistance to an 'overweight/obese' identity. Stigma pervasive throughout and humour targeted at humiliating 'obese' individuals. Those who challenged dominant stereotypes were accused of being 'overweight' and perceived as being biased. Perceived controllability of 'obesity' leads to judgement.
Pros and Cons	+ Directly used data from social media + Good rationale + Gaps for future research identified - Limited Discourse Analysis - No ethics or impact of researcher discussed	+ Directly used data from social media + New area of research - No clear rationale or aims - Poor qualitative analysis - No ethics or impact of researcher discussed	+ Directly used data from social media + Clear aims and appropriate use of method + New area of research - No ethics discussed	+ Clear aims and appropriate use of method + Directly used data from social media + Ethics and Rigour discussed - Some issues with data collection rationale - No discussion of researcher impact - No new areas of research identified

Table 3:5 Summary of Articles –Responding via the 'Fatosphere'

Author	Dickins et al., (2011)	Afful and Ricciardelli (2015)	Dickins et al., (2016)
Title	The role of the fatosphere in fat adults' responses to obesity stigma: A model of empowerment without a focus on weight loss	Shaping the online fat acceptance movement: talking about body image and beauty standards	Social inclusion and the Fatosphere: the role of an online weblogging community in fostering social inclusion
Location	USA	Canada	USA
Participants	44 Fatosphere Bloggers	4 FA Bloggers (women)	44 Fatosphere Bloggers
Data Source	Direct participant interaction: Semi-structured interviews with FA Bloggers	Non-participant observation: 4 FA Individual Blog content over 6 months	Direct participant interaction: Semi-structured interviews with FA Bloggers
Method	Grounded Theory	Thematic Analysis	Grounded Theory
Aims/ Research question	Investigate response strategies to stigma, pathways to blogging & experience of blogging.	Examine how FA bloggers, through discussions on beauty standards and body image, contest fat phobic and medicalised narratives around gender, public citizenship and fat embodiment. Provide insight into how discursive strategies are employed to frame discussions and extend or challenge broader FA discourses around body diversity.	How do corpulent adults perceive offline exclusion? Does the online community create and/or foster a sense of inclusion for individuals who take part, and if so, how? In what ways does being a member of this online community effect offline lives?
Results / Conclusions	Provided a safe space of acceptance where participants could counter, respond to, and resist dominant and stigmatizing 'obesity' discourses. Identified common lived experiences that led participants to explore and engage with the fat-acceptance movement. Concepts and support helped shift from reactive strategies in responding to stigma (conforming to dominant discourses through weight loss) to proactive responses to resist stigma (reframing "fat" and self-acceptance). FA bloggers felt more empowered and reported improvements in health and well-being. Might be important in helping to reframe the "blame" rhetoric associated with 'personal responsibility'.	FA bloggers borrow discursive strategies from more established social justice movements in order extend discourses of fatness as a kind of body diversity. FA bloggers contest medical, political, societal (citizenship), industry (as consumers), and cultural (beauty standards) marginalization. FA bloggers use the online platform to complicate assumptions around body diversity. FA bloggers highlight factors that prevent 'participation' and draw attention to how they remain systemically underserved or ignored.	Experienced exclusion offline, exacerbated by 'agencies' (media, weight-loss industry, health industry). Expressed frustration with media as 'far removed from own experience' and no attempt to 'understand' or 'consider' what it is like to be fat. Felt dehumanised and believed others viewed them with disgust and required them to take personal responsibility. Allowed individuals to form an in-group, which provided protection and support. Allowed position (power) to be disputed within the larger societal structure (otherwise based solely on the visible judgement of their bodies). Allowed individuals to slowly shift their own and other's views of their bodies and their selves. Boundaries/rules regarding restrictions of talk surrounding weight loss and dieting allowed a difference from everyday experiences.
Pros and Cons	+ Clear aims and appropriate use of method + Directly used data from social media + Recruitment and data collection driven by method + Conflicts of researcher involvement discussed	+ Clear aims and appropriate use of method + Directly used data from social media + Good data collection rationale + Detailed analysis - No ethics discussed - No discussion of researcher impact	+ Clear aims and appropriate use of method + Directly used data from social media + Recruitment and data collection driven by method + Ethics and Rigour discussed - No discussion of researcher impact

Table 3:6 Summary of Articles – Size Acceptance and 'weight'

Author	Meleo-Erwin (2010)	Donaghue and Clemitshaw (2012)
Title	A beautiful show of strength: Weight loss and the fat activist self	'I'm totally smart and a feminist… and yet I want to be a waif': Exploring ambivalence towards the thin ideal within the fat acceptance movement
Location	USA	Australia
Participants	2 FA Bloggers (women) & visitor comments	FA Blog Visitors
Data Source	Non-participant observation: 2 online accounts of weight loss by prominent Fat Activists & visitor comments. (Blog 1: 19 posts, 14 response comments to 1 post (7 visitors); Blog 2: 1 post, 175 response comments (unknown visitors))	Non-participant observation: Comments (499) in response to 2 target posts on 1 Blog (posts identified because topic titles explicitly reject thin ideal)
Method	Thematic Content Analysis	Feminist Post-Structuralist Discourse Analysis
Aims/ Research question	How do FA individuals who choose to lose weight, unsettle the boundaries of fat activism and the fat activist self? How do FA individuals give accounts of themselves in light of decisions that seem to be discontinuous with basic tenets of fat activism? What are the public reactions of other fat activists to these narratives?	Explore subjective experience of female FA bloggers regarding the 'thin-ideal'. Describe the lived experience of resisting a culture that equates feminine value with thinness.
Results / Conclusions	Fat activists who choose to lose weight unsettle the boundaries of fat activism and the fat activist self. Online community responses to weight loss narratives can be seen as a realignment technique deployed to redraw boundaries of fat activism.	Benefits of taking up aspects of FA's critique of the thin ideal: freedom from dieting; dieting doesn't work; happiness is not thin contingent. Limits of taking up aspects of FA's critique of the thin ideal: difficulty in maintaining a FA orientation with continuing influence of thin ideal on lives; misrecognition by others; reality of lost benefits in letting go of the struggle for thinness (thin privileges); sense of resignation as well as relief comes from FA. Personal testimonies used to demonstrate the power of FA to see bodies as 'acceptable'. FA is transient and unstable, despite being well versed in arguments against the 'thin ideal'.
Pros and Cons	+ Clear aims and appropriate use of method + Directly used data from social media - Predetermined hypothesis (confirming) - No ethics or impact of researcher discussed - No detail of method or rigour	+ Clear aims and appropriate use of method + Directly used data from social media - Limited Discourse Analysis - No new areas of research identified - No discussion of researcher impact

Table 3:7 Summary of Theses

Author	Taylor (2016)	Cain (2014)	Sneed (2012)	Dickins (2013)
Title	Fat Cyborgs: Body positive Activism, Shifting Rhetoric and Identity Politics in the Fatosphere.	Responding to the resistance: A critical discursive analysis of women's engagement with Health At Every Size and Fat Acceptance messages.	Blogging in the Fatosphere: A Qualitative Study of Perceptions of Personal Risks and Benefits for Women who Blog about Weight, Weight Loss, and Dieting Issues	Weight-Related Stigma in Online Spaces: Challenges, Responses and Opportunities for Change
Location	USA	Australia	USA	USA
Participants	Fat Activists on the Internet	21 Australian undergraduate women (general population)	Members of the Fatosphere who blog as a tool to obtain a healthier lifestyle are the focus of research; 4 female bloggers and 1 female vlogger	Study 1 – Online blog text Study 2 – 44 FA Bloggers Study 3 – Images from an online SA campaign
Data Source	Non-participant observation: Online Data Sources across the Fatosphere	Direct participant interaction: focus group discussions of SA movements	Direct participant interaction: 5 in-depth interviews and use of authors own blogging material.	Study 1 - Case study of episode of stigma online Study 2 – Interviews with FA bloggers Study 3 - Internet campaign
Method	Rhetorical Analysis	Critical Discourse Analysis	Grounded Theory	Study 1 - Thematic analysis: of reaction to an episode of weight-related stigma that takes place on a blog. Study 2 -Grounded theory: to examine a community of bloggers known as the Fatosphere. Study 3 - Discourse analysis: to examine the internet-based campaign 'I Stand' that attempts to challenge the common perceptions of the corpulent individual.
Aims/ Research question	How are fat activists using the internet to do their activist work? How are fat activists using new media to fulfil their political and personal agendas? How do fat activists currently build communities online? How do fat activists negotiate 'physicality' and 'identity' online? How do fat activists online construct an alternative, more positive rhetoric surrounding fatness to the dominating rhetoric of shame?	Identify patterns of similarity and difference in response to messages from 2 SA movements. Explore the level of support or rejection of messages. Identify the grounds on which various these messages are accepted or rejected.	Analyse the perception of risk and benefit that female bloggers experience while blogging in the fatosphere. How do women view the role of online technology in their weight loss efforts? In what ways do bloggers experience blog activity as supportive and/or challenging? What functions do others' responses to blogging serve for these women?	How do individuals utilise the Internet in mediating, navigating and changing experiences of weight-related stigma

Results/ Conclusions	Identification occurs by creating screen names, avatars, or thumbnails. Goals, agendas, and objectives are made visible through 'introduction' and site 'philosophy'. Rules and practices are common such as "trigger warning" for posts, comments, and replies, to help warn readers of potentially emotional topics. Sites are split in the ways that they talk about weight-loss. Textual markers help to normalize the fat body and give a language that does not erase, silence, or discriminate against the fat body. Interactive features are used to foster a sense of community. Interaction with others online helps build own popularity. Practices of identification, interaction, connection, publication, and dissemination help to extend the Fatosphere. Hashtags are used to link to a wider online community. Availability on a smart phone allows comfortable access. Exclusion is not uncommon (explicit, implicit, intended, unintentional). Word Use: 'Fat' was used most, particularly in context with the words people and person. 'Body' was used most in context with the words positivity, image, and positive. 'Weight' was used most often in context with loss. Some sites permit 'fat' as the term, others have replaced 'fat' with 'of size' and 'plus size'.	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 rejected these messages based on widespread understandings of: weight as personally controllable health as a moral obligation	6 dominant themes: A new chapter to the same old story Escape from judgment Negative responses Feedback and support Scrutiny and accountability Challenges to a blogging routine	Individuals use justification and suppression methods to rationalize compliance or resistance with dominant perspectives of adiposity. Individuals use structural components of CMC to facilitate their engagement within areas of discourses – namely asynchronicity, anonymity, and disinhibition. Individuals challenge beliefs, expectations and views of not only themselves but of others within online environments. Through challenging behaviours, individuals also challenge the utilization of stigma as a method of behaviour change. Individuals emphasize health and wellbeing over weight loss when countering the beliefs of others.
Pros and Cons	+ Clear aims and appropriate use of method + Directly used data from social media + Clear guidance provided to reader throughout + Data collection detailed - Limited future research discussion	+ Clear aims and appropriate use of method + Recruitment and data collection detailed - Limited future research discussion - No discussion of researcher impact	+ Clear aims and appropriate use of method + Recruitment and data collection driven details - Limited future research discussion	+ Clear aims and appropriate use of method + Clear guidance provided to reader throughout + Recruitment and data collection detailed - Limited future research discussion - Limited discussion of researcher impact

3.1. Findings

9 of the included articles were from the USA, 2 from Australia, 1 from Canada, and 1 from Ireland. British and European research appears to be lacking in this area. 8 articles specifically looked as SA bloggers and visitors to SA sites. 5 articles looked at the general population. Data sources included general social media posts (4), SA specific individually authored blogs (5), and interviews with SA bloggers (4). This suggests a gap in the literature for looking at blogs in which multiple authors post, not just comment. Research methodologies included Content Analysis (3), Thematic Analysis (4), Grounded Theory (4), and Discourse Analysis (DA)[3] (4). 3 articles that used a form of DA were theses and not published within any peer-reviewed journals, suggesting a need for such research to be made accessible through publication and dissemination.

The apparent key focuses of the included research are demonstrated in Table 3:8. Following this, findings from all the articles are presented within 6 central themes, followed by a summary of overarching evaluation points (a full appraisal can be found in Appendix B). Each part of this systematic review builds upon the next to create a logical rationale for the current project. Articles of particular relevance in the development of the focus (based on gaps in the literature) and specific research questions for the current project were those that looked at how more and less culturally available fat perspectives are drawn on and created online, what discursive strategies are used, and how messages are accepted and rejected.

Table 3:8 Focus of Reviewed Articles

1. The role of social media in the discussion, portrayal and treatment of fat people online
2. General public reactions to (and perceptions of) fat people and the SA movement
3. The lived experience of stigma, exclusion, and of resisting negative perceptions through the use of blogs (i.e. implications for self-perception and health)
4. Strategies used by fat individuals online to give accounts of the self, negotiate identity, contest/be activists, and create inclusion/community
5. Challenges faced and negotiated by fat individuals online (e.g. weight loss talk, the reality of the thin-ideal and environmental barriers)

[3] DA, Critical DA, Rhetorical Analysis, Feminist Post-Structuralist DA

3.1.1. Summary of Findings

1) Experience and Impact of Fat Stigma and Discrimination

The content of online text and interviews included in this review, demonstrates that experiences of stigma, discrimination, and self-degradation (on and offline) form a prevalent topic of discussion on SA blogs. This includes narratives of lived experiences and tells us that this is a shared, common and meaningful experience for most fat individuals. This also includes accounts of the impact this can have on physical and mental health, for example, the physical barrier to exercising when clothing and equipment are not appropriate, and the psychological barrier to self-worth when treatment from others results in de-legitimisation based on body size. Together these articles provide a substantial account of the negative impact stigma has on this consequentially marginalised group.

Rationales for negative treatment received from others are often provided by SA bloggers. Rationales include the interpretation of negative behaviours as being based on culturally available perspectives within Western society: (1) the favourability of thinness within society, (2) the belief that fatness is the result of individual (ir)responsibility, and (3) an act of shame intentionally used as a tool for 'supporting change' in fat people (i.e. as motivation to lose weight). This suggests negative treatment appears to be a result of the fat perspectives available in Western society (regardless of intentionality) - which are thus likely to be negatively framed perspectives - and that these same perspectives appear to be drawn on by bloggers to make sense of the negative treatment they receive in response to their bodies. This arguably has consequences for the 'internalising' of such perspectives. Additionally, exclusion as an outcome of stigma, or form of stigmatising behaviour in itself, was common in discussions and is often linked to the basis for why individuals seek information and inclusion from online spaces.

2) Size Acceptance Pros and Cons

The research included in this review predominantly advocates for SA blogging. This might arguably be a result of the type of researcher – i.e. activists or those sympathetic toward SA. The inclusion of theses within this review highlights how

4 out of the 11 lead authors conducted the research as part of an academic qualification (thus funded); only one of which has then published in a peer-reviewed journal. This suggests SA is still limited in its engagement with policy-makers, wider academia and the general public.

Nevertheless, the included research collectively claims SA blogging provides a space online where fat people are treated differently from their everyday life experiences and treatment within society (i.e. stigma and discrimination). The content of online text and interviews is used to argue that SA blogging provides an environment that encourages an experience of acceptance, inclusion, and belonging, and offers a supportive community, which facilitates empowerment, confidence, and self-acceptance. This is argued to positively impact both on and offline life (e.g. improved physical and psychological health). However, it might be argued that research into this specific area would be unlikely to intentionally conclude anything different, particularly if predominantly conducted by advocates who might find critiquing the SA movement a challenge. The same could also be said about conducting the research directly with SA bloggers, who are arguably unlikely to freely present an alternative to a positive perception of SA. Unfortunately limited reflection or comment on the potential impact of researcher/interviewee agendas makes drawing conclusions difficult.

Albeit brief, limits and barriers to SA are identified. These include the common misconception by others as to what SA really means, and the reality of thin privilege in everyday life even when one ascribes to SA (i.e. the complexity of accepting the fat body as 'acceptable', whilst also accepting that this means never achieving the 'thin-ideal'). The research regards this as a battle between "resigning" to a fat body, versus the "relief" of no longer trying to conform to standards of thinness that are never met. Bloggers are cautious in the language used to present this, in order not to be seen as "giving up". Negotiating language in this way was common, particularly in terms of avoiding the recoil that might come if seen as "giving up" on 'health', which remains a priority regardless of weight (loss). This appears to be a reaction to the more culturally available

perspectives within Western society, suggesting that even within the SA movement the act of 'conforming' is still present.

3) *Language Use*

The research included in this review has demonstrated many differences in the use of language online. For example, the word "fat" is more common than the word "obesity" across online platforms – that is, general discussion boards, SA *blogs, twitter, Facebook,* and *YouTube*. "Obesity" is a word predominantly used within biomedical related discourse across online platforms. Comparatively, the word "fat" is found in many different discussion contexts and is also found to have many different collocation words. Collocation is the juxtaposition of a particular word with another word with a frequency greater than chance. Collocations can contribute to the semantics of a word, conveying an implicit message (Sinclair, 1991). It is argued that these patterns of collocations can reveal underlying perspectives (Baker, 2006). The research in this review demonstrates many collocations to "fat" (e.g. "fat chick", "fat ass", "fat slob") as gendered and linked to negative assumptions about fat people (e.g. controllability, laziness, attractiveness). This suggests how language might function in the continuation of many of the more culturally available (negative) perspectives around fat.

SA bloggers however also appear to take back the word "fat" by collocating with more positive language (e.g. "Fierce Fatties", "Chief fatty"). Language choice such as this is argued as an intentional move, borrowing from other activist movements such as the LGBT community's reclaiming of the word "queer". The use of SA concepts and adaptations of other movements, such as applying 'diversity' to body size, is a common discursive strategy.

4) *Dominant Discourses*

According to the included research of this review, more and less culturally available perspectives were found to be present in SA blogs and were also drawn on in interviews with SA bloggers. It is acknowledged that SA bloggers often

draw on - or 'fall back' to - 'Discourses' (as referred to in these articles) within Western society (such as biomedical) in their talk, even when refusing to take up the positions implied by such Discourses. These include medical, political, societal (e.g. citizenship and environment), industry (as consumers) and cultural (e.g. beauty standards and the 'thin ideal'). Discourses can work to support and enable social and institutional practices, which in turn maintain them. This brings forth considerations of power. The discursive agendas identified seem to be that of destabilising these Discourses by drawing on them in order to critique. However, this paradoxically results in them being repeated and so potentially reinforced, as is their nature: such that the marginalised often marginalise themselves further, even as they attempt to refute. Research has somewhat explored the strategies used in talk and text in the presentation of these Discourses (or perspectives), regardless of intentionality of the speaker.

5) Discursive Strategies

Discursive strategies used online included the exclusion and diminished status and credibility of SA bloggers by the wider public. While clear and explicit negative language is used in collocation with "fat", more subtle suggestions were also common, such as the notion that fat people are biased on issues of weight and diet and live in denial regarding the 'reality' of their fatness. This delegitimisation creates a challenge for SA bloggers in the presentation of alternative claims that go against those more culturally available and thus widely accepted as 'truths'.

Nevertheless, discursive strategies were also used by SA bloggers to provide narrative resistance. Narrative resistance can be described as strategies used to challenge and defy dominant discursive constrains (Cordell & Ronal, 1999). Resistance strategies included highlighting or making known areas of stigma, marginalisation, and barriers experienced in daily life; particularly through the use of personal testimonies/lived experience. In addition to this, more culturally available perspectives were presented and drawn on to question and contest the status quo, such as questioning the medicalization of the fat body, and contesting

the perceived 'responsibility' placed on fat people. Drawing on such perspectives was often a strategy used to strengthen alternative arguments or interpretations, however this can arguably also be seen to continue hegemonic discourse (e.g. proposing 'health' as an alternative to 'weight loss' means still drawing on and repeating the medical 'discourse community').

The Internet also affords bloggers additional strategies, such as links to the wider Internet in order to spread SA messages (e.g. through the use of hashtags), or alternatively concealing oneself behind a screen. The impact of SA on the general public is only addressed briefly. Although the general public arguably accept most SA concepts when presented with them, it is noted that there is often a "fall back" to more culturally available perspectives. This suggests that less culturally available perspectives do not hold hegemonic power. This might be made possible through such alternatives becoming more available on sites where individuals need not be SA activists to engage.

6) Rules

The research included in this review demonstrates specific rules and boundaries set out around permitted topics of conversation and word use within SA online spaces. The research suggests that rules and boundaries within SA online sites can provide a safe space for a different experience from everyday life (i.e. stigma and discrimination). This is argued to foster a sense of community. However, rules and boundaries can also split bloggers within the Fatosphere depending on where they stand on certain issues, such as weight-loss talk. Such talk is only permitted on some sites within the Fatosphere. Therefore, although research argues that the use of rules and boundaries is implemented to promote safety, I argue that it is possible that these same rules could provide a rationale for the exclusion of certain people, which goes against the 'acceptance' stance.

3.1.2. Evaluating the Research

A full evaluation of the quality of each article following the CASP guidance is included in Appendix B. In summary, the methodologies and designs used across the included research appear to be mostly appropriate for the chosen research questions. The use of mixed methods, in the form of content analysis does however have criticism. Arguably the ontological/epistemological positions are different for quantitative and qualitative research and therefore beg the question of why this is used other than to appear more scientifically rigorous. Although overall rigour is generally good for all the included articles, this is also not without critique. In particular, there is limited reflexivity and transparency, particularly in the form of the impact of the self on the research and the critique of the authors' own work. This is an issue addressed above as the researchers have been predominantly identified as advocates for SA. Without continued personal and/or political transparency or reflexivity it is difficult to judge the extent to which this research only follows the researchers influences. The discussion of ethics is also limited, which is interesting, as the use of the Internet as a source of data has become a topic of debate since its increasing use in research. Finally, ideas for future research and implications for findings are not discussed in detail, making it difficult to base new research on any gaps identified by other researchers in this field. Despite this, below I outline the gaps in the research that I have identified as part of this review in order to ensure the reader of this research is not faced with the same issues and as a guide to make sense of the eventual research questions and methodology employed.

3.2. Gaps in the research and Clinical relevance

Every day, attempts are made by individuals and industries to make fatness invisible (e.g. promotion of dieting, photo-shopping of magazines), but there are also ways fat people are making themselves visible. Fat people are confronting perspectives around 'fat' (and their authors, disseminators and oppressors) with alternative 'truths'. Fat people are using wider access to internet-ready technologies to make known and speak back against negative treatment. The

research in this systematic review has identified some of the strategies used by FA bloggers to enable this. However, the Internet provides an opportunity for research that is transnational due to its global reach, which both physical and mental health agencies are yet to fully engage with.

Despite evidence of the likely benefits of SA for health and wellbeing (regardless of weight loss), there are many challenges to its acceptance by the wider public. By looking at the ways that fat people continue to work against many of the more culturally available perspectives of fat and present new perspectives through talk, it is possible to explore alternative ways of framing the 'fat body' that might foster more productive social relations. Research in this systematic review has identified some of the discursive strategies used within the SA community to construct discourses of "resistance". However, there has been little consideration for the ways in which authors position themselves and their arguments in order to legitimise themselves and their claims. This is of particular importance within a society that acts toward diminishing the status and credibility of certain members (e.g. the SA movement). I am therefore particularly interested in identifying the discursive devices used to position such a group and group members as legitimate, for example (e.g. experts in a CoP).

It seems that methods for challenging perspectives may need to be particularly powerful and/or integrated into everyday life to have a substantial and lasting effect (Gapinski et al., 2006). SA sites can and are accessed by individuals both in and outside of SA activism, which suggests there is an opportunity for the wider dissemination of SA values. However, little is known about how the general public engages and uses SA messages. This provides a rationale for the choice of data source in the present project. While that of administrators, activists and Internet trolls are intriguing and worthy of further study, the participation of general users within multiple author blogspaces are the focus of this study (i.e. SA sites that are accessed by multiple individuals, opposed to individually authored 'activist' sites).

Learning from those who make attempts to challenge more culturally available perspectives, may offer an opportunity for change to occur through the re-telling of those less culturally available and may also offer the opportunity for psychologists and other health professionals to learn how to facilitate the telling and re-telling of alternative stories (Gard & Wright, 2005; Rice, 2007). Through research, the visibility of less culturally available perspectives could help add to those that currently dominate the fat body. I hope the publication of this research can aid in the developing (and availability) of more positive perspectives surrounding the fat body and fat identity.

3.3. Research Questions

Based on a review of the existing literature the following research questions have been developed:

How do those who engage with SA online communities construct their positions and their identities within their online talk?

- What perspectives of 'fatness' are drawn on, developed, and resisted?
- How are critiques of 'fat' perspectives presented and accepted or rejected?
- How do SA bloggers legitimise themselves and their arguments?

Chapter 4 Methodology

This chapter begins by setting out a rationale for the chosen research methodology and the theories that inform this approach. Quality control and ethical considerations are discussed, before outlining the participant sample. A thorough explanation of the analysis process is then outlined. It is hoped that the level of detail and transparency offered should enable the reader to consider the appropriateness and credibility of the research design and decisions made in relation to the representation of the analysis.

4.1. Qualitative

Historically, positivist methods of establishing cause and effect have dominated research into human experience (Kirkman, 2002). These quantitative methodologies suggest that a researcher can reveal objective facts about an area of interest, without their involvement causing bias or influence (Burr, 2015). Such methodologies are limited when investigating constructions and meanings within the social world; which are anything but objective or factual. As this project aims to focus on the use of language in the construction of a social reality, and how individuals take up and resist perspectives (or 'Discourses'), a methodology that best fits this would be a form of discursive analysis, underpinned by a constructionist epistemology (Willig, 2003).

4.2. Epistemology

While my epistemology is outlined in the Introduction, it is equally important to restate this in relation to methodological considerations. Social constructionism suggests that knowledge is not singular, objective or fixed, but instead 'versions of knowledge' are created through social interactions (Burr, 2015). These versions of knowledge, ideas, and attitudes are influenced over time by cultural, historical, and social contexts (Gergen, 2009). 'Knowledge' around the fat body is greatly embedded in the wider societal context and changes dependent on more culturally available perspectives at certain times. According to social constructionism, those who do not fit the dominant belief system are often

marginalised (Van Dijk, 1996). This research places value on 'unheard' fat individuals and their creation of 'versions of knowledge'; therefore a constructionist position has been adopted. Furthermore, of central focus here are the discourses and discursive strategies used by SA bloggers, making a form of discursive analysis an appropriate methodological choice.

4.3. Discursive Thematic Analysis

There are many forms of discourse analysis, all concerned with reality and language, which they approach from different angles (Edwards & Potter, 1992; Parker, 1992; Potter & Wetherell, 1987; Wiggins & Potter, 2008). An overarching function of any discourse analysis is the examination of how *language* is used in the *construction* of certain issues (e.g. perspectives on fatness), and the exploration of the social and rhetorical *functions* of language in achieving certain goals (e.g. to communicate, to function as power, to attribute responsibility, to refute blame). Below I outline in more detail the theories drawn on to guide the methodology employed for this project: specifically a Discursive Thematic Analysis. I have drawn on concepts from different traditions, including critical and discursive psychology.

4.3.1. Critical Psychology and Subject Positions

Critical psychology encourages a critical perspective of language, society and power (Parker, 2015). For the purpose of this project, a critical stance is of use because of its concern with potentially marginalising hegemonic Discourses (or perspectives). These make available certain versions of reality and personhood, whilst often marginalising alternative 'knowledge'. More culturally available perspectives are often produced and disseminated through powerful institutional practices, which act to legitimise and maintain these same practices (Parker, 1992). Van Dijk (1996) points out that marginalised groups are frequent topics of talk and text, but have very little control over their own representation in discourse. 'Fat' people are one such group that have little control over their own representation. One critical stance might therefore argue that fat people (and therefore by extension, mainly poor people) and their bodies are kept in a

subordinate position of power through the retelling of the more culturally available perspectives, which de-legitimise fat people and less culturally available perspectives. However blogging presents itself as a platform where self-representation and the challenging of more culturally available perspectives become possible.

The objective of a critical stance toward analysing discourse is to identify the discursive patterns of a specific social problem and the obstacles involved in tackling that problem (Van Dijk, 2001). This is made relevant to this project when the social problem is defined as taken-for-granted 'truths' about the fat body, as presented by more culturally available perspectives, and the obstacles are the challenges faced when making attempts to critique and produce alternative perspectives. As such, this critical stance attempts to reveal the ways in which the problem maintains social power imbalances, such as what it is possible to say about a subject (and by whom). When using language speakers take up *subject positions,* which have consequences both for oneself and for how a speaker is experienced by others (e.g. whether they are viewed as entitled to perform certain acts) (Strauss & Feiz, 2013). A *subject position* is therefore a location within the structure of 'rights' to use a specific repertoire of talk (Davies & Harré, 1990) – i.e. the position of 'doctor' entitles talk about illness as an 'expert' in this field. Discursive analyses can explore how language is used in such *positioning*.

4.3.2. Discursive Psychology and Discursive Devices

A task when analysing discourse is to uncover how *language* is employed, often in quite subtle ways, to reveal some underlying Discourse (or perspective). Language comes in repertoires that can both facilitate and constrain us (Blommaert, 2005). Although individual words, phrases and clauses do have meaning on their own, they are best understood by looking at patterns of words and the context in which they appear, in order to reveal any overarching ideology. Discursive psychology (DP) supports analysis by identifying language repertoires, through outlining discursive devices (see Appendix C). Discursive

devices are features of discourse (ways of talking and writing) that are recognisable and recurrent across different interactional context and which help to influence the nature of an interaction and perform social actions (Wiggins, 2017). Devices are used as a means to interpret and analyse data and provide an explanation of what is going on – that is the *function.*

This form of discursive analysis explores how individuals (or groups) take up, use, and/or resist culturally available perspectives, and the ways in which they employ discursive devices in making themselves and their claims credible. This is particularly important if they are trying to speak against more culturally available perspectives, such as those of the medical establishment. Discursive devices help identify ways in which people position themselves and treat each other, in talk or text, as being factual, believable and accountable, for example (Potter & Wetherell, 1987). It is possible to examine discursive practices to see how they are put together to protect, defend against or resist claims that an individual is less-than factual, and/or make claims to a particular *subject position*. When drawn upon, through the use of language and linguistic repertoires, culturally available perspectives can too become strengthened or resisted.

4.4. Quality Control

Establishing the quality of any research is of course essential, but there are particular challenges for qualitative research. For example, Burr (1995) argues that objectivity is impossible in research as we all encounter the world from some perspective (the 'objective' stance is still a stance). When analysing discourse it is up to the researcher to make sense of the patterns of language, by proposing reasons for their existence. Findings are therefore interpretations, which is why we can only restrict bias, but not remove it completely (Ahern, 1999). Nevertheless, it is still important to ensure that research is both rigorous and credible (Smith, 2015). To facilitate this, quality criteria specific to analysing discourse and in line with my epistemological assumptions have been followed (Antaki, Billig, Edwards, & Potter, 2003; Henwood & Pidgeon, 1992; Potter &

Wetherell, 1987). Criteria include: reflexivity, transparency, internal coherence, rigour, context, and pragmatic usefulness (Elliott, 2007).

4.4.1. Reflexivity and Transparency

Researchers must acknowledge and continually reflect on their own involvement in their research and the role it plays in the results that are produced (Nightingale & Cromby, 1999). This can be facilitated through levels of reflexive 'bracketing' (Crotty, 1996) (see Appendix C for table of reflexive bracketing techniques used for this project). My intention has been to remain transparent throughout this project, by detailing the steps that have led to all conclusions drawn. I have also enlisted a research team[4] who are capable of identifying times when this has not been maintained. The process of reflexivity and transparency are evident in making the reader aware of my epistemological position and my personal interest and perspective on the chosen topic area. Within the analytic process the inclusion of a section of transcript (see Appendix D and E) makes transparent the links made between the text and my coding and interpretations. I have also kept a reflective diary in order to highlight my assumptions and the development of my thinking around this topic as the project has progressed. These have contributed to the analysis of the transcripts and discussion of results. An excerpt is included in Appendix F.

4.4.2. Internal Coherence and Rigour

Transparency allows the reader to come to their own conclusion as to whether they view the research to be plausible, persuasive, credible, and rigorous (Fairclough, 2003; Kirkman, 2002). However, a specific framework for rigour in evaluating methodologies which analyse discourse has also been followed, based on Nixon and Power (2007) and Potter and Wetherell (1987) (see Appendix C). In order to maintain rigour in the analysis I have used extracts taken from all data sources. This should increase the credibility of the proposed phenomenon.

[4]The research team consists of one primary supervisor clinical psychologist, one secondary supervisor clinical psychologist and one supervisor in linguistics

4.4.3. Context and Pragmatic Usefulness

It has also been important to consider whether the chosen research area and questions are pragmatically useful and can inform future research and/or clinical practice (Silverstein, Auerbach, & Levant, 2006; Webster & Watson, 2002). This is something that has been carefully considered throughout this research process, and has been explicitly commented upon throughout. In line with my epistemology and ethical beliefs, I feel that it is my responsibility as someone in a privileged academic position to conduct and disseminate this research. I intend to submit an article from the research for publication in an appropriate peer-reviewed journal. Furthermore, I intend to make available my findings to two members of the Fatosphere who have publicly provided their email addresses as contact information and have consented to act as a consultant in this capacity on this project. This has allowed me to work ethically within such a sensitive domain where there is limited trust with members of the State, which as an academic I could arguably sit.

4.5. Ethical considerations

Full ethical approval was sought from the University of Hertfordshire's Health and Human Sciences Ethics Committee, and granted on the 13th of June 2016 (protocol Number: LMS/PGR/UH/02413; see Appendix G).

Legal and BPS guidelines state that Internet content can be used for research if the website is in the public domain and consent is not necessary in contexts in which people would 'reasonably expect to be observed by strangers' (2007; BPS, 2013; Eysenbach & Till, 2001). Research using blogs vary widely in their application of written consent. However, I agree with Heilferty (2011) who proposes that the personal and sensitive nature of online narratives demands careful consideration.

Although Blogs are publicly available and many who blog do so in order to share information and stories with others, care has been taken in the selection of the specific blogs used. If any blogs required membership, passwords or could not be accessed directly by any member of the public from a search engine, they have

not been used in order to respect privacy (BPS, 2007, 2013). Additionally, this research focuses on blogs with multiple authors, making it near impossible to gain individual informed consent from all contributors, or gather individual demographic information. It is also not possible to explore how contributors identify themselves in terms of being 'fat'. Therefore, only blogs (rather than individuals) that explicitly state their collective position as "fat/size acceptance" have been considered for this study.

Data mining poses no threat to users because the text is public and in terms of data security, the only identifying information available (website title, blogger names, screen-names and locations) are easily removed and kept confidential. Administrators do have the ability to remove or edit posts and although this leaves the remaining talk as only one part of a whole story, this is the power of the administrator, and therefore no attempt has been made to include this information as this is not meant to be public. The BPS (2007) state that when conducting Internet research, researchers should avoid (where possible) using direct quotes if these could be traced back to the original website. This causes a potential issue when analysing discourse. After consideration it was decided that the inclusion of quotes across multiple sites would be permitted as the data is sourced from group blogs (not individual blogs that feel more personal and exposing) in order to demonstrate collective phenomena, which does not single out any one blogger.

4.6. Participants and Sampling

This project examines the discursive practices used by bloggers on group SA sites, including *Tumblr, Wordpress and Blogspot.* Group blogs differ from online chatrooms where talk is intended to be conversational between members. Instead these blogs provide a space in which multiple authors can share individual posts within a collaborative and specified topic arena (i.e. SA). These sites allow talk to be accessed from many voices – that is, rather than single author activist blog sites.

Blogs were selected using a purposive sampling approach. Using Google search engine the terms “fat positive”, “fat acceptance”, and “pro fat” were entered. This identified 10 blogs over 10 search-pages. This also identified 8 articles, which recommended 115 additional blogs (removing duplicates). With the increase in access to personal technology, there are now many more interactive venues than just long-form blogs. Therefore, due to the nature of online blogging changing over time, it was important to include different platforms and life-spans to demonstrate this. 3 blogs were chosen which fit the research criteria (Table 4:1), including being representative of multiple platforms. Table 4:2 outlines a full exclusion and inclusion rationale.

Table 4:1 Blog Inclusion Criteria

Active links
Multiple authors of posts
Explicitly position blog as ‘pro fat’ and/or ‘fat acceptance’
Life-span longer than 6 months
Different web platforms

Table 4:4:2 Blog Exclusion and Inclusion Rationale

Total 125 blogs	
Exclude x6: Inactive links	Remaining 119
Exclude x17: Corporation websites e.g. weight waters	Remaining 102
Exclude x10: Not relevant content i.e. anorexia, eating disorder, weight loss x2, blogs with only one post about fat x4, recommended blog list only x1	Remaining 92
Exclude x8: No ‘about me’ or ‘position statement’	Remaining 84
Exclude x67: Individual author blogs	Remaining 17
Total Group Blogs: 17	
Exclude x8: Not “Pro” “Positive” or “Acceptance” i.e. “body image”, “real women” “unabashed selves” “weight prejudice” “thin privilege” “fat queer” “those who label and identity themselves as fat”	Remaining 9
Exclude x3: “Body Positive”	Remaining 6
Exclude x1: Pictures only	Remaining 5
Exclude x1: Authors under 18 years of age	Remaining 4
Exclude x1: Members only	Remaining 3

Given the amount of rich and complex data available, and the importance of exploring the data in sufficient depth within the time and resource limitations of this research, it was anticipated that a sample of 3 blogs would suffice. Due to the remit of this project it was not possible to analyse the entirety of the 3 blogs (approximately 2 million words). In order to elicit a sufficiently rich, yet also manageable quantity of data, it was decided that the first 15 days, the peak 15

days, and the final 15 days would be chosen for the analysis; providing 45 days worth of data and a large and robust data set (Table 4:3). Only one blog remains actively posting at the time of writing. Final data mining was completed on the 8th of August 2016. The peak 15 days were decided by looking at the highest word counts per month across each blog's lifespan (see Appendix H for monthly breakdown of wordcounts). Although all blogs contained pictures/images, for the purpose of ensuring a manageable analysis, only text has been used.

The dataset is formed of up to 38 contributors, however as few as 7 bloggers are repetitive posters and thus deemed more 'active' members of the SA online community. Of these contributors, 1 *Tumblr* blogger contributes at least 40% of the total dataset post count (52 posts between 01/01/11 and 15/01/11), however these posts are low in total word count. 1 blogger on *Blogspot* contributes comparatively fewer posts, however these consist of a significantly higher word count (21,000 words across 7 posts between 08/02/15 and 23/02/15, approximately 25% of the total dataset word count). The vast difference in styles and frequency of contributors within the dataset was felt to be a fair representation of the SA online community and therefore adequate to meet the needs of the research aims and methodology.

Table 4:3 Chosen Blogs, Lifespan and Word counts

Platform	Start/End dates	Total word count	Data used for analysis				
	Months posting		Date	Time period	Word count	No of Contributors	Posts containing text
Tumblr	150810 to 080816	261,818	150810 to 290810	First 15 days	5,331	6 (14; 3; 1x4)	21 (of 78)
	73 months; Still open		010111 to 150111	Peak 15 days	13,621	12 (52; 9; 2; 2; 2; 2; 1x6)	75 (of 213)
			250716 to 080816	Last 15 days	286	1	1 (of 44)
BlogSpot	270110 to 230215	1,615,971	270110 to 100210	First 15 days	3,420	3 (2; 1; 1)	4
	62 months; closed		010313 to 150313	Peak 15 days	33,323	7 (5; 2; 1x3)	10
			080215 to 230215	Last 15 days	29,138	3 (7; 1; 1)	9
Website	180800 to 140213	355,612	180800 to 010900	First 15 days	518	2 (6; 1)	7
	151 months; closed		011211 to 121511	Peak 15 days	3,678	3 (2; 1; 1)	4
			100213 to 240213	Last 15 days	1,464	1	1

4.7. Analysis process

This research is informed by a critical discursive approach, which focuses on the action orientation of text rather than what accounts say about author's cognitions (Wetherell & Edley, 1999). For the micro-analysis tools of thematic analysis and discursive analysis have been used (Braun & Clarke, 2006; Wiggins, 2017). The overall methodological approach taken is a 'Discursive Thematic Analysis'.

A basic assumption underlying any discursive analysis is that texts construct a specific version of the object and event to which they refer. Accordingly, such analyses examine the various ways in which the objects and events are constructed and how these constructions are located within culturally available systems of meaning. This is the first step towards linking interaction with ideology. As such, the data analysis began with an initial thematic analysis (Braun & Clarke, 2006) to identify the presence of key perspectives that have already been identified as more culturally available in existing literature (see chapter 2). Following this, a further analysis was conducted to identify discursive strategies - see Appendix C for a definition of the discursive devices identified in the analysis (Wiggins, 2017).

This analysis is conducted at the level of the text as a way to examine the possible subject positions offered to the reader (Locke, 2004). Although text is open to multiple interpretations, it is generally acknowledged that producers of a text may use their semiotic skill to create a preferred or dominant reading that might strongly encourage readers (particularly readers with similar cultural backgrounds) to interpret it in a certain way (Lewis, 2013; Wilson & Sparks, 1996). Subject positions are identities made relevant through specific ways of talking in relation to the specifics of the interaction and to wider discourses (Davies & Harré, 1990). Different positions entail differing degrees of accountability and can have a variety of functions (e.g. to distance the speaker from what is being said, to provide what is being said with authority etc.).

Blogs were therefore coded by (a) a summary code for the *'perspective'* present within the text (e.g. 'bio-medical'), (b) a summary code for the *context* present in the text (i.e. *what* is being spoken about), (c) a summary code for the *positioning* of text/discourse/self (i.e. *the way* the object/event is spoken about), (d) a summary code for the specific *discursive device* present (e.g. 'category entitlement'). See Appendix D for an excerpt at this level of analysis.

The analysis as a whole moved from identifying patterns in the overall dataset, to identifying further patterns in collated extracts. Extracts presented in the next chapter were selected based on their representation of identified *actions*. Effort has been made to select extracts which best facilitate the reader in their understanding of the analysis, however so too has effort been made to include extracts that might speak to different effects. Extracts are reproduced as they were presented online, including spelling and grammar errors. Long-form extracts can be found in Appendix I to provide the reader with a wider context for all extracts included. Additional examples of extracts that support the claims being made are also included in Appendix I.

Each blog contained a diverse amount of information. An analysis of 3 blogs proved to be sufficient for analysing common themes. Codes and themes were cross-compared and double-coded within a research team of doctoral clinical psychology trainees, whom were also conducting qualitative research, in order to improve reliability (Guest, MacQueen, & Namey, 2011). Due to the subjective interpretive nature of this type of research, it was good practice to keep a reflective diary in order to be aware of my reflections, judgments and thought processes. This facilitated a record of how codes and themes emerged, and some of the ways that these could have been influenced (Finlay & Gough, 2008; Saldaña, 2015). An excerpt of when these reflections were draw on is presented in Appendix F.

Chapter 5 Analysis and Discussion

The aim of this section is to present my analysis and discussion. I have chosen to present these together in order to demonstrate the movement between texts specific to this study and broader discursive (research) contexts. I remain mindful of the need to highlight what is added by the present analysis.

5.1. Thematic and Discursive Themes in SA Blogs

This analysis draws on the notions of discourse, function/action orientation, and positioning, which are often performed in conjunction with one another (Harper & Thompson, 2011; Wetherell & Edley, 1999). The following section examines the effect that discourse choice has on action and positioning, and makes links with the wider social context. Data collected across 45 days from 3 blogs was systematically examined in terms of how they were organised and the discursive strategies present that appear to position the bloggers version of events and themselves (e.g. as credible, objective, reliable and rational). In terms of examining the ways in which language can be understood as serving functions (e.g. to reject an unwanted identity, to attribute responsibility, to allocate blame), these extracts were examined in relation to the discursive context in which it was produced – that is, what came before and what followed – in doing so, highlighting the many fat perspectives present and negotiated within blog talk.

Table 5:1 presents common themes from the data, clustered by discursive device (see Appendix C for definitions of discursive devices) and is followed by the proposed *function* of the devices present, as proposed by Wiggins (2017) and agreed by my interpretation. These devices are commonly used for such purposes, however it is only within the context of the SA blogsites that they are referenced here; therefore these are not intended to be presented as universal principles.

Table 5:1 Actions Identified in Data

Code in Dataset	Discursive Device	Actions/Functions
Knowing; Learning; Lived experience	Category entitlement	Credibility; Factuality; Insight; Legitimacy
Barriers; Others words; Evidence/fact	Stake inoculation	Objectivity; Accountability; Legitimacy; Factuality
Us; Them; Difference; Critique	Categorisation	Membership; Corroboration; Accountability; Delegitimisation
But; Trigger Warnings; Rules	Mitigation	Validation; Balance; Self-preservation; Avoid critique

5.2. Social Action of Talk in SA blogs

This section explores the *ways* in which fat perspectives are taken up, used, and resisted in conjunction with discursive devices affecting the social action of the talk. Below I discuss in more detail 4 main findings that centre around 4 predominant devices (category entitlement, stake inoculation, categorisation and mitigation), which are supported by excerpts from the dataset of bloggers[5]. Excerpts are identified using pseudonyms to allow the reader to identify when extracts are from the same blogger and to ensure extracts are representative of the entire dataset.

5.2.1. Category Entitlement

Discursive devices can be employed by people in an attempt to establish their version of an issue as 'factual' (Potter & Edwards, 1990; Wooffitt, 1992). Potter (1996) proposes that in order to establish the factuality of an account, speakers must demonstrate themselves to be a reliable and independent source of information. Reliability refers to our ability to trust the consistency of a person's account of the 'truth' (Rael & Brunswick, 2000). Presenting oneself as a reliable

[5]I acknowledge that both speakers and writers can use discursive devices. For the purpose of this project I refer to 'speakers' and 'bloggers' interchangeably to differentiate between 'writers' of research referenced.

source can be done by establishing, for example, that one is of sound mind, is an expert, and that they have no motivation to lie. Speakers can draw on *category entitlement* (such as "health professional") to position themselves as credible, and thus able to give a reliable account of the 'truth' (Gee & Hanford, 2013). *Category entitlement* refers to the kind of knowledge, experience, or responsibility that a category of person is entitled to own (i.e. they have more reliable knowledge about a certain issue than most people) (Wiggins, 2017).

When speaking of factors which impact health and weight, outside of the dominant message of 'individual responsibility' (Brownell et al., 2010), talk on SA blogs asserts an *entitlement* to make alternative claims about the topic of fatness through the use of statements such as "I understand", "I am aware", and "I know":

Extract1 (Blog1, Alnitak)

> ***I totally understand*** *the significance of SDH*[6] *[…]* ***I am also aware*** *of the limited impact of personal behavior in the face of the effects of SDH […]*
>
> (Appendix I Table I:1 Page133)

Extract2 (Blog2, Achernar)

> ***I am also aware that*** *for people who are marginalized daily […], intuitive eating is not a high priority.* ***And I know that*** *no matter how much health behavior an individual engages in, social determinants of health […] play a significantly larger part in their well-being and future health outcomes.*
>
> (Appendix I Table I:1 Page133)

Statements such as these, written in highly articulate styles, position the SA blogger explicitly as someone who 'knows'. By making explicit this 'knowing', SA blogs speak to an *entitlement* to speak as members of the 'knowing' community/*category of people*, and thus provide a foundation for the factuality of claims that follow (which speak against more culturally available perspectives). This is important because, as fat people SA bloggers are often positioned in Western society as individuals who are unintelligent, for example, based on

[6]Social Determinant of Health (SDH)

societies "lipoliteracy" (Graham, 2005). Therefore, by making one's 'knowing known', SA blogs can act against these assumptions and make it possible for their alternative claims to be plausible.

SA blog talk also acts against more culturally available perspectives, such as the 'simplicity of weight loss' (Hill et al., 2012), by referencing SA as the turning point when the 'truth was learnt' or they 'learned better' than the messages more readily available within society:

Extract3 (Blog2, Altair)

*What **I have learned most over the past five years of studying HAES** is that the relationship between weight and health is incredibly complicated and individualized.*

(Appendix I Table I:2 Page133)

Extract4 (Blog2, Vega)

***Before I discovered FA,** I had no clue that losing weight and keeping it off was as ridiculously improbable as it is.*

(Appendix I Table I:2 Page133)

Here SA bloggers appear to present a metaphorical journey toward their position of 'knowing'. I argue that this provides a narrative for the credentials necessary to be viewed as credible, as a reliable source with 'expertise', and therefore not only *entitled* to speak but 'worth listening to' (Labov, 1997). It is important to build credibility because without it audiences are less inclined to trust or accept the argument presented to them. This is of particular importance when acting against more culturally accepted perspectives.

SA blogs also draw on the commonly-understood notion of 'lived experience' to bolster the narrative of their 'knowing', further strengthening the rationale for their *category entitlement* – and with the implication that, as 'experts by experience', they provide a privileged source of insight not available to professionals (Allen & Cloyes, 2005). Here, for example, the lived experience of 'fat' is drawn on, providing a claim to the identity of 'fat person':

Extract5 (Blog2, Antares)

> ***I spent 27 years being fat and living as a fat person in the United States.*** *That'll leave some scars on you (as well you know).*
>
> (Appendix I Table I:3 Page134)

Extract6 (Blog2, Sirius)

> *You see,* ***I was a*** *big baby****.*** ***I was*** *a chubby toddler.* ***I was a*** *chunky kid.* ***I was*** *a fat teenager.* ***I was*** *(according to the "perfeshionalz" [sic] who measure these things) a "morbidly obese" young adult.*
>
> (Appendix I Table I:3 Page134)

In this way SA blogs arguably act to take back power over the fat body as a means for *entitlement* to speak on the topic of fatness. This is a particularly powerful position for SA, or any other marginalised group. Speaking from experience is often a practice used toward social justice as a way to counter authoritarian and expert-based knowledge claims; in the work of feminists for example (Chow, Fleck, Fan, Joseph, & Lyter, 2003).

Speaking from 'lived experience' is a particularly interesting *category of entitlement,* because any account that follows is not easily contested (Kogan & Gale, 1997). Drawing on personal experience can position the account as 'evidence', arguably rendering the account the only valid perspective for readers to take (as 'fact'). For example, the SA blog extracts below equate improvements in health (physical and mental) to changes in behaviour, made possible thanks to the messages and practices advocated by the SA movement:

Extract7 (Blog2, Altair)

> ***For me,*** *the personal lifestyle emphasis of HAES led to behavioral changes that yielded demonstrable metabolic benefits […].*
>
> (Appendix I Table I:12 Page138)

Extract8 (Blog3, Aldbaran)

> *Integrating a social justice perspective [into HAES]* ***allowed me*** *to improve self-care and recover from my eating disorder […]*
>
> (Appendix I Table I:12 Page138)

Extract9 (Blog1, Alnitak)

Being involved in movement that I enjoy ***helps [me]*** *to alleviate depression, and just makes me feel better all around.*

(Appendix I Table I:12 Page138)

This is arguably a position that only those who live in line with the SA movement are *entitled* to occupy and speak from as individuals who 'live' HAES with 'experience' of the proposed outcomes, thus making any counter more difficult. In addition, the accounts draw on the widely accepted medical frame in the use of language such as "metabolic benefits", "recovery" and "depression". This helps with the account being more easily accepted without refute, by drawing on already established language within 'healthcare' (a category already *entitled* to speak about topics such as 'health'). I argue that drawing on an established (and thus *entitled*) 'discourse community', such as medicine and/or healthcare professionals, can inform the reader that the speaker (i.e. the SA blogger) is aware of what is current and that the speaker is adding something new and relevant (Burke, 1974). This is particularly important for this group of individuals because the medical community is so dominant with regard to constructing and disseminating perspectives around the fat body (Jutel, 2008; Kasardo & McHugh, 2015).

These same devices are used with the addition of a rhetorical question and answer below as to not only advocate for HAES but also contest the widely available perspective that weight change must occur as health improves:

Extract10 (Blog2, Altair)

As ***my*** *understanding of the evidence grew,* ***my*** *personal behaviors began to change and, consequently,* ***my*** *health markers began to improve.* ***You know what didn't change? My weight.***

(Appendix I Table I:12 Page138)

The structure of narratives presented on SA blog sites creates a coherent and logical account, which works to support *category entitlement*. This is necessary because the credibility of a narrative often depends on the construction of a convincing causal sequence of events; particularly when emphasising one out of

many possible interpretations. Sacks (1992) argues that narratives are structured around a compelling reason for the listener to go on listening - a most reportable event. This is important for SA bloggers in particular because of their delegitimised position in wider society, as fat people, as a result of the negative connotations for which their bodies create (Rogge et al., 2004). SA bloggers must therefore first work hard to position themselves as *entitled,* before they are able to make claims that might be listened to and taken seriously.

5.2.2. Stake Inoculation

Drawing on the 'self', as is necessary for category entitlement, can however leave speakers vulnerable to reproach (Leeman, 2011). Women's accounts of their own lives, for example, are often positioned as biased (subjective) and unreliable (DiAngelo & Allen, 2006). A common discursive practice in retort to this is to remove self-accountability from the account or to even go as far as to remove the self entirely from the account. *Stake inoculation* is commonly understood to protect speakers from accusations that their claims are motivated by personal interest (Wiggins, 2017). Potter (1996) notes, speakers may want to emphasise that they 'care' about an issue in order to bolster the credibility of their position, whereas at other times they may attempt to deny or downplay their stake in order to "head off the imputation of stake or interest" (p. 125) which might otherwise make the audience consider what they say is biased. Stake inoculation is key in making a speaker appear more objective, unbiased and trustworthy, and thus can impact whether a version of events is accepted or rejected as factual. Labov (1997) argues objectivity increases the likelihood that listeners will identify with and respond emotionally to a story, whereas subjective comments can have a distancing effect.

In talking about commonly accepted circumstances that lead to 'overweight' (i.e. lack of exercise), SA blogs resist 'personal responsibility' (Brownell et al., 2010; Jeffery & Utter, 2003) by speaking of the "barriers" to body maintenance as external to the self:

Extract11 (Blog3, Aldbaran)

I grew up poor in a fairly rural community. So as a kid, ***despite my desire to participate*** *in certain sports, the few things that were offered were not things that I wanted to do, nor was my family able to financially handle the cost of my participation.*

(Appendix I Table I:4 Page134)

Extract12 (Blog2, Altair)

I'd like to take the fat-positive yoga classes […] I just can't make it to any of the scheduled classes, […] ***Even if I could*** *fit it into my schedule and have transportation, the cost would be a barrier.*

(Appendix I Table I:4 Page134)

"Barriers" is a common topic in online talk, identified by previous research into SA blogging (DeBrun et al., 2014; Dickins, 2013; Dickins et al., 2011). In the current analysis multiple levels of barriers are spoken of across the 3 blogs, including societal (e.g. limited money and accessibility) and personal (e.g. negative treatment from others and worry). These place the *accountability* for fatness onto factors outside of the person's control.

Although this practice was common, a comparatively common practice appeared to be for bloggers to remove themself (and thus *accountability and stake*) from an account entirely. For example, speakers are able to attribute the source of their talk to another speaker (Wiggins, 2017). When speaking of factors that might impact health and weight (i.e. SEP and environment), outside of the culturally available perspectives which emphasise only eating and exercise (Brownell et al., 2010), SA blogs draw on the speech of others to present these ideas:

Extract13 (Blog2, Achernar)

There's this guy, ***David Seedhouse, who wrote a book […] and he made the argument, philosophically, that*** *unless you provide people with the basics, you can't go after them on these other issues.*

(Appendix I Table I:6 Page136)

Extract14 (Blog2, Achernar)

In Body Respect, there's reference to *[…] class and status in work environment is directly correlated with the health outcomes of employees.*

(Appendix I Table I:6 Page136)

Extract15 (Blog2, Altair)

> ***Dennis Raphael said*** *that two individuals on the same socioeconomic level who engaged in opposing ends of health behaviors would have about a 15% variance in health.*
>
> (Appendix I Table I:6 Page136)

By drawing on a dominant and widely accepted knowledge base (i.e. the discourse community of 'research and academia'), SA blogs are arguably able to present alternative claims within an already accepted frame - a category of individuals already *entitled* to talk on the topic. Positioning the speaker as only 'narrator' of someone else's words can increase the credibility and factuality of the account, because people are more likely to believe messages from those they already know and trust (rather than by someone who they might deem invested/bias). By attending to the *accountability* of what is being said, an impression that the 'narrator' is balanced and unbiased can be created. Clayman (1992, p. 164) examined how news interviewers used reported speech to maintain a "neutralistic posture". When adopting the position of "just passing something on" (Potter, 1996, p. 143), speakers may deflect responsibility "away from themselves onto some other party", which can also help to defend the narrator "against critical attacks" (Clayman, 1992, pp. 165-178). This is particularly important when presenting ideas that act against what is taken-for-granted about the causes of fatness (i.e. claiming fatness can be the result of social class and environment, not simply energy imbalance for which the individual is solely responsible).

Stating a claim as made by 'others' can also act to present an argument as based on 'evidence' (i.e. a "report") and not opinion. This can too act to increase the factuality, credibility and accountability of both the account and of the speaker. Explicitly labelling an account as 'evidence' (derived from the dominant biomedical/scientific frame) is commonly drawn on by SA blogs in talk about HAES and FA (Holmes, Murray, Perron, & Rail, 2006). SA blogs use 'facts' and 'evidence' to position explicitly against claims or assumptions of bias and opinion (Reel & Stuart, 2012):

Extract16 (Blog2, Achernar)

*The HAES model has ALWAYS been about the **best evidence science can give us.** There is no getting around **the facts** […]*

(Appendix I Table I:7 Page136)

Extract17 (Blog3, Denebola)

*Fat Acceptance is about more than just converting people to our way of thinking, our way of **interpreting the evidence***

(Appendix I Table I:7 Page136)

Suggesting independence in order to provide an objective account as 'fact' in and of itself can therefore help to position whether an account should be accepted or not, without the need to positions oneself first as *entitled* to give the account. Accounts are often carefully presented as 'out there' through the use of 'facts' which are presented and presumed to hold as rational and inevitable and thus not open for discussion; just "the way things are" (Edwards, 2005, p. 6). This can be used to justify one's own ideas (Woolgar, 1988).

Talk in SA blogs addresses commonly held assumptions such as those about diets, fitness, and health (i.e. 'lipoliteracy'/'knowing') (Chapman, 1999; Cheek, 2008; Jutel & Buetow, 2007), by positioning these as 'wrong' alongside presenting the *real* 'facts':

Extract18 (Blog1, Alnitak)

***It is wrong** to assume that diets […] are the main determinants of health**. In fact,** […] health behaviors account for less than a quarter of the differences in health outcomes […]*

(Appendix I Table I:11 Page138)

Extract19 (Blog2, Altair)

***You can't tell** by looking if someone is fit or not. **In fact**, in our research if we look at adult men and women BMI of 30 or greater, about half of them are fit by the cardiorespiratory fitness standards*

(Appendix I Table I:11 Page138)

Extract20 (Blog3, Fomalhaut)

***While it's true** that diabetes tends to occur more frequently in people who are fat, **it's not a guarantee** by any stretch.*

(Appendix I Table I:11 Page138)

By presenting a version of an issue as observable, objective and accurate, through the use of terms such as 'truth', 'fact', and 'evidence' (rather than 'opinion'), talk arguably creates an explicit appraisal which is 'not open for discussion' or reproach/critical attack (Potter, 1996). Deleting the producer of the idea and instead positioning it as independent of the agent doing the production arguably works to draw attention away from concerns with the producer's (or any others') *stake. Stake inoculation* therefore supports with the narratives presented on SA blog sites in creating coherent, logical and objective accounts. This works to ensure accountability is held outside of the blogger, thus increasing the likelihood of the account being accepted as not based on a personal agenda (consequently making the account 'trustworthy').

5.2.3. Categorisation

Speakers often describe themselves and others in particular ways, in doing so creating 'categories'. This carries with it social and moral implications, such as who is a member of a social group and what responsibilities, rights and expectations their membership involves (Edwards, 1995). Through the use of pro-nouns such as "us" and "we", groups are created which imply a sense of 'commonality' with the audience – a common identity that seeks to unite those categorised, thus creating an "affiliative atmosphere" (Greatbatch & Clark, 2005, p. 35). Categories can be used to justify *entitlement* and thus credibility for making a claim and making ones *stake* (investment) and stance on a topic explicit. Categories also make way for corroboration, another persuasive strategy that helps indicate that an account is not simply a lie, opinion, or a figment of the speaker's imagination. However, through the creating of an in-group community, categorisation can consequently also create out-groups.

When speaking of negative experiences as a result of society's treatment toward fatness, I argue talk in SA blogs creates an in-group through the use of terms such as "you", "our" and "us" as a means to establish the character of the narrator as someone with similar values to those of the assumed readers:

Extract21 (Blog2, Antares)

I spent 27 years being fat and living as a fat person in the United States. That'll leave some scars on you ***(as well you know).***

(Appendix I Table I:8 Page136)

Extract22 (Blog2, Achernar)

People's stories matter […] and ***our*** *experience as social beings in an inequitable world needs to be part of healing* ***for ALL of us.***

(Appendix I Table I:8 Page136)

This is a powerful act and one that those in power are unable to adopt as their voices are so different from those of fat people. As an in-group member a speaker can position oneself as a skilled and knowledgeable interpreter who understands the values of the reader. This can form a basis not only for their right to be heard, but also to be taken seriously. When SA bloggers speak directly about SA as a 'community', an in-group is also arguably created:

Extract23 (Blog1, Denebola)

The important part is becoming part of ***this community*** *[SA] […]*

(Appendix I Table I:10 Page137)

Extract24 (Blog2, Rigel)

Welcome everyone to ***your new home*** *for Fat Acceptance.*

(Appendix I Table I:10 Page137)

Extract25 (Blog3, Denebola)

many thanks to the many bloggers who are ***contributing to this project*** *[SA], adding their blogs to the feed, and supporting* ***our efforts*** *to broaden the discourse on what it means to be fat in this fat-hating world of ours.*

(Appendix I Table I:10 Page137)

An in-group can create a sense of belonging, as demonstrated in previous research (Afful & Ricciardelli, 2015; Dickins et al., 2016; Sneed, 2012). I argue that an in-group (or community of practice) is set out in SA blogs, which facilitates the possibility for *corroboration*. Consensus and corroboration can create 'agreement' and in doing so build up the factuality of an account. This in

turn can strengthen the sense of community from which a person belongs (Wooffitt, 1992). Presenting an account as 'shared' can thus create legitimacy and refute accusations on one's own individual *stake.* Consensual views are accordingly co-constructed, and can later be drawn upon by individuals to validate their own personal experience narratives (Bülow & Hydén, 2003). Guise, Widdicombe, and McKinlay (2007) demonstrate how women within a support group add strength to their claims of legitimacy through membership and corroboration. The probability of a corroborated account being untrue is far less likely than for an uncorroborated account. This makes SA blogging a vital source of producing alternative perspectives that are corroborated and thus able to withstand a battle against the more culturally available perspectives which SA bloggers (and fat people alike) arguably face in their venture into online spaces.

However, in creating an in-group, outside of this an out-group is consequently created. When speaking of HAES, the talk arguably draws on both a biomedical/scientific and media perspectives (i.e. the out-group) in its critique of such institutions "simplifying" issues:

> **Extract26 (Blog2, Altair)**
>
> *The worst thing we can do* ***as HAES advocates*** *is to issue blanket statements that oversimplify the issues.*
>
> (Appendix I Table I:7 Page136)

I argue this talk acts to differentiate the SA blogger, from others that "simplify" issues around fatness and weight (as demonstrated by Hill et al., 2012; Kim & Willis, 2007; Saguy & Almeling, 2008). In doing this SA bloggers are able to position themselves as a group who do *not do* this. This creates a difference between 'them' (i.e. professionals, media, government) and 'us' (i.e. SA advocates), which is paradoxically a technique often used in media reporting (Coleman & Ross, 2010). This could however also be seen to differentiate SA bloggers from other fat people who continue to strive toward a thin body.

Similarly, when discussing different options that might facilitate weight loss, 'others' are positioned as providing 'oversimplified' ideas:

Extract27 (Blog2, Altair)

The practitioner I had been assigned was a male Physician's Assistant who seemed to be very unenthusiastic about being there. […] I got the usual ***"stop drinking soda and you'll lose weight!"*** *sort of crap.*

(Appendix I Table I:18 Page141)

Extract28 (Blog3, Deneb)

At the time the media was full of stories of this ***'magic bullet'*** *and several of her family members had undergone the [weight loss] surgery with dramatic initial results.*

(Appendix I Table I:18 Page141)

These accounts arguably act to discredit the claims of others and position one's own claims such that they cannot be questioned on their credibility. SA blogs arguably minimise the statement being made by 'over-simplifying', and in doing so demonstrate gaps in logic or assumptions. Minimising can both downplay importance and emphasise claims (Wiggins, 2017). This arguably acts in a persuasive capacity, but equally its use can be said to facilitate a safe position from which the speaker can stand if they were to be proved wrong later (Markkanen & Schröder, 1997).

When the main form of 'evidence' for a claim is personal experience, this can leave SA bloggers in a vulnerable position for reproach. Nevertheless, talk in SA blogs still draws on personal accounts of times when professionals were 'wrong' in order to present not only 'difference' but also one as 'right' (i.e. different from those who typically discriminate against fat people and perpetuate negative messages, which is positioned as 'wrong') (Carr & Friedman, 2005; LeBel, 2008; Rogge et al., 2004):

Extract29 (Blog2, Antares)

I refused those, but she convinced me *to take birth control pills to prevent ovarian cancer. I started them and* ***by the end of the month I had a blood clot in my calf.***

(Appendix I Table I:9 Page137)

Extract30 (Blog2, Altair)

*The practitioner […]. **He asked zero questions** […] **Five years later, I've finally [it] pinned down** […]*

(Appendix I Table I:9 Page137)

Extract31 (Blog2, Altair)

*I wrote a nasty letter to the clinic abut [sic] how unimpressed I was with the new doctor […]. He replied to the other doctor but accidentally hit 'Reply All' and I saw him **blatantly lying** about what occurred during the appointment.*

(Appendix I Table I:9 Page137)

This arguably acts to undermine the traditional authority of professionals and thus potentially undermining their credibility to speak on SA too. In addition, SA blog talk is filled with negative lexical connotations that support this. For example, "blatantly lying" rather than just "lying" (Pomerantz, 1986) in Extract31, is an adjective that modifies "lying" inasmuch as it further suggests the 'truthfulness' of the statement. "Blatantly" is almost always used in the pejorative, again, adding to the delegitimisation of the argument. "Lying" is also suggestive, whilst "blatantly lying" is convincing. This is similar to the use of "zero" in Extract30. Asking "zero" questions removes ambiguity as to whether this is a generalised statement or a compelling and accurate one. These negative words arguably critique the expert further and support the speaker's own claims through persuasion, creating a divide between professional ('them') and SA blogger ('us') – that is, delegitimising one party to legitimise themselves. However, the word "blatantly" is also inflammatory, which could risk the speaker not being taken seriously if this were to be viewed by an audience as pushing their 'opinion' too hard.

An explicit stance made through the use of negative value descriptors (Wiggins, 2017) can be used to explicitly differentiate the 'good' in-group and 'bad' out-group. In SA blog talk, the negative effects of fat perspectives in society are drawn on, such as those presented by government ("5 a-day"), media ("fashion industry"), society ("SDH"), and healthcare:

Extract32 (Blog2, Altair)

> ***It's not good*** *enough to leave someone* ***thinking that getting "5 a day" is the best thing*** *they can do for their health when we know health behaviors count for so little of health outcomes.*
>
> (Appendix I Table I:16 Page140)

Extract33 (Blog1, Pollux)

> ***Usually this is the kind of crap I just chalk up to fashion industry crazy*** *but lately I've seen my daughter checking herself out in the mirror clearly sizing herself up in comparison to something and I certainly don't want this misleading ad to play a part in that.*
>
> (Appendix I Table I:16 Page140)

Extract34 (Blog2, Altair)

> *I hate that* ***healthcare is an industry,*** *and I think that's one of the biggest problems we face. […] from health insurers to pharmaceutical manufacturers to doctors who pick specialties based on potential annual income.* ***It's completely messed up, when you step back and think about it.***
>
> (Appendix I Table I:16 Page140)

Framing appraisals in this way arguably makes it easier for readers to accept as negative without confusion or room for alternative interpretation and also positions speakers away from the culpability of critique because it is implied rather than overtly stated.

It was found to be common practice for bloggers to be positioned as fundamentally different from others in positions of power (e.g. doctors and the media). Irrespective of the intentionality, strategies implemented to achieve this are typically found in talk by politicians and newspapers, which arguably act to delegitimise the 'other' in order to legitimize themselves (Machin & Mayr, 2012). Once more this also acts to provide an *entitlement* to speak about fatness (and SA), an entitlement that is simultaneously removed from those who typically hold this position outside of SA. This could also be described as an attempt to convince readers of the reality of the problem, whilst refuting any possible accusations of blame (*inoculation*), given that many fat individuals may feel that they are held responsible for their fat bodies (Mold & Forbes, 2013).

5.2.4. Mitigation

Despite the use of many discursive devices to help inoculate the speaker from the account and thus being contested, there are still times in which statements made by SA bloggers might open them up to being more easily challenged. It is apparent that at these times it is common for disclaimers to be made to help position an account as more acceptable. Disclaimers act to position and/or frame an account before it is presented, which acts to guide the audience in whether/how to accept or reject the information being presented (Wiggins, 2017). Disclaimers can thus allow for contraction, whilst positioned as 'balanced'.

When speaking about weight loss, *disclaimer* statements are often followed by "but" (whether explicit or implicit). This arguably validates an awareness of one certain view or outcome, such as that held by other SA members (i.e. that weight loss is difficult and uncommon) or by wider society (i.e. that weight loss is simple and maintainable):

> **Extract35 (Blog2, Polaris)**
>
> ***Yes. I lost weight.*** *Yes. I kept it off. Going on nine years… I suspect that it's not coming back.* ***[but]*** *I am one of the 5%. My results are not typical*
>
> (Appendix I Table I:13 Page139)

> **Extract36 (Blog1, Betelgeuse)**
>
> ***If you lose more, great. But*** *most people find weight loss of 10% or more nearly impossible to sustain in the long term.*
>
> (Appendix I Table I:13 Page139)

The word "but" is used before stating one's own view - a view in line with SA messages i.e. that weight loss is unlikely to result in success - even if this later contradicts the initial statement. Disclaiming is a device commonly found in SA blogs in the acknowledgement of when a certain perspective might be lived out, in order to appear balanced and aware, and yet what follows is often a critique and the construction of an alternative perspective.

Disclaimers are particularly important when acting against the community for which a speaker is a 'member', such as having an experience that does not fit with central perspectives within the SA community (i.e. about dieting):

Extract37 (Blog2, Canpus)

I in no way think *anyone should ever be forced to go on a diet, or be told that they are bad for weighing "too much". **However,** neither do I think those who do decide to diet should be demonized.*

(Appendix I Table I:13 Page139)

Extract38 (Blog1, Alnitak)

I know its bullshit, but *from time to time I tend to get engage in a diet mentality, I know I eventually will get it […].*

(Appendix I Table I:13 Page139)

In these two examples SA bloggers state their feelings about dieting, which is a hot topic in SA spaces (Meleo-Erwin, 2010). Disclaimer statements arguably establish the credibility of both the speaker and their account, by first making statements that members of a readership community might expect, because this reinforces their values and in doing so establishes credibility as an 'insider'. Labov (1997) argues those who share the moral stance taken by the narrator will find the narrative more credible. This allows for further statements to be made that might otherwise have been rejected if readers were not primed in this way.

Many groups use disclaimers as a device that enables them to say what might otherwise be 'unsayable', while attending to their own positive self-presentation. For example, research into 'new racism' (Augoustinos & Every, 2010; Billig, 1988) suggests that majority group members who wish to express negative views against minority groups take care to construct these views as justified, warranted and rational, with statements such as "I'm not a racist but…". Interestingly in SA blogs these same devices are present when speaking about 'dieting', signifying the disagreement which might often be brought about in regard to this topic within the SA community (Forthun, 2012). This also suggests the existence of two groups of fat people - those who are 'resistant' (i.e. SA/FA/HAES) and those who 'conform' to mainstream perspectives.

Hedging can also be used by SA bloggers in the presentation of a view or experience that goes against central SA messages and experiences (Wiggins, 2017). Here an account speaks of 'luck' in reference to not being treated negatively by the medical profession:

Extract39 (Blog2, Draconis)

I've been quite lucky in that regard; *I haven't had too many bad medical experiences.*

(Appendix I Table I:14 Page139)

This disclaimer is arguably used in order not to delegitimise SA, and yet acts to delegitimise the medical profession by presenting such an experience as uncommon. It appears to be important within this community for *consensus*, and even those who have alternative experiences present themselves in such a way as to not act against this. It is likely this is a response to negative treatment experienced in everyday life and reflects the vulnerable status of SA currently in the landscape of fat discourse.

Mirroring previous research into the "Fatosphere" (Dickins et al., 2016; Taylor, 2016), rules are set out about what is and is not acceptable to discuss within this community. The use of "trigger warning", for example, is an act in accordance of these rules:

Extract40 (Blog3, Bellaxtrix)

Trigger warning… *I talk about weight loss in this post. […] but if it's going to be an issue, I would suggest you skip it.*

(Appendix I Table I:22 Page143)

Extract41 (Blog2, Arcturus)

Trigger warning: *Discussion of weight, eating disorders, health and weight loss.*

(Appendix I Table I:22 Page143)

Extract42 (Blog2, Altair)

Serious trigger warning: *Frank discussion of health, weight loss, weight loss surgery and eating disorders.*

(Appendix I Table I:22 Page143)

"Trigger warnings" are used prior to a post in order to signpost to readers within the community whom might not wish to read about certain topics. This is a common technique used within the wider blogging community (Bell, 2013). This acts in a similar way to disclaimers in that it makes a statement that is followed by an, often contradictory, account. It could be argued that 'anything' can trigger a trauma response, and although there are some issues that are more likely to cause upset to a more sizeable group, the removal of *all* triggers is impossible. It is unclear as to whether "warnings" are used in SA blogs to legitimately prevent someone from having a trauma response, or perhaps to highlight the severity of the difficulties fat people experience.

SA is the work of people who are contested in society and thus discursive devices are necessary if they are to make acts toward the intention to challenge and extend perspectives regarding their bodies and the bodies of fat people in general. This too draws attention to the variances within SA, such as how FA and HAES differ in their attitude to the weight related 'health' paradigm. Whilst HAES promotes 'health' regardless of weight, FA promotes acceptance regardless of 'health', and yet HAES appears to be a more accepted variation of SA within the general public (Cain, 2014). I argue this is because HAES mitigates and thus avoids retort by maintaining a common ground to more culturally available perspectives in the pursuit for 'health' and thus still speaks to these perspectives to some extent.

5.3. Summary of Findings

SA bloggers are positioned in such a way as to provide an alternative claim to "expertise", enabling their views to be heard as a credible alternative to those of more established authority-figures such as health professionals. Claims to expertise are established through narratives of a 'learning journey' over time (e.g. extracts 3 & 4) and through personal experience (rather than, knowledge gained from a book, for example). Drawing on personal experience (e.g. extracts 7-9) implies that as 'experts by experience', SA blogs provide a privileged source of insight (as those who live fat lives), not available to professionals. 'Speaking

from experience' is often a practice used to fight social justice as a way to counter authoritarian and expert-based knowledge (Chow et al., 2003).

Establishing an awareness of other 'discourse communities', such as medicine and/or healthcare professionals, enables alternative perspectives to be presented. This is important because of the extent to which assumptions about fatness are taken-for-granted and thus the challenge faced when presenting an alternative.

Through the provision of credentials (including that of the fat body itself), the credibility of alternative claims – and the identities of the bloggers themselves – can be established as authoritative in the face of alternative constructions (e.g. extracts 5 & 6). This acts to strength an entitlement to expertise, which is necessary for a speaker to not only be listened to, but to be taken seriously. This is particularly important for marginalised individuals, such as fat people, whom are often immediately discredited based on the appearance of their bodies (Dickins, 2013).

Taken-for-granted knowledge is challenged through making visible the lived experience of the fat body and the barriers faced within society. For example, demonstrating that discrimination does not 'help' with weight loss, even when trying to meet 'health standards', society itself can act as a barrier. This acts toward the predominant agenda of SA movements - and other political movements alike – in the challenging of dominant messages within society (about the fat body) and production of 'alternative' understandings.

Removing 'opinion' and instead drawing on the words of established knowledge bases (i.e. academic research, biomedical) positions claims as 'factual' and thus unbiased. Presenting views through the words of others (i.e. reported speech) positions the speaker as 'narrator', which acts to create objectivity - or at least an illusion of this – influencing the acceptability of what is said, because people are more likely to accept messages from those they already know and trust (e.g. extracts 13-15) (Clayman, 1992).

'Objectivity' is further established through the presentation of 'facts', as rational and external to the speaker. As facts 'speak for themselves' they are not open to discussion (e.g. extracts 18-20). Making one's stake known also acts to head off claims about bias, particularly when followed by 'evidence' to endorse the account presented. This is important in the area of SA as a social movement, because – as with any political movement - advocates are needed as a means of promotion and thus stake inoculation is often counterproductive.

The formation of a SA community through the creation of 'us', also allows for a consensus and works to give a voice back to those with similar fat values (i.e. the readers of SA sites). A united front is established through verbal corroboration, repeated SA messages (e.g. extracts 23-25). SA blogs protect themselves against counter-accusation - such as their "experience" rendering them biased - through acts of corroboration. Knowledge claims, for example, are strengthened through reference to corroborative sources (internal or external to SA).

When challenging more culturally available perspectives, drawing attention to inconsistencies and gaps in logic implies doubt through subtler means than direct confrontation (e.g. extracts 27-28). This helps defend against counter-accusations and enables the speaker to remain flexible in their position if rebutted. This is particularly important in the area of fatness where opposing evidence, to that which is dominant, is slowly growing. Care is taken when drawing on such 'evidence' as this often 'falls back' to positioning research as the only acceptable knowledge base (rather than experience).

Professionals are positioned in such a way as to create distance between 'them' and 'us' as SA bloggers and fat people who advocate for SA (e.g. extracts 29-31). Distancing has moral implications in the suggestion of a 'right' and 'wrong' side – that is, pointing out times when professionals were wrong. Such acts undermine professionals as a means of delegitimisation (Machin & Mayr, 2012).. In parallel, this acts to legitimise the position of SA bloggers as 'knowing better'. Discrediting others allows SA to be held in a 'moral' position, which differs from how fat people (regardless of SA) are seen in society.

Challenging more culturally available perspectives can result in critical attack. Preparing readers for what is to come, or what is already known and acknowledged, acts to prevent the rejection of this talk – such as through the use of disclaimers (e.g. extracts 35-38).

Disclaimers do however enable the 'unsayable to be said'. This is necessary when disagreeing within SA, such as talking about dieting or experiences that fit with dominant understandings of fatness, or the following of codes of practice (e.g. 'trigger warning') (e.g. extracts 40-42). Although SA has made progress over the years in its recognition, it appears to remain in a state of vulnerability and/or instability even within the in-group, whereby challenging from within is not yet an acceptable practice (e.g. extract 39).

Chapter 6 Conclusions

6.1. A Summary of this Research

Constructionist approaches posit that language in social interaction creates meaning, which consequently influences behaviour and treatment. Critical analysis of the use of such language is therefore important. Research can enable health professionals to better understand why individuals might use language to position themselves in certain ways (such as SA) and what they might give up with the acceptance of more culturally available perspectives in western society.

The meaning of 'fat' has changed over time to reflect changing societal attitudes toward it, and therefore has the potential to do so again. However, this is a challenge for those less powerful when more culturally available perspectives are maintained by structures of power within society, thus creating "taken-for-granted truths". Research has identified some of the discursive strategies used within the SA community; however, there has been little consideration for the ways in which authors position *themselves* and their arguments in order to legitimise themselves and their claims. This current research was designed to explore the discursive devices drawn on within SA blogs as acts toward such means. This is of particular importance within a society where some discourse communities try to diminish the status and credibility of fat people.

Previous research proposes that the SA movement provide alternative, less culturally available, perspectives. However an obstacle is having these perspectives heard. This research found that members of this movement can be positioned as 'experts' of – and through - their own experiences of fatness, in order to claim an entitlement to speak and be heard. Such 'entitlement' acts to legitimise their presentation of credible alternative claims. Every system of authority attempts to establish and cultivate the belief in its 'legitimacy' (Weber, 1968).

The Internet offers a unique platform to disseminate these perspectives, with access to an audience without State governance, and somewhat protected from

immediate discredit or rebuttal, which might otherwise be faced offline. This research found that the SA blogging community in particular offers an opportunity for individuals and groups to legitimise themselves through the corroboration of alternative, less culturally available, perspectives. As a community, bloggers are able to corroborate their version of accounts and themselves and thus carve out a space online where alternative claims are not only accepted, but have the potential to thrive (Elliott, Slatick, & Urman, 2001). Consequently group divides can transpire which undermine and discredit the 'other' – that is, delegitimising one party to legitimise themselves.

This research further contributes to the current research landscape with regard to better understanding the SA online community and the efforts made through their talk (regardless of intentionality). Devices were identified which 'remove the speaker' and as such assist in the presentation of alterative understandings by drawing on established knowledge bases (or discourse communities), thus appearing factual, trustworthy and objective. This too can act to remove the speaker from culpability. The likelihood of claims being accepted can also be bolstered by devices which guide the audience in whether/how to accept or reject the information being presented – that is, a preferred reading (i.e. mitigation).

It is acknowledged that the findings of this project are based on one interpretation of what has been said in online spaces. Steps have been taken to reflexively consider factors that might influence such interpretations. Silverman (2014, p. 246) posits, "contrary to the view of crude empiricists, the facts never speak for themselves", thus talk is always viewed through the lens of an audience. Therefore, attempts have been made to be transparent about my position as analyst and the factors influencing my decisions, so that readers can judge for themselves whether such interpretations are credible.

6.2. Strengths and Limitations of this research

Questions outlined by CASP (2017) have been drawn on in the appraisal of this research. This same guidance was followed in the appraisal within the systematic literature review chapter. Therefore, this research is held to the same standards as expected for other research reviewed. In addition to answering these questions I have added *reflections*[7] to create a narrative of this research journey.

Is there a clear statement of the aims of the research?

Care has been taken to outline the aims and relevance of this research (personally and clinically), using a coherent narrative that is drawn on throughout the chapters of this project.

Is a qualitative method appropriate?

Language is used to construct not only a topic but also our stance on a topic and ourselves. Discursive Analysis approaches are commonly used to interpret the meaning and context of language. Constructionist research such as this research project, questions what appears to be "taken-for-granted" through the analysis of language and discourse. An analysis of this nature makes a form of discursive analysis and thus a qualitative methodology, a good fit for this project.

However, the choice of methodology was not quite this simple. The formulation of a research question should guide the choice of methodology – as did with this project – but this brought about its own challenges as a novice in discourse analysis faced with a research question and strong rationale for the use of a specific dataset which best fit this approach. Enlisting a team with knowledge of discourse and discursive analysis was the method taken to support myself as a novice. However this too resulted in new challenges and debate around competing ideas due to the varied approaches of not only my supervisory team but within the field of discourse analysis itself.

[7] *Reflections are included in italics*

Is the research design appropriate to address the aims of the research?

Discursive analysis is suited to uncovering linguistic patterns – that is, the way that language is used in the construction and positioning of speakers and particular subjects (i.e. SA bloggers and the fat body). Therefore discursive analysis was deemed the logical choice as guided by the research questions and epistemological position. A rationale for each element of the research design is provided. For example, selecting blogs across media platforms enabled a large corpus of talk (from multiple author blogsites) to be built and facilitate an appropriate analysis to meet the research standards and aims. The number and style of contributors to each site varied across the platforms and was deemed a fair representation of the vast difference within the SA online community. An effort has been made to ensure that the excerpts within the analysis are too representative of overall dataset. Pseudonyms - the names of stars - have been used to ensure anonymity (in line with the ethical considerations outlined), the inclusion of which enables the reader to identify when extracts are from the same blogger. The dataset is deemed representative with a mix of 18 different speakers. The proportion of excerpts from each speaker maps well onto that found within the SA online community (i.e. approximately 5 'active' speakers with multiple posts and 13 speakers with fewer or single excerpts).

Again, challenges arose despite having a rationale for each decision made. The use of thematic analysis within a discursive analysis is not typical within the field of mental health research. However, guidance from a specialist within linguistics allowed access to this methodology that fit with the needs of the project. The lack of regulation around discursive analyses has been both freeing and intimidating. Because of this it was important to have rationales at each step, as these are what have ensured an anchor remained with the research questions and aims, and as a result these are what have guided the eventual analysis. On reflection it might have been better to follow one single tradition to avoid ambiguity, however I believe this methodology has best suited the project and nicely mirrors the work of SA in not following the status quo.

Has the relationship between researcher and participant been considered?

Throughout this project steps have been implemented to ensure reflexivity. Consideration has been made to ensure transparency for all that read this project. A reflective diary has been kept and an excerpt provided in Appendix F.

Due to the unavoidable personal relationship with the topic of this project (i.e. the body) reflexivity has been of particular importance. I have found throughout the time completing this research that my position has changed on numerous occasions. On reflection, to begin I would possibly have aligned myself as more of a silent 'advocate' for SA. This is one of the reasons for engaging with the topic in the first place. I felt that it was necessary for the message of SA to be spread more widely based on my own experiences of how fat people can be treated within society. Although I still feel this way, as I have read and learned more I can reposition my starting position as a novice in SA. SA advocates were individuals who dedicated much more time, effort and parts of themselves into the field than I ever had. I had the general ideas, however these ideas could be mapped on to any form of discrimination – put simply, that discrimination is bad. This realisation helped me with my analysis as I no longer felt tied to what it was 'possible to say' about SA and felt comfort in the knowledge that there were others more suited to hold this position. This shift in awareness allowed me to acknowledge that I now felt it was possible to speak about all that I found in my analysis – without such an awareness I am sure my analysis would have looked very different. It was my job to remain as objective as possible in order to not be guided by my own agenda.

Have ethical issues been considered?

It is vital that all research should maintain the wellbeing of its participants. In order to safeguard the welfare of those involved ethical approval was applied for and granted. There were no formal ethical concerns raised regarding the potential for harm in this project. However, I contended with my own ethical concerns regarding working with online blogs. The blurred lines between public and private spaces on the Internet are a challenge to researchers, but I believe these spaces are and should be public if they are to do the work that they desire.

Although this research focuses on language that is 'naturalistic', the inevitability of observer's paradox is acknowledged. Labov (1972, p. 209) noted "the aim of linguistic research in the community must be to find out how people talk when they are not being systematically observed; yet we can only obtain this data by systematic observation." SA bloggers will be aware of their audience as they write and so this can never be truly naturalistic. However, the language used in this analysis is language that has not been created specifically for the purpose of this research (such as that between researcher and interviewee) and thus is deems appropriate by the research team to meet the aims of this project.

Was the data analysis sufficiently rigorous?

Rigor is addressed in detail following guidance specific to the chosen methodology and in line with the epistemology. However, there is inevitably a level of bias present in this research, as the lens I live my life by will inevitably bias the way I have read these blogs. Bracketing has been drawn on insomuch as to be reflexive and transparent, in order for the reader to make his or her own decision on the credibility and rigour of this research.

CASP guidance has been followed in the reviewing of all articles included in the systematic literature review. A separate CASP for the systematic literature review itself has also been conducted as part of this research and is outlined in appendix J.

Is there a clear statement of findings?

The analysis and discussion is presented in combination as to demonstrate the movement between texts specific to this study and broader discursive (research) contexts. Care has been made to ensure the positioning of the extracts follows the claims being made as part of this analysis. Additional extracts and longer form extracts have been included in the appendix in order to enable readers to explore the context further without being overwhelmed within the analysis chapter. A summary of the findings is also outlined at the beginning of this chapter for clarity of key findings.

How valuable is the research?

Clinical and research implications are outlined below. This research adds to the growing landscape of literature into the use of the Internet within the SA movement and the Internet more generally.

6.3. Recommendations for practice and future research

A critical approach has been used in this project to guide the outlining of historical and cultural processes that have produced fat discourses and highlight the constraining effects of these on the people subjected to them. Further to this, alternative concepts and practices in regard to fatness have been identified. Although findings do not lead to direct intervention, they can inform readers of the hegemony of dominant understandings and practices.

By creating an awareness of how language can be utilised to construct discourses we may become more resistant to attempts by others to manipulate us by suggesting what is 'common-sense' (i.e. hegemonic power). However, this is not to say that these are the only powerful voices in society. Voices online also have the potential to be powerful - and thus have the potential power to be excluding of certain members of the online society too. Previous research has demonstrated discursive strategies used online, including the exclusion and diminished status and credibility of SA bloggers by the wider public. The present research adds to this, by demonstrating that discursive strategies are also used by SA bloggers, to provide narrative resistance and legitimacy – such as highlighting areas of stigma, marginalisation, and barriers experienced in daily life, and positioning oneself as a credible 'expert'.

Future research might be interested in investigating the extent to which the devices identified in this research were successful in working to their desired effect. This might be achieved through measuring readership numbers or through the analysis of comments in response to posts. Future research might also be interested in the non-language based devices implemented in SA blogspaces, such as images, memes, and photographs, for which this research did

not have the scope to address. Images can be used as a powerful means of mobilisation in the work of social movements, particularly for groups (such as fat people) who ordinarily have limited influence over the images that are linked to them in the media, for example. Cooper (2008) writes of the 'headless fatty' images used in the media in reference to messages of 'Obesity', in contrast to the use of photographs uploaded by SA fashion bloggers to promote fat beauty and sexuality.

This research, and future research, can enable health professionals to better understand why individuals might position themselves in ways such as SA, and what they might give up with the acceptance of more culturally available perspectives in Western society (i.e. medical perceptions of obesity). For example, this research suggests SA online allows a space in which fat people can feel legitimised and part of a community, in a world where they are often discredited based on their appearance. SA bloggers in particular might not want to give this up if they are advocating for all fat people, not just themselves. This can also help in gaining an understanding of resistance to professionals and change, which might be experienced in clinical settings, if such individuals are forever experiencing others speaking about their bodies and never being asked or permitted to have an opinion, and feeling far removed from their own experience. This too has implications at clinical and policy level, whereby consultation with 'experts' with 'experience' might act to provide better-informed services.

The findings of this research also have implications for marginalised groups outside of SA that can also utilise the affordances of the Internet and discursive devices to work against more culturally available perspective and create alternatives to a positive effect.

The Internet allows for a space in which a preferred identity can be facilitated. Living in line with one's preferred identity, even if only in certain areas of life, can have implications for mental health. A strong sense of identity can affect the perception of negative treatment from others. It is therefore important for

professionals to be mindful of what less culturally available perspective and online spaces offer in terms of identity for already-marginalised groups, before making attempts to remove or delegitimise such sites. This is particularly relevant in relation to the fat body as successful weight loss is deemed unlikely by much of the existing literature and failure to lose weight is associated with poorer mental health, suggesting SA online might offer positive implications for mental health (regardless of weight loss) even if not for physical health.

This research also demonstrates the on-going battle with powerful establishments and discourse communities, such as healthcare and medicine. This could have implications for psychotherapeutic work (in and out of a weight management setting), if psychological therapy is also seen in much the same way. This suggests the necessity for fully establishing a therapeutic relationship and thus has implications for the number of sessions required when working within the complex area of 'obesity' or with individuals with body-related difficulties.

Finally, I argue that it is a challenge to be balanced from an invested position, which begs the question of why balance is so important for minority groups. It appears that balance becomes less necessary the more powerful a discourse becomes, as reflected in whether it is 'taken-for-granted'. I argue less powerful discourses must balance themselves against dominant ones, resulting in a careful dance between refuting and repeating.

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Appendices

Appendix A: Systematic Literature Review Strategy

Table A: 1 Systematic Literature Review Steps

Step 1: Select search sites.	Search sites were selected in order to cover literature across medical and psychological sciences, along with linguistics related disciplines.
Step 2: Develop key search terms	By breaking down the research question into individual concepts it was possible to develop specific search terms. The use of the terms "OR" and "AND" were used to separate these terms within and between levels.
Step 3: Develop preliminary inclusion and exclusion criteria for sifting.	Based on the research question it was possible to develop specific inclusion and exclusion criteria in order to ensure that the systematic review served the purpose of producing a unique piece of research that adds to existing research within the area in a useful way.
Step 4: Search for terms using search sites.	Using the selected search terms it was possible to run multiple searches across the chosen search sites in order to ensure the best possible attempt to find the most relevant research.
Step 5: Read title of each paper and decide whether relevant.	74 articles were initially found. After review of titles in line with the above stated inclusion and exclusion criteria, 22 articles remained.
Step 6: Read abstracts of papers and decide whether still relevant.	Abstracts of 22 articles were reviewed in line with the inclusion and exclusion criteria. Following this, 9 articles remained. Where articles were unavailable through the University of Hertfordshire, inter-library loan requests were made through the British library.
Step 7: Read papers	Reading the papers ensured that the intended research is not a replication and fills a gap in existing literate in a useful and meaningful way.
Step 8: Critically evaluate papers	Using guidelines set out by CASP (2014) for qualitative research, it was possible to appraise the final 9 papers.
Step 9: Critically evaluate papers	Use papers to guide the construction of the final research questions.
Step 10: Repeat process for Thesis search engine.	Repeat process to identify unpublished literature.

Table A: 2 Included Search Sites for Systematic Literature Review

Name	Type
Scopus	The largest abstract and citation database of peer-reviewed literature: scientific journals, books and conference proceedings.
PubMed	Large database used to find articles on medical and psychology topics.
ProQuest	Covers the international literature in linguistics and related disciplines in the language sciences, including psycholinguistics. Contains over 410,000 abstracts from 1,500 linguistics journals, from 1973 onwards.

Appendix B: Systematic Literature Review CASP Evaluation

Table B: 1 CASP Review of Articles in Systematic Review

	Chou, Prestin and Kunath (2014)	Hussin, Frazier and Thompson (2011)	Lydecker et al., (2016)
1. Clear statement of aims? (& Relevance)	Yes: Clear aims and research questions outlined. Research aims/question: Do and How.	No: Rationale for study is provided but specific statement of aims not made. Brief mention on aim/purpose made in method and discussion.	Yes: Clear aims and research questions outlined. Research aims/question: Do and How.
2. Qualitative method appropriate?	Yes: Qualitative approaches address research questions concerned with how? (why? in what way?) and work with experiences and discourses. Discourse Analysis is a general term for a number of approaches to analyze language use. Used data directly from social media as naturally occurring data.	No: Content analysis is both a qualitative and quantitative approach. The content is qualitative (naturally occurring social media), however the use of coding and counting is quantitative; "quantifying" is the aim of this study. Critique: A corpus-linguistics mixed method approach may have been preferable.	Mixed: Qualitative approaches address research questions concerned with how? (why? in what way?) and work with experiences and discourses. Critique: This study asks 'how much' which is more quantitative (quantifying) and 'what are' the characteristics (suing naturally occurring data) which is more qualitative.
3. Design appropriate to address aims? (& Justification)	Yes: Mixed Methods best addresses research questions/aims, i.e. do and how/in what way. Design rationale discussed.	Yes: Rationale for online space use provided.	Yes: Thematic analysis allows for the identification of repeated characteristics.
4. Recruitment strategy appropriate to aims? (& how and why)	Yes: Multiple platforms of social media with data mining of specific words. Rationale provided as best way to address research questions/aims.	Yes: Rationale for YouTube outlined as undocumented area of potential fat stigmatization.	Yes: Detailed description and rationale provided as best way to address research questions/aims.
5. Was data collected in a way that addressed the research issue? E.g. setting justified; how collected; info of interviews/topic guide; form of data identified; data saturation	Yes: Very detailed outline of data collection for both quantitative and qualitative aspects of research.	Yes: Targeted sampling through searching the word "fat" on YouTube. Coding scheme outlined in detail.	Yes: Very detailed outline of data collection
6. Relationship between research & participants considered?	No: Not discussed	No: Not discussed	No: Not discussed
7. Ethical issues considered?	No: Not discussed	No: Not discussed	No: Not discussed
8. Data analysis rigor? (& process outline; selection made; sufficient data to support findings; of own role/influence)	Yes: Detailed quantitative results. Critique: Less detail of qualitative discourse analysis. No discussion of own role in research.	Yes: Detailed percentage of codes. Poor analysis of qualitative discourse. Critique: Did not include other fat speech within analysis, potentially skewing the data.	Yes: Details provide, including manual followed.
9. Clear statement of findings? E.g. evidence for and against arguments; credibility of findings; findings related to research question	Yes: Good and clear results and discussion. Limitations of research discussed.	Yes: Detailed percentage of codes. Poor analysis of qualitative discourse. Limitations of research discussed.	Yes: Detailed discussion provided.

10. How valuable is the research? E.g. contribution, new areas, transfer findings	Yes: Good rationale and implications i.e. Cyberbullying. Future research gaps identified.	Yes: Brief discussion	Yes: Prevention discussed
	Meleo-Erwin (2010)	**Afful and Ricciardelli (2015)**	**DeBrun, et al (2014)**
1. Clear statement of aims? (& Relevance)	Yes: Clear introduction. Research aims/questions: Examine, How, What	Yes: Aims and objectives named and linked to previous research findings and gaps in literature. Research aims/questions: How	Yes: Clear statement of aims and clear introduction, including relevant theories. Research aims/questions: Experiences and How
2. Qualitative method appropriate?	Yes: Qualitative approaches address research questions concerned with how? (why? in what way?) and work with experiences and discourses. Content Analysis with reference to Foucault. Used data directly from blog as naturally occurring data.	Yes: Qualitative approaches address research questions concerned with how? (why? in what way?) Thematic Analysis is a method for identifying, analysing, and reporting patterns (themes) within discursive data. Used data directly from blog as naturally occurring data.	Yes: Qualitative approaches address research questions concerned with how? (why? in what way?) and work with experiences and discourses. Thematic Analysis is a method for identifying, analysing, and reporting patterns (themes) within discursive data. Used data directly from blog as naturally occurring data.
3. Design appropriate to address aims? (& Justification)	Yes: Foucault (specific). Critique: Thematic? Lead by theory or methodology.	Yes: Rationale for design provided. Guided coding categories.	Yes: Rationale for online blog use provided.
4. Recruitment strategy appropriate to aims? (& how and why)	Yes: Specific site selection in order to best address aims of research (i.e. FA bloggers that chose to lose weight) Critique: Pre-determined hypothesis possibly too specific, therefore no room for 'revealing', with more focused on confirming hypothesis.	Yes: Criteria and rationale for purpose sampling outlined.	Yes: Rational for blog type and criteria for comment specificity outlined in order to best address aims of research.
5. Was data collected in a way that addressed the research issue? E.g. setting justified; how collected; info of interviews/topic guide; form of data identified; data saturation	Yes: Specific sites used to address research question/aims. Critique: Pre-determined hypothesis possibly too specific, therefore no room for 'revealing', with more focused on confirming hypothesis.	Yes: Very detailed outline of data collection (coding etc). Justified choice to use online naturally occurring data. Critique: Saturation not discussed.	Yes: Random selection of comments to pre-identified threads. Saturation discussed. Critique: Specific years chosen in line with research running alongside, not this research question. Saturation not discussed.
6. Relationship between research & participants considered?	No: Not discussed	No: Not discussed	No: Not discussed
7. Ethical issues considered?	Yes: Did not contact site hosts for consent. Critique: Not discussed in detail.	No: Not discussed Critique: Not discussed in detail. No mention of whether consent was granted for blog use or ethical approval sought.	Yes: Ethics granted and discussed in detail.
8. Data analysis rigor? (+ process outline; selection made; sufficient data to support findings; of own role/influence)	No: No specific data selection rationale made. Unsure sufficient data to support findings. Enough to demonstrate hypothesis (wrong way?). No description of analysis process or how selection was made. No specifics of analysis just reference to Foucault.	Yes: Very detailed analysis with many quotes used to support points made. Critique: No discussion of own role in research.	Yes: Thematic Analysis and Social Constructionist position outlined. Use of 2nd and 3rd checks by others. Lots of data provided support points made. Critique: No discussed of own role in research.

9. Clear statement of findings? E.g. evidence for and against arguments; credibility of findings; findings related to research question	No: More of a narrative story, which ends with Foucault's theory. No discussion or critique.	Yes: Clearly related back to research questions/aims. Good summary in results and discussion section.	Yes: Clear links of findings back to previous research. Good summary in discussion. Small critiques made.
10. How valuable is the research? E.g. contribution, new areas, transfer findings	Yes: Interesting theory and approach. Critique: Not much detail. No new areas added.	Yes: Good rationale and implications. Future research gaps identified.	Yes: Implications to society and public health discussed. Links to existing. Critique: Writes about importance of online research, but no specifics for new areas.
	Donaghue and Clemitshaw (2012)	**Dickins et al., (2016)**	**Dickins et al., (2011)**
1. Clear statement of aims? (& Relevance)	Yes: Very clear statement of aims as part of clear introduction. Research aims/questions: Experiences and Identity.	Yes: Research question and relevant theories outlined within a clear introduction. Research aims/questions: How, Does, In what way.	Yes: Research goals outlined as part of bigger study. 3 questions proposed for this research. Research aims/questions: Strategies and Pathways.
2. Qualitative method appropriate?	Yes: Qualitative approaches and work with experiences and discourses. Good rationale for qualitative choice given in write-up. Used data directly from blog as naturally occurring data.	Yes: Qualitative approaches address research questions concerned with how? in what way? (how?) and work with experiences and discourses. Grounded theory is a method that constructs theory through the analysis of data. Interviews allow the researcher to move back and forth between analysis and data collection.	Yes: Qualitative approaches and work with experiences and discourses. Clear rationale for qualitative choice provided in write-up. Grounded theory is a method that constructs theory through the analysis of data. Interviews allow the researcher to move back and forth between analysis and data collection.
3. Design appropriate to address aims? (& Justification)	Yes: Rationale for design provided.	Yes: Use of interviews allows research questions/aims to be addressed: Inductive, deductive and experiences. Critique: Is grounded theory the best choice?	Yes: Use of interviews allows research questions/aims to be addressed: Inductive, deductive and experiences. Grounded theory allows for a theory to be developed.
4. Recruitment strategy appropriate to aims? (& how and why)	Yes: Clear rationale for specific selected blogs and posts choices. Critique: Very specific posts chosen.	Yes: 'Notes of Fatosphere' site used to find all possible participants. Brief recruitment outline presented.	Yes: 'Notes of Fatosphere' site used to find all possible participants. Detailed recruitment outline presented.
5. Was data collected in a way that addressed the research issue? E.g. setting justified; how collected; info of interviews/topic guide; form of data identified; data saturation	Yes: Clear outline of data collection. Critique: IPA may be better placed to address research questions.	Yes: Detailed data collection. Grounded Theory driven. Not face-to-face which could be preferable to participant group. Rigour good. Critique: 1 participant interviewed via email. No specific questions included as examples. No saturation discussed. Same questions/data used for multiple studies… is this in line with grounded theory?	Yes: Detailed data collection. Grounded Theory driven. Not face-to-face which could be preferable to participant group. Rigour good. Critique: 1 participant interviewed via email. No specific questions included as examples. No saturation discussed. Same questions/data used for multiple studies… is this in line with grounded theory?
6. Relationship between research & participants considered?	No: Not discussed	No: Not discussed	Yes: Discussed in conflicts of interest section
7. Ethical issues considered?	Yes: Very clear rationale and procedure and double pseudonym use.	Yes: Statement of ethics granted, "opt in" consent, discussed, data anonomised.	Yes: Ethical approval granted.

8. Data analysis rigor? (+ process outline; selection made; sufficient data to support findings; of own role/influence)	Yes: Procedure well documented. Overview of approach and method. Lots of quotes from multiple commenters used to support points made. Critique: Less detail of qualitative discourse analysis. No discussion of own role in research.	Yes: Name and ref for analysis methodology provided. Brief explanation of transcribing and reading, theme and category coding, and meetings to review and check. Lots of quotes used to support points made. Critique: No discussed of own role in research.	Yes: Referred and discussed in detail. Critique: No discussion of own role in research.
9. Clear statement of findings? E.g. evidence for and against arguments; credibility of findings; findings related to research question	Yes. Good discussion. Critiques and links to previous findings. Limitations of research discussed. Addressed how researchers were unable to answer all questions and findings could not be generalised.	Yes: Clear links of findings back to previous research. Good summary in discussion. Small critiques made. Interpretations close to quotes. Limitations of research discussed (e.g. age, recruitment) Critique: Only one quote per point made.	Yes: Very clear statement of findings. No names or ages given for quotes. Model explained and discussed. Limitations of research discussed.
10. How valuable is the research? E.g. contribution, new areas, transfer findings	Yes: Limitations discussed e.g. specific posts selected. Rational given for this.	Yes: Implications discussed briefly e,g. policy first steps. Future research addressed.	Yes: Implications and future study suggestions discussed. Discourse/Rhetoric links. Conflicts discussed.

Table B: 2 CASP Review of Theses

	Taylor (2016)	Cain (2014)	Sneed (2012)	Dickins (2013)
1. Clear statement of aims? (& Relevance)	Yes: Clearly outlined	Yes: Clearly outlined	Yes: Clearly outlined	Yes: Clearly outlined
2. Qualitative method appropriate?	Yes: Linked to aims and research questions	Yes: Linked to aims and research questions	Yes: Linked to aims and research questions	Yes: Linked to aims and research questions
3. Design appropriate to address aims? (& Justification)	Yes and gaps identified	Yes: Justification made.	Yes: Outlines and rationale presented	Yes for all three studies. Throughout review of literature leading to aims.
4. Recruitment strategy appropriate to aims? (& how and why)	Yes: Details provided e.g. search terms used	Used student population where general population would have provided more generalisability	Yes: Details provided	Yes for all three studies discussed in detail separately
5. Was data collected in a way that addressed the research issue? E.g. setting justified; how collected; info of interviews/topic guide; form of data identified; data saturation	Yes: Details provided	Yes: Rationale provided for each step. Critique: Used student population where general population would have provided more generalisability	Yes: Details provided	Yes: Details provided
6. Relationship between research & participants considered?	Yes: Self referred to throughout in detail.	No: Not discussed	Yes: own experiences drawn on throughout in detail.	Yes, however limited.
7. Ethical issues considered?	Yes: Addressed	Yes: Detailed	Yes: Brief	Yes: Detailed
8. Data analysis rigor? (+ process outline; selection made; sufficient data to support findings; of own role/influence)	Yes: Reflective and addressed throughout	Not addressed outside of 'ethics'	Yes: Addressed in detail	Yes: Brief outline in methodology and analysis and later reflected in in conclusion
9. Clear statement of findings? E.g. evidence for and against arguments; credibility of findings; findings related to research question	Yes: Detailed Critique: Not summarised	Yes: Conclusion of key findings also provided	Yes: Detailed section	Yes: Detailed section for all three studies discussed separately and also tied together in additional chapter.
10. How valuable is the research? E.g. contribution, new areas, transfer findings	Yes: Addressed in discussion and reflections. Critique: Not highlighted together and predominately focused on implications for the self of the author.	Yes: Brief implications for future research. Critique: Limited implications for practice addressed.	Yes: Future research discussed. Critique: Limited	Yes: Implications addressed for all three studies discussed separately and also tied together in additional chapter.

Appendix C: Discursive Devices, Rigour and Bracketing

Table C: 1 Discursive Devices (Wiggins, 2017)

Basic Devices	
Pronoun use and Footing shifts	Pronouns are words that refer to the self, other people and/or ownership; e.g. I/you, he/she, it, they, my/mine, his/hers, ours. Footing shifts refer to the movement across participant roles produced in talk i.e. our words draw on issues about who is responsible for what we say, whose words are we using. They can be found when the factuality of an issue might be in question, to position the speaker.
Assessments and second assessments	Description that makes a statement or appraisal of something. Giving an assessment also makes a claim that we have experiences or have knowledge of the thing we are assessing.
Hedging	Occurs when a turn in talk is marked in some way as provisional, tentative or conditional on some other events. Hedged talk is thus talk that helps to manage a speaker's accountability, in that it avoids making a specific or certain claim about something, and can be softened or retracted in the event of disagreement.
Extreme case formulations	Does more than just exaggerate or emphasise something, it is used to defend a claim or demonstrate investment in a particular account. They go beyond description and are used to manage a speaker's identity in relation to what they are saying; as being a particular category of person, for example.
Minimisation	The practice through which volume or extent of something is treated as minimal or insignificant e.g. 'just' 'only'. Can be used to downplay importance of an object, event or behaviour and can therefore be used to manage accountability or position self as 'not making too much of things'.
Lists and Contrasts	Lists are items that are presented together in a sequential order as if reading from a list. They are particularly useful rhetorical resources in everyday and institutional discourse. Typically appear as three-part units, which serve to emphasis something and make it seem more factual or 'real' (i.e. removing personal/subjective perspective) and also project a completion point. Contrasts occur when one aspect of discourse is directly compared with another, to emphasise/highlight particular characteristics or the distinction between one or more objects.
Intermediate Devices	
Affect displays	Involve the apparent display of emotion i.e. that invoke the emotion or embodies practice itself e.g. laughing (not words to describe emotions).
Consensus and corroboration	Consensus is reporting something as if many or all people are in agreement. Corroboration is reporting something as if supported by an independent source. These are useful in building up factuality of accounts, by invoking other people in support of whatever it is being claimed. If many people are in agreement, then this supports the factuality of the claim. There is however the risk that it would be challenged as collusion.
Detail and Vagueness	Detail and vagueness are often involved in constructing the 'out-there-ness' of an object or event; producing it as a fact or reality, independent of out accounts. Using detail in an account can be used to add credibility to someone whose report is more factual, which can be useful on occasions when our category entitlement as trustworthy is under treat. Alternatively being 'systematically vague' can be a way of inoculating against claims that you might have a stake in what you are saying (i.e. too heavily invested) and can buffer the challenging of 'details' (it is less easy to contradict someone if their account is not specific.)
Disclaimers	Typically short phrases at the start of talk that try to mitigate the speaker's stance on a particular issue. They do so by explicitly denying a potentially negative interpretation of what they are about to say, even if the rest of their turn contradicts this. They are often used in situations where someone's identity or category membership is under question.
Metaphor	Refers to the way in which a description equate one thing with another to make a comparison or produce a particular rhetorical effect. Metaphors can be used to produce categories of the world, and of people themselves in that it constructs particular versions of the world that often have quite visual or figurative references. Can be useful in highlighting some features while blurring or concealing others.
Narrative structure	The production of an account with a coherent, sequential order. May be involved in setting the scene, the timescale, the order or events, and so on. It is also often combined with other features, such as the inclusion of vivid details or vagueness in specific places; each of these help to support the credibility or the narrative. Note that this is not the same as taking a narrative approach to analysis, which involves a different set of epistemological assumptions about discourse.
Reported speech (aka active voicing)	Refers to features of speech that attribute the source of talk to another speaker. The talk is presented as if it is a direct reproduction and can often be prefaced that phrases such as "she said". It can be used to attend to the speaker's own identity and accountability for what is said, and for footing shifts. It can help to increase the factuality of one's account, to make it seem more realistic and also minimise one's own stake/accountability in what is being said.
Script formulations	Descriptions that present a behaviour or event as if it regularly or frequently occurs. They can be used to present the behaviour as normal or expected, as not unusual in any way. A person's character can too be constructed as if routine and predictable.

Advanced Devices	
Agent-subject distinction	This device considers how the agency of the speaker (or those being spoken about) is managed within the talk (e.g. active/agent; or passive/subject). This can be useful where people are managing their accountability for a behaviour or event.
Emotion categories	Instances in which speakers verbally make relevant a particular category of emotions or emotional states. Can be used in managing one's identity or accountability, managing one's stake in affairs, or supporting the factuality or credibility of a claim.
Category entitlements	The kind of knowledge, experiences, skills or responsibilities that a category of person is entitled to own e.g. an 'expert' is entitled to claim knowledge about a certain topic. Can be used when people are managing the factuality of claims, by supporting or undermining claims to different category entitlements.
Model verbs	Implicate the degree of ability, obligation, or permission to be able to perform an activity e.g. could, should, can, must, will.
Stake inoculation	Refers to a range of practices whereby discourse is constructed to defend against claims that the speaker might have a stake in, or be overly invested in, what they are saying e.g. saying hat a speaker is biased.

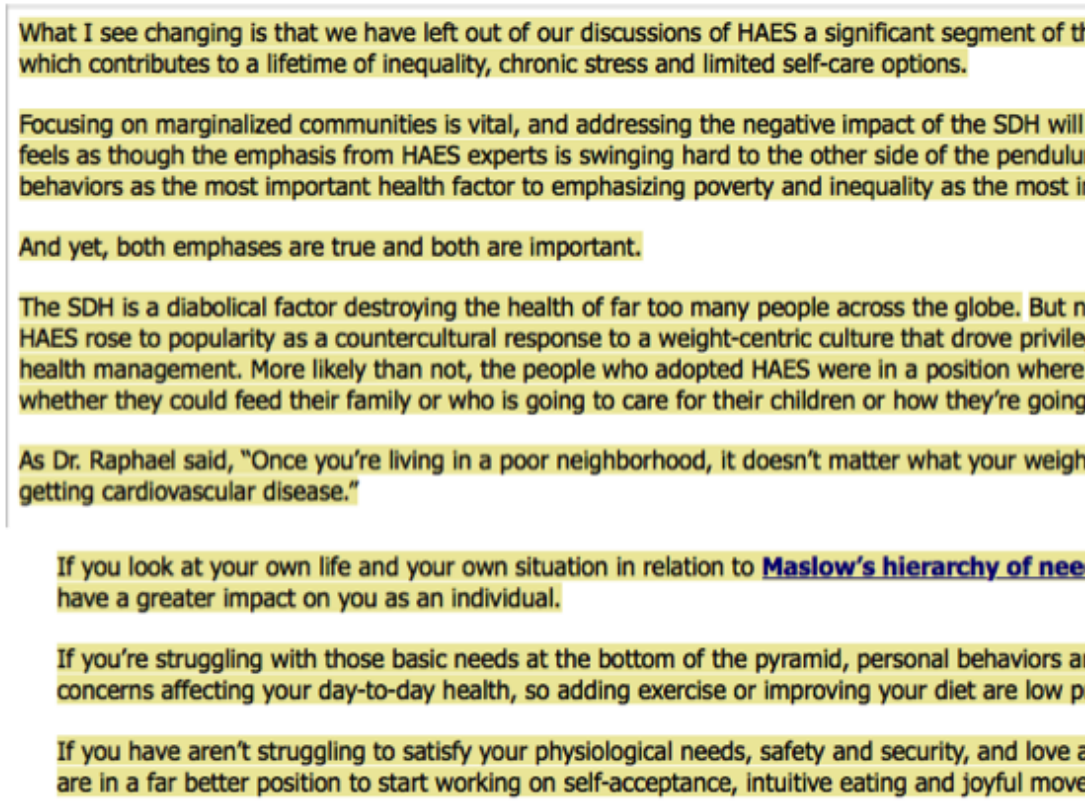
Table C: 2 Framework for Rigour (Nixon & Power, 2007)

Clear research question appropriate for DA
Clear definition of discourse and species of DA
Effective use of theoretical framework – clarity and explicitness in epistemological and ontological positioning
Transparency in analysis methods and application of theory to the analysis
Clarity in selection of talk/texts
Concepts/criteria/strategies to guide analysis

Table C: 3 Bracketing techniques followed (Ahern, 1999)

Preparation
Write down personal interest in undertaking research in this area
Consider where power is held in relation to research into this area
Clarify your personal value systems relative to this research area (refer back to this when analysing data)
Describe possible areas of role conflict (e.g. when publishing research)
Identify gatekeepers interests
Recognise feels that could indicate a lack of neutrality
Post Analysis
Reflect on how you write your account – e.g. number of extracts from respondents
Feedback
Look out for bias – use a co-coder to help identify any area that might have been overlooked in coding

Appendix D: Analysis Excerpt - Initial Coding of One Blog Post



What I see changing is that we have left out of our discussions of HAES a significant segment of th which contributes to a lifetime of inequality, chronic stress and limited self-care options.

Focusing on marginalized communities is vital, and addressing the negative impact of the SDH will feels as though the emphasis from HAES experts is swinging hard to the other side of the pendulu behaviors as the most important health factor to emphasizing poverty and inequality as the most i

And yet, both emphases are true and both are important.

The SDH is a diabolical factor destroying the health of far too many people across the globe. But n HAES rose to popularity as a countercultural response to a weight-centric culture that drove privile health management. More likely than not, the people who adopted HAES were in a position where whether they could feed their family or who is going to care for their children or how they're going

As Dr. Raphael said, "Once you're living in a poor neighborhood, it doesn't matter what your weigh getting cardiovascular disease."

If you look at your own life and your own situation in relation to **Maslow's hierarchy of nee** have a greater impact on you as an individual.

If you're struggling with those basic needs at the bottom of the pyramid, personal behaviors a concerns affecting your day-to-day health, so adding exercise or improving your diet are low p

If you have aren't struggling to satisfy your physiological needs, safety and security, and love a are in a far better position to start working on self-acceptance, intuitive eating and joyful move

Appendix E: Analysis Excerpt - Discursive Device Coding of Extracts

Blog2: Last 15 Days

Extract54:	
In Body Respect, there's reference to the results found in the Whitehall studies, whereby class and status in work environment is directly correlated with the health outcomes of employees.	Reported speech
The most shocking detail is that two people can have the exact same healthy lifestyle and the "highest grade" employee will have far better health than the "lowest grade" employee	Appraisal
Extract 55:	
Even with a wellness approach, if **we** ignore the science on social justice **we** implicitly uphold (masculinist) ideologies that support **the status quo, teach individualism, exclude marginalized voices, and lead to size stereotype**. These ideologies don't get seen as such and the approach is treated as **good science, valuable and value-free**. This happens at the expense of feminist science, and other ways of knowing that do include marginalized voices and routinely **get dismissed as "not valuable"** and too biased.	Hedging "We" List for emphasis List for emphasis Appraisal Reported speech
Extract 56:	
None of this talk of SDH is to detract from the fact that HAES does enhance personal wellness — but by adding in criticality and connectedness to compassion it moves us away from constructing health as a lifestyle commodity to constructing health as something that circulates in relationships along with **self-worth, power, resources, privilege, respect and so on in fair societies**. The difference is HAES works to enhance personal and collective well-being and recognizes these are always interlinked and influenced by structural factors.	Disclaimer Model verb "Fact" List for emphasis Appraisal
Extract 57:	
For some people that means turning around and trying to help other fat people achieve peace of mind, like a bodhisattva. Others get on with their lives, happier in their skin and **not only do they, but their family and friends reap the rewards of self-acceptance.**	Appraisal Consensus
Extract 58:	
The implication is that **the effects of the SDH are so overwhelming** that **you can't** blame behaviors for illness.	Simply for emphasis Model verb "Can't"
Extract 59:	
The SDH is a **diabolical factor** destroying the health of far too many people across the globe.	Extreme Minimise to emphasis Appraisal: Negative framing
Extract 60:	
If you're struggling with those basic needs at the bottom of the pyramid, personal behaviors are largely irrelevant. **You** have more pressing health concerns affecting your day-to-day health, so adding exercise or improving your diet are low priorities.	Consensus

Extract 61:	
I totally understand the significance of SDH — part of my own research and my activism focuses on one aspect of that exactly. **I am also aware** of the limited impact of personal behavior in the face of the effects of SDH, **but I don't believe this means that individuals cannot act to improve their circumstances.**	Cat Entitlement: "I know" Cat Entitlment: Self as expert Appraisal – assumptions
Extract 62:	
And I believe that because **I've spent the past five years trying to figure out** what the right answer is with regard to weight and health. **I believe HAES is the right answer because virtually all the evidence says** (as **our readers are no doubt sick of hearing by now**) that the vast majority of people who adopt healthy lifestyle changes will lose about 5-10% of their starting weight, which researchers define as **"clinically significant weight loss."**	Cat Entitlement: Time Simplify to emphasise Consensus Appraisal: Value./Right Reported speech
Extract 63:	
That **revolutionary** concept — health regardless of weight — completely upended my belief system and sent me on a quest to find out whether **the science supported this** approach or if HAES was **junk science**.	Extreme: Value Category Entitlement: Knowing Appraisal: Evidence
Extract 64:	
These concepts were already **demonstrated in Bacon's 2005 research paper** which pitted a traditional weight-centric approach to HAES. **After a two-year followup, the dieters had regained the weight and lost their metabolic improvements, while the HAES group remained weight stable and maintained their metabolic improvements**.	Reported speech Appraisal Summary for emphasis
Extract 65:	
This is absolutely true. In the first HAES roundtable, **I was stunned** to find the following graphic on the CDC's website regarding the SDH: Likewise, **Dennis Raphael said that two individuals on the same socioeconomic level who engaged in opposing ends of health behaviors would have about a 15% variance in health.**	Appraisal: Truth Extreme: Emotion Reported Speech

Appendix F: Excerpt of Reflective Diary

I was speaking about obesity with colleagues at work today. This ironically stemmed from a conversation about dieting. Since starting this thesis I have begun to notice that diet really is something that is spoken about on a daily basis. There is constant monitoring and commentary! Anyway, I digress…

When speaking about obesity I was surprised by how accessible this topic (compared to other 'health conditions') is for people to talk about and how opinionated people are! But what surprised me most was that when I pressed them a bit more about their opinions and asked them to explain more about where their opinions had come from, they couldn't! Or at least they struggled quite a bit to get going. And these are health professionals!

I wasn't so surprised when speaking about obesity with family and friends and asking them to think about where their opinions might come from, because I suppose I don't expect them to be so reflective. The other day for example, a family member was talking about their "obese" health visitor coming to weigh their new baby. They were shocked by her weight and linked this to "obviously not being able to do her job well". Even though her own weight has no link to her knowledge about babies! I challenged this and there was an assumption (and understandably I suppose) that "if you work in health then you should be healthy". But again this was another assumption that 'weight' is the same as 'health'. They couldn't really separate the two, and nor could they separate weight/health from the ability to do a job. No matter how much I questioned, even if there was some movement away from this opinion being "obvious", they seemed to just go back to it as being "just the truth".

The comments at work weren't quite that bad but they weren't too dissimilar either. There were lots of assumptions about health and weight, but also an acknowledgment of their own relationship with food, eating and appearance (rather than health). One person also talked about how they will 'always' need to watch their weight because that's just how they are 'built'. I suppose they were suggesting that everyone might be different, and that energy in and out might not be quite that simple, but it definitely sounded more like 'they' were just different and therefore struggled with maintaining

a certain weight, whereas ‘obese’ people don’t conform to the same rules or don’t try as hard. I didn’t feel quite so comfortable pushing this was colleagues!

I am writing this reflexive diary on my laptop in order to feel how it might be to blog. It is remarkably easy to type away. Reading back over my last few entries I can see that my position has already changed somewhat. As I read the research available and begin to analyse my blogs, I feel less need to be an advocate for alternative discourses, and instead more free as others are out their fighting this fight already. The flavour of my diary has been quite ‘activisty’ at times. Particularly at times when I have felt angered or saddened by something I have heard or seen. Its something that I will need to bear in mind when writing up my analysis to make sure that my ‘agenda’ doesn’t dominate how I write things up.

Appendix G: Ethical Approval

UNIVERSITY OF HERTFORDSHIRE
HEALTH AND HUMAN SCIENCES

ETHICS APPROVAL NOTIFICATION

TO Kate Davenport

CC Wendy Solomons

FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE 15/08/16

Protocol number: aLMS/PGR/UH/02413(1)

Title of study: Working Title: A critical discourse analysis of online-text written by individuals who self-identify as 'overweight/fat and hold the position of 'pro-fat, fat-positive, fat-acceptance, body-positive'.

Your application to modify the existing protocol as detailed below has been accepted and approved by the ECDA for your School.

Modification: Design and Methodology Modifications as detailed on your EC2 application "Reason for modification request."

This approval is valid:

From: 15/08/16

To: 30/07/17

Please note:

Any conditions relating to the original protocol approval remain and must be complied with.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1 or as detailed in the EC2 request. Should you amend any further aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit a further EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

UNIVERSITY OF HERTFORDSHIRE

HEALTH AND HUMAN SCIENCES

ETHICS APPROVAL NOTIFICATION

TO Kate Davenport

CC Wendy Solomons

FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE 13/06/2016

Protocol number: LMS/PGR/UH/02413

Title of study: A critical discourse analysis of online-text written by individuals who self-identify as 'overweight/fat and hold the position of 'pro-fat, fat-positive, fat-acceptance, body-positive'.

Your application for ethics approval has been accepted and approved by the ECDA for your School.

This approval is valid:

From: 13/06/2016

To: 30/07/2017

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Appendix H: Rationale for Chosen Blogs

Table H: 1 Blog Word Counts

Date	Months	Words	Lines
Blog 1			
080816 to 010116	8	7518	3193
311215 to 010715	6	3616	1489
010615 to 010115	6	6538	1577
311214 to 010714	6	4224	1403
300614 to 010114	6	12725	2725
311213 to 010713	6	7514	2217
300613 to 010113	6	18723	4316
311212 to 010712	6	24047	4928
300612 to 010112	6	19671	4160
311211 to 010711	6	20513	3885
300611 to 010111	6	87530	12215
311210 to 150810	5	49199	6529
Blog 2			
Jan 2010 to Jun 2010	6	91366	12480
Jul 2010 to Dec 2010	6	115530	16925
Jan 2011 to Jun 2011	6	154523	19905
Jul 2011 to Dec 2011	6	135751	17419
Jan 2012 to Jun 2012	6	215673	27651
Jul 2012 to Dec 2012	6	160111	20382
Jan 2013 to Jun 2013	6	278553	34314
Jul 2013 to Dec 2013	6	148873	17472
Jan 2014 to Jun 2014	6	160363	18510
Jul 2014 to Dec 2014	6	110445	12948
Jan 2015 to Feb 2015	2	44783	4932
Blog 3			
Jan to Feb 13	2	2,653	247
Jan to Jun 12	6	21,339	2184
Jul to Dec 12	6	1,059	106
Jan to Jun 11	6	32,063	3432
Jul to Dec 11	6	37,645	3972
Jan to Jun 10	6	15,561	1664
Jul to Dec 10	6	10,014	2288
Jan to Jun 09	6	7,149	830
Jul to Dec 09	6	7,557	880
Jan to Jun 08	6	22,500	2652
Jul to Dec 08	6	14,874	1679
Jan to Jun 07	6	13,473	1601
Jul to Dec 07	6	28,097	3242
Jan to Jun 06	6	10,476	1323
Jul to Dec 06	6	10,325	1223
Jan to Jun 05	6	19,212	2324
Jul to Dec 05	6	14,740	1801
Jan to Jun 04	6	16,399	2002
Jul to Dec 04	6	15,880	1976
Jan to Jun 03	6	11,203	1247
Jul to Dec 03	6	15,467	1746
Jan to Jun 02	6	5,196	587
Jul to Dec 02	6	8,033	856
Jan to Jun 01	6	4,912	512
Jul to Dec 01	6	5,441	572
Aug to Dec 00	5	5,403	648

Appendix I: Extracts and Examples used in Analysis Section

Table I: 1 Extracts of 'Knowing'

Extracts from Analysis
I totally understand the significance of SDH — **part of my own research** and my activism focuses on one aspect of that exactly**. I am also aware** of the limited impact of personal behavior in the face of the effects of SDH, but I don't believe this means that individuals cannot act to improve their circumstances.
I am also aware that for people who are marginalized daily and whose lives are fraught with physical and emotional trauma, intuitive eating is not a high priority. **And I know that** no matter how much health behavior an individual engages in, social determinants of health (and genetics), will still play a significantly larger part in their well-being and future health outcomes.
Additional Extracts
I know I need help with my eating habits, since I still have issues with food and movement; I still tend to skip meals and binge sometimes, and **I know** that I can't overcome this alone.
It's not good enough to leave someone thinking that getting "5 a day" is the best thing they can do for their health when **we know** health behaviors count for so little of health outcomes.
And then **I tell them** about HAES… and how adding some healthy food and exercise to their lives might not burn pounds as fast, or, heck, at all, but that they will be HEALTHIER… if that's what they are actually after. **I tell them** how BMI is BS. I tell them about the impacts of Yo-Yo dieting on their bodes and their health. **I tell them** all that. Because people need to know – even if they do then choose to diet (which is totally their right too).

Table I: 2 Extracts of 'Learning Journey'

Extracts from Analysis
What **I have learned most over the past five years of studying HAES** is that the relationship between weight and health is incredibly complicated and individualized.
Before I discovered FA, I had no clue that losing weight and keeping it off was as ridiculously improbable as it is.
For sure when I was first stumbled across HAES 7 years ago, it was a revelation and **I couldn't understand why it wasn't being adopted everywhere**. Throughout this journey I have come across many people from many backgrounds and learned new ideas, such as social justice, social determinants of health, intersectionality; I have read (most of my HAES connections are online) about the struggles, the discrimination, the marginalization of the lived experience and learned to understand privilege, especially my own. **My capacity to understand these issues has expanded**, but it was a journey. So for me the question becomes "How willing are we to keep looking and keep asking questions in order to have a movement that has space for everyone?"
Additional Extracts
People ask me how I lost weight. **Before I knew about FA,** I would just tell them… "eat less, exercise more"
When I was younger, she would put me on diets or give me diet pills, **but that was before I knew better.** The doctor that I had before her put me on this meal replacement cookie diet when I was around 12. I look at pictures of myself back then and I want to give him a shake. Sure, I was bigger than my classmates, but I was not fat.
NO ONE I ever encountered **prior to my discovery of all things FA** EVER mentioned anything like… "Wow, you are a complete statistical freak – I wonder what's so different about you that you have kept this weight off!" Nope… My Dr. just acted like it was a totally normal thing… Of course, the general public also took it as a normal thing, because THEY DON"T KNOW EITHER just how improbable my story is.
Prior to blogging about HAES, I subscribed to the mainstream belief that bodies are pretty malleable through diet and exercise. **The very genesis** of this blog was due to an offhand comment that if I went on a heart-healthy diet that I would lose a lot of weight.
That revolutionary concept — health regardless of weight — completely upended my belief system and **sent me on a quest** to find out whether the science supported this approach or if HAES was junk science.
Along the way**, I've read a shitload of research and talked to a number of non-HAES experts** on health and fitness whose viewpoints may not have been identical to those of Linda Bacon et. al., but whose research reinforced the lifestyle components of HAES.
After five years of searching and probing and questioning and doubting and deconstructing and rabble-rousing, my entire philosophy on weight and health can be summed up as follows: If you want to be healthy, know thyself: who you are, what you need and what you can achieve. Also, know what the science says. Use that knowledge as a kind of guidepost for your journey.
I first **learned about HAES in 2009,** when I began writing on my piddling Blogger site. Back then, the entire concept revolved around personal lifestyle choices and how a healthy behaviors can yield long-term, sustainable benefits regardless of whether it makes you thin or not.
Yes, **I have been practicing HAES since 2010**. I'm not saying it has been easy or that I got it perfectly. I've been working on different aspects of myself ever since.
Of course, I've also learnt heaps from what I've read in HAES and am hugely grateful to be part of community for support and discussion. Plus, as I've read more I've come across many HAES advocates and activists who have always

challenged the emphasis on individual health behaviours as healthiest.
When I **first learned about HAES five years ago**, the focus was on **evidence-based methods** of improving one's metabolic health by focusing on behaviors rather than weight loss. Lately, I've heard from several HAES thought leaders who seem to be distancing HAES from personal lifestyle as the central component. Instead, it seems as if the ubiquitous effects of the social determinants of health have become the heaviest object in the HAES universe.
Since I have struggled with eating disorders before. It's been a long way. So far I have manged my self-image and understood my hunger signals. **Still, I struggle** with diet mentality and with joyful movement mainly because exercise was my way of purging.
Feminism. Fashion. Politics. Race. You name it, I gave a fuck about it. Today, I still give a fuck, but **my views have been shaped by conversations** I've had with people I've disagreed with online.
When I first started blogging, I had a great big bucket of fucks to give. About everything. Those of you I've known from the beginning have seen me spreading fucks around like I was Johnny Fucking Appleseed.
The rest is a long and brutal history of me pissing people off left and right as I blustered my way through the unpacking of my privilege. If I had one wish with regards to this blog, it would be that I could go back to the beginning with all the experience and understanding I have now. **Not to say I wouldn't fuck up again, but it probably wouldn't be so disastrous or so often.**
If someone had told me about FA and HAES when I was, I dunno, 18? 22? 25? I think my life might have been a bit different.

Table I: 3 Extracts of 'Lived experience of fatness'

Extracts from Analysis
I spent 27 years being fat and living as a fat person in the United States. That'll leave some scars on you (as well you know).
looking at me, or just randomly passing on the street, the first descriptive word that pops into your head is not going to be "fat" (well, unless you're Ralph Lauren or Karl Lagerfeld). Nor is it going to be the second or third word. Let's face it. I'm not actually fat. On the outside. **The girl inside my head is fat.** (and probably always will be). **You see, I was a big baby. I was a chubby toddler. I was a chunky kid. I was a fat teenager. I was (according to the "perfeshionalz" [sic] who measure these things) a "morbidly obese" young adult.** And now I am not.
Additional Extracts
I am older and wiser now than when I was 25. I have had some battles and I was lucky enough to win and come out sane and relatively in love with myself on the other side. But not everyone is so lucky. FA is a bulwark for those people and I think it's important to hold it up.

Table I: 4 Extracts of Barriers

Extracts from Analysis
I grew up poor in a fairly rural community. So as a kid, despite my desire to participate in certain sports, the few things that were offered were not things that I wanted to do, nor was my family able to financially handle the cost of my participation.
I'd like to take the fat-positive yoga classes offered in my city, but as a public transit user, as well as being a student and working half-time, I just **can't make it to any of the scheduled classes**, all of which are at a studio on the other side of the metro area. Even if I could fit it into my schedule and have transportation, **the cost would be a barrier.**
Additional Extracts
Lack of workout wear available/affordable in my size. Lack of affordable natural and organic foods. I've had people not take me seriously when talking about nutrition or exercise, thinking I wouldn't know about nutrition because of my size. Assumptions that my attempts to better my health meant, often exclusively, that I was trying to lose weight.
When I was younger, **she would put me on diets** or give me diet pills, but that was before I knew better. The doctor that I had before her put me on this meal replacement cookie diet when I was around 12. I look at pictures of myself back then and I want to give him a shake. Sure, I was bigger than my classmates, but I was not fat.
I know its bullshit, but from time to time I tend to get engage in a diet mentality, I know I eventually will get it, but I think I need professional support to achieve it. And **that is where money gets in the way.**
I grew up poor in a fairly rural community. So as a kid, despite my desire to participate in certain sports, the few things that were offered were not things that I wanted to do, nor was my family able to financially handle the cost of my participation.
Also, accessing healthy foods is kind of difficult because of the **lack of money.** Mexico is having an economic crisis, so even when I want to eat better quality foods and avoid chemicals in my personal hygiene products, I can't afford it all; I have to eat whatever we have around, when we have it available. My dad is retired, my mom, my brother and I are unemployed.
One barrier for me has been **anxiety and depression** tied into my being transgender. For most of my life (and still

sometimes today) I have avoided going out with friends or doing things in public that I enjoy doing because I'm afraid of the negative reaction I'll get as a trans woman.
I'm not able to find very many clothes that fit me locally, and expressing myself through fashion is definitely one way that I practice self-care. At first I loved going shopping with my friends, trying to find cute outfits, but that soon turned south. Trying to go shopping for new clothes I like here where I live got to be so fruitless and depressing that I haven't done it in over six months.
I'd like to cook all of my food from scratch, gardening and raising most of it myself. Again, the **time limitations** of a long-transit commute on top of working and going to school. Plus, with space limitations of being an apartment dweller, there's only so much you can grow in planters on your patio, assuming you've got enough sunlight each day for growing things.
There is a great fat yoga place that I would love to go to, but every class **conflicts with my work schedule.**
I'd love to be able to experiment with my wardrobe and be able to wear whatever clothes I want, **but I can't afford to** and I can't find many clothes I like that are my size. I'd also like to learn to dance, but again, there's the money problem, and I don't know how fat-friendly any local dance classes are.

Table I: 5 Extracts of Accountability

Extracts from Analysis
I do my best to practice HAES. There are times when I have to let go of it, though. I'm gluten free to help with joint pain/inflammation, and when I get really broke, I end up eating cheap, processed wheat products to get by. And when I get really busy with work, or I have to travel long distances for art fairs, my activity level plummets.
I think that **doing the best you can** with the resources available to you at any given time is part of HAES. Seeing health and healthy choices as a continuum, rather than a right or wrong situation, is what differentiates HAES from the weight-loss paradigm. I'm reminding myself of that a lot lately, like when I seek out healthy behaviors and treatment for health conditions that my body weight might change as a side effect. I'm currently examining ways to control my PCOS better, and it's looking like all of the options that I haven't tried yet typically lead to weight loss, often significant weight loss. I'm struggling to integrate that with my HAES mindset.
Oftentimes, I'll eat plenty of good fruits and vegetables and other food **that makes me feel good**, and I'll be fairly active and get a good amount of exercise**, but other times, not so much**. When my depression flares up, though, I don't do as well, and I'm less active and less mindful about the foods that I eat.
Additional Extracts
I went on and off diets ever since, until I turned 25. At 23, **I said to myself that I didn't need the humiliation** of going through another appointment with my nutritionist, **so I decided to take the matter on my hands** and that is when my eating disorder started.
Like many others, when I first discovered HAES, **it was a revelation. It was liberating. It gave me agency** to do what I could for my own health, within the constraints that still existed within society, my own life, and my own body. The principles told me that no matter what hand I had been dealt, if I wanted to improve my health, I could optimize my outcomes by choosing controllable behaviors — the principles at that time were about accepting size diversity/size acceptance, listening to internal body cues and eating intuitively, and moving for pleasure rather than punishment.
I think this is an important discussion, and that if **we don't do a better job** of integrating the personal with the political, this is the kind of stuff that can make or break our movement.
I'm at a point where I don't go into the doctor's office until I've researched my symptoms and come to a preliminary idea of what might be going on. Whenever possible, I even have a method of treatment in mind, which leaves me in a position where I'm only seeing the doctor for confirmation and to write the prescription. I've had doctors treat me even more poorly for being so well-informed. One said outright that I couldn't possibly know how to read medical research appropriately, and then dismissed my suggestion of what might be wrong out of hand, insisting that it must be something else.
I think one of the greatest gifts that HAES has given to so many people is **returning their agency**, with a concomitant massive increase in well-being. This in turn then often raises awareness of issues of social justice and many people move from that point into activism. I do not believe many of us disagree on the existence of or need to address structural inequalities, or the impact of these on individual and population health. Where there seem to be differences are in what we consider the appropriate FOCUS of HAES. I believe that this should be led by the name itself — Health, Size.

Table I: 6 Extracts of Reported Speech

Extracts from Analysis
There's this guy, **David Seedhouse, who wrote a book called The Foundations of Health, and he made the argument, philosophically, that** unless you provide people with the basics, you can't go after them on these other issues.
In Body Respect, there's reference to the results found in the Whitehall studies, whereby class and status in work environment is directly correlated with the health outcomes of employees.
Dennis Raphael said that two individuals on the same socioeconomic level who engaged in opposing ends of health behaviors would have about a 15% variance in health.
The Institute of Medicine came out with its report in 2013: "US Health In International Perspective: Shorter Lives,

Poorer Health." The most important document they've ever come out with. They had 500 pages of basically the same stuff I've been talking about for 20 years. It just legitimizes it with their imprimatur.
Additional Extracts
I've seen Bacon emphasize the fact that stigma is the cause of so-called "weight-related illnesses."
These concepts were already **demonstrated in Bacon's 2005 research paper** which pitted a traditional weight-centric approach to HAES.
And yet, **the two-year HAES study clearly showed that** a weight-neutral approach to health yielded significantly better long-term outcomes than traditional weight loss approaches.
Stigma certainly affects health, but if weight stigma is the driving factor of the metabolic disorders associated with obesity, **then Steven Blair would not have found such radical differences** in metabolic health between sedentary and active people. If stigma was the driving factor, then thin, sedentary people would have better health and fat, active people would have worse health because stigma would still be absent and present, respectively.

Table I: 7 Extracts of Stake Inoculation

Extracts from Analysis
the HAES model has ALWAYS been about the **best evidence science can give us.** There is no getting around **the facts** that social support, enough financial resources, and how we are treated by others are the most important determinants of our health. To continue to ignore these scientific facts — as the reductionistic medical model does — is to turn away from addressing the most powerful factors in human well-being.
Fat Acceptance is about more than **just converting people to our way of thinking,** our way of **interpreting the evidence.** It's about working together to put an end to the dehumanization and the denigration, the disrespect and the dismissals
The worst thing we can do **as HAES advocates** is to issue blanket statements that oversimplify the issues. Not all fat is metabolically dangerous, but not all fat is completely benign; not all "healthy behaviors" lead to noticeable weight loss, but not all weight loss leads to improved health; not all fat people suffer the ill effects of weight stigma, but not all weight stigma is harmless.
Additional Extracts
I feel a bit scared for our future, and at times feel disenfranchised from some of the dominant messages I hear in the community (and I include in that a re-reading of some of my own historical work, **so I take responsibility here too**).
If a health program adopts a mechanistic paradigm approach and/or ignores equality issues other than weight equity, then it isn't HAES, **or scientific**. If instead it challenges the idea that health outcomes are primarily a result of individual health behaviors by relying on a critical reading of the science and teaching compassionate self-care and relationality, then it's probably HAES.
I can be confrontational, stubborn, abrasive, rude, arrogant, and irritating, all in the span of a single paragraph. Although some may see my troll-like stance as a lack of empathy or compassion, **I see my approach as forging my beliefs in the fire of confrontation. If my opinions can't withstand the heat of dissent, then they probably aren't right.** I can't exactly explain why, but I get a lot of psychological satisfaction from being right.

Table I: 8 Extracts of Them and Us

Extracts from Analysis
I spent 27 years being fat and living as a fat person in the United States. **That'll leave some scars on you (as well you know).**
People's stories matter (love this phrasing, which comes from Lucy Aphramor) – and our experience as social beings in an inequitable world needs to be part of healing **for ALL of us.**
Additional Extracts
I believe that this is a case in which it's a genetic thing. Yet, when anyone is fat - **we** automatically pin it on overeating.
because ***everyone knows*** that fat people always lie about their eating habits**.**
If you lose more, great. **But most people** find weight loss of 10% or more nearly impossible to sustain in the long term. That's the reality that obesity researchers have come to accept, while **the rest of world** is gradually catching up.
This questions the **more common view** where health is seen to reside in individuals and metabolic fitness is viewed as within individual control and primarily due to behaviors or access to healthcare.

Table I: 9 Extracts of 'Knowing better'

Extracts from Analysis
I refused those, but she convinced me to take birth control pills to prevent ovarian cancer. I started them and **by the end of the month I had a blood clot in my calf.**

The practitioner I had been assigned was a male Physician's Assistant who seemed to be very **unenthusiastic** about being there. We had several interactions where I just felt like he wasn't hearing me, and I got the usual "stop drinking soda and you'll lose weight!" **sort of crap**. When I went in about my periods, as I'm asking the question he's getting up and doing the whole hand-on-the-door-knob-I'm-done-will-you-shut-up-already thing. His response? He shrugged and said "Well, you're probably just built that way" and leaves. **He asked zero questions** about the frequency and regularity of my cycles. **He asked zero questions** about volume or flow rate. **He didn't ask** about my risk factors for sexually transmitted infections. He didn't ask me to keep records and check back in after a couple of months. **Five years later, I've finally pinned down** that it's likely a symptom of polycystic ovary syndrome (PCOS) for me.
They had cognitive dissonance in what I was actually saying to them against their own beliefs. **Knowing** something was terribly wrong, I stopped going to the gym and schlepping around on my bike. **Long story short**, I went to a new doctor who, by the time I got to him, discovered I had legions of blood clots in my lungs.
I wrote a nasty letter to the clinic abut how unimpressed I was with the new doctor and how he ignored my initial reason for coming in to the clinic. **He replied to the other doctor but accidentally hit 'Reply All' and I saw him blatantly lying about what occurred during the appointment**. I called him out, which made me feel better, but nothing really became of it. A year later and he is no longer practicing there, but I felt good about calling him to task, something I would not have done several years ago.
Additional Extracts
As was often the case **I went along with her as she was rightly worried** that this would be used as yet another opportunity to shame her about her weight; predictably the dietician told her that on her sub-1000 caloric intake it was 'impossible' for her to be maintaining at 320lb and that there must be something she wasn't telling her (because *everyone knows* that fat people always lie about their eating habits).
I've sought assistance from **nutritionists, who I've learned are simply glorified diet doctors** more concerned with me losing weight than me losing my eyesight or other faculties. It's very difficult being taken seriously, as my weight looms large in the minds of every professional I've met so far.
In my early 20s, **I decided I wanted to be thin.** I threw out all the food in my apartment and started from scratch, joined a gym, started going three days a week, started riding my bike to work and being active on the weekends. I never managed to lose weight, but I started having irregular periods — was spotting in between**. I went to a gynecologist who railed at me** about my weight, and wanted to prescribe the diet drug Fen-Phen and weight loss surgery for me.

Table I: 10 Extracts of 'Working together'

Extracts from Analysis
The important part is becoming part of this community. Glance through the themes or Elizabeth's questions (I'll post the Word file on Ning). The way I envision **us** as a sort of central hub for our big tent brand of Fat Acceptance. It's the mothership, as it were. Orbiting the mothership are your individual blogs, which are on their own unique mission to be you… the person behind/beneath/under/within the fat. You have your personal blog where you've got your rhythm down. You know what inspires you, what brings you joy to think about, explore intellectually. In short, you know why you love blogging
Welcome everyone to **your new home** for Fat Acceptance.
many thanks to the many bloggers who are **contributing to this project**, adding their blogs to the feed, and supporting our efforts to broaden the discourse on what it means to be fat in this fat-hating world of ours.
Additional Extracts
Fat Acceptance is about more than just converting people to our way of thinking, our way of interpreting the evidence. **It's about working together** to put an end to the dehumanization and the denigration, the disrespect and the dismissals
I've played my part in spreading that message, but there's only so many times you can say "most people who adopt healthy lifestyles lose about 5-10% of starting weight" before you start to feel like a verbal lawn sprinkler.
I think this is an important discussion, and that if we don't do a better job of integrating the personal with the political, this is the kind of stuff that **can make or break our movement**.
I believe that above and beyond my own writing, **this blog is my contribution to the movement**, and perhaps without me at the helm it can become part of the larger conversations happening.

Table I: 11 Extracts of 'Fact'

Extracts from Analysis
It is wrong to assume that diet, or even diet and exercise, are the main determinants of health**. In fact,** according to the U.S. Centers for Disease Control and Prevention and others, health behaviors account for less than a quarter of the differences in health outcomes between groups.
You can't tell by looking if someone is fit or not. **In fact**, in our research if we look at adult men and women body mass index of 30 or greater, about half of them are fit by the cardiorespiratory fitness standards that we've used in our research and health outcomes
While it's true that diabetes tends to occur more frequently in people who are fat, it's not a guarantee by any stretch.
None of this talk of SDH is to detract from **the fact that** HAES does enhance personal wellness.

[Fat Acceptance is] about learning **the honest, simple truth** about taking care of my body and maintaining my health, so I'll be here to take care of them and the grandchildren.
In fact, HAES rose to popularity as a countercultural response to a weight-centric culture that drove privileged people to pursue diet and exercise as tools of health management.
Additional Extracts
If you lose more, great. But most people find weight loss of 10% or more nearly impossible to sustain in the long term. **That's the reality** that obesity researchers have come to accept, while the rest of world is gradually catching up.

Table I: 12 Extracts of 'Experience as Evidence'

Extracts from Analysis
As my understanding of the evidence grew, my personal behaviors began to change and, consequently, my health markers began to improve. You know what didn't change? My weight.
For me, the personal lifestyle emphasis of HAES led to behavioral changes that yielded demonstrable metabolic benefits in terms of my blood pressure, blood sugar and blood lipids. When I lapsed in those healthy behaviors, I watched those metabolic benefits erode and the indicators of metabolic disorder creep up.
Integrating a social justice perspective **allowed me to improve self-care and recover** from my eating disorder; without it I would have been mired in self-blame and stuck for so many other reasons. I didn't make all those steps explicit in my first book – I didn't even understand it back then — and really regret that now.
Being involved in movement that I enjoy helps to alleviate depression, and just makes me feel better all around.
Additional Extracts
But now? The FIRST thing I mention when people ask me **how I lost weight was how unhealthy it was**. I tell them about the effects of strict dieting on the body. **I tell them it took me 2 years** before I could eat more than 1200 calories in a day without gaining significant amounts of weight.
The SDH has given me the privilege to focus solely on that 15-25% of my health that I can affect through my behavior. And given the evidence of Bacon and Blair's work, I see that, all things being equal, **exercise and fitness can help me reduce my risk of morbidity and mortality**. To me, that's enough to justify a continued emphasis on personal behaviors.
So what can an individual do? Let me give you an example based **on my own personal experience.** I think the way I do because I have a background as a mathematician and everything has to make logical sense. If I want to prove a theorem, I have an axiom and deductions and I work logically.

Table I: 13 Extracts of Disclaimers

Extracts from Analysis
Yes. I lost weight. Yes. I kept it off. Going on nine years… I suspect that it's not coming back. I am one of the 5%. My results are not typical.
If you lose more, great. But most people find weight loss of 10% or more nearly impossible to sustain in the long term. That's the reality that obesity researchers have come to accept, while the rest of world is gradually catching up.
I in no way think anyone should ever be forced to go on a diet, or be told that they are bad for weighing "too much". However, neither do I think those who do decide to diet should be demonized. I fully support the right of all people to be in control of their own bodies and health. Whatever state those bodies or that health is in. It's none of my business. **I am not the boss of anyone. BUT!** I will not feel bad for simultaneously waving the fat acceptance flag AND forgoing that piece of cake if my pants are feeling a little tight. I can do both.
I know its bullshit, but from time to time I tend to get engage in a diet mentality, I know I eventually will get it, but I think I need professional support to achieve it. And that is where money gets in the way.
Additional Extracts
This isn't to say that fat women (or anyone else!) can't be sexy. I've seen some fat women pull over a seductive look that would stop you in your tracks. It just isn't for me. And yet I have to put together a performance centered around stripping on a stage and being sexy.
None of this talk of SDH is to detract from the fact that HAES does enhance personal wellness — but by adding in criticality and connectedness to compassion it moves us away from constructing health as a lifestyle commodity to constructing health as something that circulates in relationships along with self-worth, power, resources, privilege, respect and so on in fair societies.
I had a tummy tuck last year. You can't lose that much weight without coming out with way more skin than you need. Sometimes body acceptance requires a little help, and for me, that help came in the form of removing 5 pounds of flappy skin that hung on my abdomen.
I fully admit that I "watch my weight". Some people don't. **I have no issue with that**. I attach no moral significance to the watching or not watching of weight. **For myself, though…** I have a range of weight / size at which I am most comfortable and I have no intention of going above OR below it. When I say I "watch" it, I mean… if it starts going up, I eat less. If it starts going down, I eat more.

Table I: 14 Extracts of Hedging

Extracts from Analysis
If you look at the demographics of obesity, the poor are by and large the more obese. **That's one way** of looking at today's obesity epidemic. Not the only way, but one that I think is actually pretty important.
I can be confrontational, stubborn, abrasive, rude, arrogant, and irritating, all in the span of a single paragraph. **Although some may see my troll-like stance** as a lack of empathy or compassion, I see my approach as forging my beliefs in the fire of confrontation. If my opinions can't withstand the heat of dissent, then they probably aren't right. I can't exactly explain why, but I get a lot of psychological satisfaction from being right.
I've been quite lucky in that regard; I haven't had too many bad medical experiences. My general practitioner will mention my weight, but she has also said that she doesn't think that everybody is meant to be thin, and she has heard of HAES before. My major problem with her is that she doesn't have extra-large blood pressure cuffs.
Additional Extracts
There is no right or wrong to this. Both sides are right but seeing things from different points of view. If I got a vote, I'd say keep HAES as primarily a wellness-centered approach. That will continue to bring more people in and help them immediately. Educate people about social issues while they are helping themselves.

Table I: 15 Extracts of Should

Extracts from Analysis
Whether a person chose to improve their health or not, or was healthy or not, **should** have no impact on how society treats them.
But no matter what method of Fat Acceptance you are living, you **should** not be excluded from the conversation. A woman who is fat positive, but agrees with popular medical opinions on obesity, is just as welcome to the Fat Acceptance table as a woman who accepts the science, yet still feels uncomfortable in her own skin
Additional Extracts
But what we **should not** do, as HAES activists, is treat the effects of the SDH as universally equal or the benefits of personal behavior universally futile. Likewise, this new attempt to paint metabolic disorders as largely caused by stigma is problematic.
HAES **should** educate people about EVERY aspect of weight and health, then allow individuals to process all that knowledge and all that truth through the lens of their individual life experiences. Only then will HAES be capable of improving lives across the broad spectrum of humanity.

Table I: 16 Extracts of Negative value descriptors

Extracts from Analysis
It's not good enough to leave someone thinking that getting "5 a day" is the best thing they can do for their health when we know health behaviors count for so little of health outcomes.
The SDH is a **diabolical factor** destroying the health of far too many people across the globe.
Usually this is the kind of crap I just chalk up to fashion industry crazy but lately I've seen my daughter checking herself out in the mirror clearly sizing herself up in comparison to something and I certainly don't want this misleading ad to play a part in that.
I hate that healthcare is an industry**,** and I think that's one of the biggest problems we face. We've put our survival and well-being as a race in the hands of a for-profit industry, from health insurers to pharmaceutical manufacturers to doctors who pick specialties based on potential annual income. **It's completely messed up, when you step back and think about it.**
Additional Extracts
Undoubtedly many people have benefited personally from this message of size awareness and compassionate self-care; it changes lives as people heal from body shame and experience real shifts in their relationship with food, and its impact should not be underestimated
This is **disturbing and pisses me off**, frankly.
Tragically she later told me that she opted for the bypass as unlike the lap-band it was irreversible (the stomach is cut in two and 18" of small intestine removed and discarded) and therefore offered no opportunity to back out at a later stage.

Table I: 17 Extracts of Satire

Extracts from Analysis
I believe that this is a case in which it's a genetic thing. **Yet, when anyone is fat - we automatically pin it on overeating.**

As was often the case I went along with her as she was rightly worried that this would be used as yet another opportunity to shame her about her weight; predictably the dietician told her that on her sub-1000 caloric intake it was 'impossible' for her to be maintaining at 320lb and that there must be something she wasn't telling her (**because *everyone knows* that fat people always lie about their eating habits).**
Because I'm poor and don't have a college degree, plus I'm fat, **I must be lazy, stupid, and deluded**.

Table I: 18 Extracts of 'Minimising to Emphasise'

Extracts from Analysis
The practitioner I had been assigned was a male Physician's Assistant who seemed to be very unenthusiastic about being there. We had several interactions where I just felt like he wasn't hearing me, and I got the usual **"stop drinking soda and you'll lose weight!"** sort of crap.
This questions the more common view where health is seen to reside in individuals and metabolic fitness is viewed as within **individual control** and primarily due to behaviors or access to healthcare.
At the time the media was full of stories of this **'magic bullet'** and several of her family members had undergone the surgery with dramatic initial results.
Additional Extracts
I believe that this is a case in which **it's a genetic thing.** Yet, when anyone is fat - we automatically pin it on overeating.
But I never gave the more disturbing details… 1000 calories a day for 10 months. Exercise 1000 calories a day for the same 10 months. lose 2 pounds a week… **but also, lose quite a bit of hair… and muscle… and, um, yeah, the ability to burn more than 1000 calories in a day.**
Long story short, I went to a new doctor who, by the time I got to him, discovered I had legions of blood clots in my lungs.
I spent 27 years being fat and living as a fat person in the United States. That'll leave some scars on you (as well you know). I think it's very important for other people to NOT experience that. For my nieces and nephews (because I am not having any kids myself, thank you) to grow up in a place that will allow them to be who they are and how they are without being mocked, judged, teased, picked on, humiliated, etc. etc. etc. **just for the size pants they wear.**
I believe HAES is the right answer because **virtually all the evidence says** (as our readers are no doubt sick of hearing by now) that the vast majority of people who adopt healthy lifestyle changes will lose about 5-10% of their starting weight, which researchers define as "clinically significant weight loss."
If you are interested, you can read the entire tummy tuck saga… I blogged the whole thing… I thought it might be good for other people contemplating a tuck to know exactly what I went through. If you are not interested, also fine. I will not apologize for the surgery, though… seriously the best thing I have ever done totally for myself.
Anyway, that's the long and short of it. After five years of searching and probing and questioning and doubting and deconstructing and rabble-rousing, **my entire philosophy on weight and health can be summed up as follows**: If you want to be healthy, know thyself: who you are, what you need and what you can achieve. Also, know what the science says. Use that knowledge as a kind of guidepost for your journey. Perfection is not the goal, self-actualization is. And if you're as encouraging and compassionate with yourself as you are with your friends and family, then you'll have no problem building and sustaining good metabolic health. You got this.
I began my first diet at 9, and this left a big impression in my mind. I learned that certain foods where bad and that, for me, being a good kid meant sticking to the diet. So every time I failed and came back to the nutritionist office after I gained the weight back, it made me feel like I was a bad kid and a failure. It didn't matter that I was smart or a great martial artist or talented, I always distrusted all my abilities and **felt that if I wasn't thin I was still a failure.**
Anyone with a brain can tell you **it's a genetic thing.**

Table I: 19 Extracts of Frequency

Extracts from Analysis
As was often the case I went along with her as she was rightly worried that this would be used as **yet another opportunity** to shame her about her weight; predictably the dietician told her that on her sub-1000 caloric intake it was **'impossible'** for her to be maintaining at 320lb and that there must be something she wasn't telling her (because *everyone knows* that fat people **always lie** about their eating habits).
Additional Extracts
And once again, obesity is called an illness and linked, again, to diabetes.
It's very difficult being taken seriously, as my weight looms large in the minds of **every professional I've met so far.**
Lack of workout wear available/affordable in my size. Lack of affordable natural and organic foods. **I've had people** not take me seriously when talking about nutrition or exercise, thinking I wouldn't know about nutrition because of my size. Assumptions that my attempts to better my health meant, often exclusively, that I was trying to lose weight. I've also worried about weight limits on things like workout equipment, and when I was shopping for a new bicycle, **I had to keep reminding** the store clerk of my needs with regard to weight limit.
The practitioner I had been assigned was a male Physician's Assistant who seemed to be very unenthusiastic about being there. We had several interactions where I just felt like he wasn't hearing me, and **I got the usual** "stop drinking soda and you'll lose weight!" sort of crap.

This questions **the more common** view where health is seen to reside in individuals and metabolic fitness is viewed as within individual control and primarily due to behaviors or access to healthcare.
the HAES model **has ALWAYS been** about the best evidence science can give us. There is no getting around the facts that social support, enough financial resources, and how we are treated by others are the most important determinants of our health. **To continue** to ignore these scientific facts — as the reductionistic medical model does — is to turn away from addressing the most powerful factors in human well-being.

Table I: 20 Extracts of 'Lists'

Extracts from Analysis
I spent 27 years being fat and living as a fat person in the United States. That'll leave some scars on you (as well you know). I think it's very important for other people to NOT experience that. For my nieces and nephews (because I am not having any kids myself, thank you) to grow up in a place that will allow them to be who they are and how they are without being **mocked, judged, teased, picked on, humiliated**, etc. etc. etc. just for the size pants they wear.
Additional Extracts
She told me that she wanted it done so that she could have all the things in life she had been convinced were not available to people of her size - someone to **love her, a home and a family, access to nice clothes, and not to be abused and harassed in public.**
None of this talk of SDH is to detract from the fact that HAES does enhance personal wellness — but by adding in criticality and connectedness to compassion it moves us away from constructing health as a lifestyle commodity to constructing health as something that circulates in relationships along with s**elf-worth, power, resources, privilege, respect and so on in fair societies**. The difference is HAES works to enhance personal and collective well-being and recognizes these are always interlinked and influenced by structural factors. Anyone who stands to benefit from self-acceptance, intuitive eating and joyful movement will do so, and those who stand to benefit from the consciousness raising that helps us build a fairer world will also do so.
These discussions are good for reflection and consideration. For me, it feels like HAES is changing due to continued research, more awareness of other factors, new people, new ideas. Like any system, the change will differ in rate and uptake based on who, where and what is involved. Personally, I feel that we first need to appreciate what HAES is for us and **what it means to us, how it applies to us and, most importantly, how does it help us.** Because if we don't believe it's helpful and useful then all these discussions become rather pointless.

Table I: 21 Extracts of Extreme cases

Extracts from Analysis
I had a doctor who wouldn't give me contraceptives because **I couldn't possibly need them**, as a fat woman (mid-1980s).
When I was younger, she would put me on diets or give me diet pills, but that was before I knew better. The doctor that I had before her put me on this **meal replacement cookie diet when I was around 12**. I look at pictures of myself back then and I want to give him a shake. Sure, I was bigger than my classmates, but I was not fat.
I began my first diet at 9, and this left a big impression in my mind. I learned that certain foods where bad and that, for me, being a good kid meant sticking to the diet. So every time I failed and came back to the nutritionist office after I gained the weight back, it made me feel like I was a bad kid and a failure. It didn't matter that I was smart or a great martial artist or talented, I always distrusted all my abilities **and felt that if I wasn't thin I was still a failure.**
Additional Extracts
Stick figure amazon beauty deemed too fat to fit into Ralph Lauren's sample clothes is given the ax for not being able to fulfill her end of the contract.
So what does this have to do with FA? It just opens the door to the ruse a little further for all the women who have been snowed into believing that this is an attainable human form (**perhaps for the dead or undead zombie armies currently walking the earth but not for me thanks!**). I'm sorry, so real emaciated people aren't controversial and shocking enough? Now we need to go fabricate even scarier ones.
If you lose more, great. But most people find weight loss of 10% or more **nearly impossible** to sustain in the long term. That's the reality that obesity researchers have come to accept, while the rest of world is gradually catching up.
That revolutionary concept — health regardless of weight — completely upended my belief system and sent me on a quest to find out whether the science supported this approach or if HAES was junk science.
I grew up as a fat kid, **I wore an adult size 5 at age 9**. My father is a doctor, so he took concern at how this was affecting my life, and he took me to a nutritionist.
I didn't really understand why other people who complained about their weight didn't just "go on a diet". **No… really, I TOTALLY didn't understand…** because NO ONE I ever encountered prior to my discovery of all things FA EVER mentioned anything like… "Wow, you are a complete statistical freak – I wonder what's so different about you that you have kept this weight off!" Nope… My Dr. just acted like it was a totally normal thing… Of course, the general public also took it as a normal thing, because **THEY DON"T KNOW EITHER** just how improbable my story is.
What with maybe having an opportunity to learn to love myself as I was… and being told that I could, in fact, change to healthier eating habits and find some kind of movement my body would benefit from and I would enjoy and it wouldn't be

a **HORRIBLE TORTURE** if I approached it as a way to embrace the best life I could live and the best person I could be without hating myself and turning to sugary cakey snacks for comfort all the time.
And then I tell them about HAES… and how adding some healthy food and exercise to their lives might not burn pounds as fast, or, heck, at all, but that they will be **HEALTHIER…** if that's what they are actually after.

Table I: 22 Extracts of 'Rules'

Extracts from Analysis
Trigger warning… I talk about weight loss in this post. I talk about a crazy diet in this post. I tell you my weight in this post… and my pant size. It's just because all that's important to really know why I am here… but if it's going to be an issue, I would suggest you skip it.
Trigger warning: Discussion of weight, eating disorders, health and weight loss.
Serious trigger warning : Frank discussion of health, weight loss, weight loss surgery and eating disorders.
Additional Extracts
Trigger warning: Brief mention of weight loss.
Trigger warning: Discussion of fat health and weight loss.
Trigger warning: Discussion of diet and exercise as healthy lifestyle approaches.
Trigger warning: Discussion of weight loss, weight and health.
We will soon be offering a new fatosphere feed that will offer you the option of adding only posts of interest to your reader, **so bloggers are free to talk about dieting/WLS/health issues**, while readers are able to avoid any topics they are uncomfortable with.
Now, here's the deal. You can contribute at the frequency you're comfortable with**. I'd say no less frequently than monthly**. If for some reason you need to take a break… cool, let me know and you'll be welcome back in the fold once you're ready

Appendix J: CASP Evaluation of Systematic Literature Review

Did the review address a clearly focused question?

The review was designed to assess the gaps in the literature around the chosen topic in order to ensure that this project in an unique piece of research.

Did the authors look for the right type of papers?

The review includes articles that met a specified criterion as searched for across a number of sites. Hand sifting through references ensured no relevant papers were missed through not being on the search sites. Theses were added to the systematic review, although this is not standard practice, to ensure a rich review of all relevant research was included.

Do you think all the important, relevant studies were included?

Yes. See above.

Did the review do enough to assess the quality of the included studies?

A CASP appraisal was completed for all articles included in the review as to assess the quality of the studies in a standardised way.

If the results of the review have been combined, was it reasonable to do so?

The results were combined in order to identify themes. This was reasonable as by the aims of the systematic review. See question 1.

How precise are the results?

A detailed summary of the individual results in provided in table format, and combined as themes in the body of the text.

Were all important outcomes considered?

A CASP appraisal guided questioning of outcomes.

Are the benefits worth the harms and costs?

No harm or cost came from the conducting of this literature review.