

Transgression or Conformity?: A Critical Analysis of the Fat Acceptance Movement

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Inception

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The so-called "Obesity Epidemic" might be one of the most publicized medical crises in Canadian history—or, at the very least, the crisis with the most longevity. Beginning sometime in the 1980s, health professionals and politicians proclaimed Canada to be in the grips of an obesity epidemic; nearly three decades later, those alarmist discourses continue. Recent headlines read: "The Canada Food Guide is killing you: 'The obesity epidemic...really began with our dietary guidelines'" (Chan, 2016); "Canadian obesity rates triple in less than 30 years" (Puzic, 2014); and "1 in 4 Canadian toddlers overweight or obese, study says" (Dube, 2016).

According to Stats Canada (2015), in 2014, 20.2% (or 5.3 million) of Canadian adults were considered obese or overweight by the BMI metric. Stats Canada (2015) indicates that in 2011, Canadian children and adolescents had similar levels, with 23.6% classified as overweight and 13.7% classified as obese. Obesity is linked to a great number of prevalent medical problems "including type 2 diabetes, hypertension, coronary artery disease, many forms of cancer, and cognitive dysfunction" (Mitchell, Catenacci, Wyatt & Hill, 2011, p. 2). Yet studies also show that the long-held practice of

shaming fat bodies and placing blame on fat individuals for their obesity is not only problematic, but the self-stigmatization of fat shame can result in adverse health effects (Pearl et al., 2017, p. 322). A quick purview of obesity-related headlines (tripled obesity rates, overweight and obese toddlers, and murderous government food guides) is likely to leave the average Canadian feeling contemptuous of their own fat and scornful of others' body weight.

How, then, are individuals to navigate the discourses of the epidemic without the perpetuation of weight-associated shame? One such response is the Fat Acceptance Movement (FAM) (also called the Fat Pride Movement). Whereas author Sarai Walker indicates that “[a] person in fat acceptance believes that bodies come in all shapes and sizes, and all bodies have equal value” (as quoted in Miller, 2016), critics might say that this movement celebrates and even promotes obesity, junk food addiction, and a culture of super-sized fast food. Though Walker notes that the movement is a “political movement that advocates for the rights and dignity of fat people” (Miller, 2016), surely a worthy cause, one might wish to look at the factors that contribute to the so-called “obesity epidemic” in North America to understand the complicated relationship between health, happiness, and systemic issues.

In this paper, I will explore the relationship between feminist body-positivity initiatives, such as the Fat Acceptance Movement (FAM), systemic oppression, and weight-related health to better understand the ways that FAM can operate as a transgression of body-shaming discourses while still conforming to neoliberal ideals and capitalistic oppression. Specifically, in this paper, I argue for the necessity of discourses and social movements that address the right of an individual to love their body while still opposing the oppressive systems that create obesity. Moreover, I argue that FAM, while succeeding in helping individuals work toward a more compassionate relationship with their bodies, largely fails to

acknowledge and challenge the complex, oppressive systems that create the conditions for obesity.

Firstly, I will discuss the realities of fat-shaming and weight-related stigmatization. Secondly, I will provide a brief overview of feminist pushback to body-control discourses and the rise of the Fat Acceptance Movement. From there, I will offer my critique of FAM, noting the neoliberal context within which FAM and the so-called obesity epidemic occur. In addition, I will note the capitalistic exploitation that is inherent to various industries that produce obesity, and discuss the importance of paying attention to the intersections of race, class, and other systems of marginalization within the alleged epidemic. I conclude with recommendations for the future development of FAM.

Fat Shaming & Weight-Related Stigma

Weight-related stigma, known as sizeism, can be generally understood as “discrimination against individuals on the basis of their body size/weight” (Chrisler & Barney, 2016, p.38). According to feminist scholar Carla Rice (2007), women are especially affected by bodily ideals and size standards because girls and women “encounter frequent evaluation of physical appearance and difference as part of their social experience of gender” (p. 158) more so than their male counterparts. The experience of weight-related stigma begins in childhood, according to Rice (2007), as even young fat girls experience marginalization “by cultural messages about the abject fat female body interwoven throughout their everyday interactions” (p.159).

Beyond everyday interactions, weight-related stigma is “intensified through dominant health discourses concerning the occurrence, causes, and consequences of obesity” (Rice, 2007, p. 159). Healthism, or “[t]he message that everyone should strive for a healthy body, which is often framed as a moral obligation” (Chrisler

& Barney, 2016, p. 40), legitimizes sizeism within the health field, and enables health care providers to “engage in medical fat shaming, the deliberate embarrassment of fat patients in a misguided attempt to motivate them to change their behavior” (Chrisler & Barney, 2016, p. 41). The general tendency within public health to place “punitive emphasis on personal responsibility, lifestyle, and self-control” has historical roots within the moralistic discourses of the temperance movement and allows for “stigma to be endorsed as a legitimate public health tool” (Monaghan, Collins, & Evans, 2013, p. 253).

Samantha Murray (2005) argues that North Americans “exist in a culture of negative collective ‘knowingness’ about fatness” in which fat bodies are ascribed inherent characteristics. She writes:

We read a fat body on the street, and we believe we ‘know’ its ‘truth’: just some of the characteristics we have come to assume define fatness are laziness, gluttony, poor personal hygiene, and a lack of fortitude. [...] The fat subject is lazy, not willing to commit to change or to the dictates of healthy living. They are compulsive eaters, they are hyper-emotional; in short, the fat body is discursively constructed as a failed body project. (pp. 154-155)

Sizeism has detrimental effects on many areas of health. For instance, Erchull notes that the “[i]nternalization of the thin ideal is also likely to increase stress associated with sizeism, as people (especially women) blame themselves for their weight and believe that they deserve unfair treatment” (quoted in Chrisler & Barney, 2016, p. 42). Drury and Luis claim that such self-blame may lead to delay or even avoidance in seeking health care entirely (as quoted in Chrisler & Barney, 2016, p. 43). Furthermore, those with stigmatized bodies may experience “[g]reater body self-consciousness [which] leads to lower levels of sexual pleasure and arousal, sexual assertiveness, sexual functioning, sexual self-esteem, and higher levels of sexual avoidance, ambivalence in sexual decision making and sexual risk taking” (Gailey, 2012,

p. 116). The internalization of this stigma, known as weight bias internalization, increases the risk for “depression, anxiety, body dissatisfaction, and low self-esteem” (Pearl et. al, 2017, p. 371) and contributes to overall poor health (Pearl et. al, 2017, p. 322). As such, sizeism can be understood as a phenomenon which “has negative effects on fat people’s health behaviours” (Chrisler & Barry, 2016, p. 43) and, when enacted by health care professionals, can “actually result in weight gain and declines in health status due to inactivity or delay in seeking health care” (Chrisler & Barry, 2016, p. 44).

Fighting Back: The Fat Acceptance Movement

The mission statement of the National Association to Advance Fat Acceptance (NAAFA), an organization founded in 1969, reads: “NAAFA is a non-profit civil rights organization dedicated to ending size discrimination in all of its forms. NAAFA’s goal is to help build a society in which people of every size are accepted with dignity and equality in all aspects of life” (NAAFA, 2016). The goals of FAM are analogous to the mission statement of NAAFA. Its social media counterpart, the #bodypositive or #bodyposi community, often features activists posting photos of their bodies with captions of their self-love and details of their journey to accepting their bodies. At the time of writing this paper, the #bodypositive hashtag had over 4 million posts on Instagram, the most prominent photography social media app at this given time.

An important component of FAM is the acknowledgement of the oppressive nature of unrealistic body expectations for women. Murray (2005) notes that “[t]he act of living fat is itself an act of defiance, an eschewal of discursive modes of bodily being” (p. 155) and is a challenge to the imperative for “women’s compliance to a public and monolithic body standard, that of slenderness and beauty” (Duncan, 1994, p.52). Utilizing Foucault’s analogy of the

panopticon prison structure which subjects its prisoners to self-surveillance, Duncan (1994) argues that:

Women are exposed to the panoptic gaze, which surveys women for possible 'transgressions' against the patriarchal ideas of femininity. The panopticon functions so effectively because it does so via private self-monitoring. Women internalize the gaze and turn it against themselves, although their surveillance of themselves seems to originate elsewhere. (p. 50)

Duncan (1994) goes on to argue that "although the overt function of female body discipline is beauty, the covert function is female disempowerment. The pursuit of bodily beauty encourages women to channel great quantities of energy and money into emulating a rigorous beauty standard" (p. 49). As such, Lupton and McKinley point out that many folks within FAM "refuse the disciplinary strategies that are supposed to lead to thinness and some may even opt for fatness as an embodied form of resistance" (as quoted in Guthman and DuPuis, 2006, p. 436). Much of FAM is an attempt to challenge unrealistic bodily standards for women, oppose the rigorous self-disciplinary practices required to maintain or achieve that standard, and fight back against the shame and stigma of one's weight. In sum, Germoy, Williams, and Sobal note that the movement developed in part to "remediate rights and as a way to repair broken psyches, to turn self-loathing into self-love" (as quoted in Guthman & DuPuis, 2006, p. 436). Another component of FAM is to highlight the role that sizeism and discrimination play in affecting people's health. Some FAM advocates have noted that medical understandings of poor health related to weight have generally overlooked and ignored the influence of sizeism and discrimination.

There is some empirical evidence that embracing FAM ideology may be beneficial for women. For example, in a study surveying thirty-six self-identified fat women, after embracing FAM ideology, approximately three-quarters of the sample "tended to experience an increase in self-confidence and better sexual relationships"

(Gailey, 2012, p. 125) and felt “less body shame since they embodied fat pride” (p. 120). Though Gailey (2012) noted that FAM did not completely counter sizeist discourses, it “has the potential for combating some of the insidious messages women are inundated with daily” (p. 126). Thus, FAM shows some promising effects of providing empowering alternatives to the exhausting body projects embraced by many women.

Neoliberal Logics

To understand the ways in which FAM exists within neoliberal logic, one must first be introduced to the concept of neoliberalism itself. Stuart Hall (2011) describes neoliberalism as:

Grounded in the idea of the ‘free, possessive individual.’ It sees the state as tyrannical and oppressive. The state must never govern society, dictate to free individuals how to dispose of their property, regulate a free market economy or interfere with the God-given right to make profits and amass personal wealth. (p. 706)

Hall (2011) goes on to illuminate the ways that neoliberalism borrows from classical liberalism and adapts those principles to “make them applicable to a modern, global, post-industrial capitalism,” thus making those principles appear as though they were “common sense” (p. 711). A task of neoliberalism is not only to free the market from state interference, but to create new markets to maximize capital, as seen in American health care and education (Harvey, 2006). As such, neoliberalism expands beyond sheer economic principles and necessitates that other structures and institutions—education, dating, travelling, self-branding—conform to neoliberal logics of organization in order to become new markets within the larger “free market.”

However, it has been argued that the neoliberal free market is *not* free or neutral. For instance, in his analysis of neoliberal urban development, Christopher Mele (2011) indicates that neoliberal

practices have “increased social polarization and produced enclaves” (p. 423), within which “urban landscapes are carved up into self-contained fragments designed for specific social groups” (p. 447). Likewise, Lyon-Callo and Hyatt (2003) write of discriminatory development and money-lending practices in America that “contributed to neighborhood resegregation in white working class neighborhoods and promoted economic disinvestment and decline in minority neighborhoods” (p. 179-180). Thus, Neoliberalism is a set of organizing principles that prioritizes capital over people by rendering marginalized folks even more vulnerable in an effort to maximize capital. The maximization of capital, within a neo-liberal system, is obtained through the prioritizing of development in rich, white areas; by cutting access to social services; by prioritizing “competition” and “choice” in some markets (i.e., in education) rather than offering good public education for all; and by limiting social mobility through raced, classed, and gendered policies. As Harvey (2006) notes, neoliberalism has been a destructive force in the organization of labour, social dynamics, and the way that any individual may navigate the world.

Neoliberalism and FAM

Neoliberalism proposes “that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, free markets and free trade” (Harvey, 2006, p. 145). The power of a democratic citizen is thus minimized to “the power of the credit card and the pleasures of the shopping mall” (Saad-Filho & Johnston, 2005, p. 65). Neoliberalism reconstructed the concept of the freedom of the individual to mean freedom of consumer choice, intertwining health and happiness with consumption. Neoliberal ideology is the backbone to a state that readily manufactures obesity. Despite its positive impacts, FAM exists within and, at times, *acts as proponent of*, a neoliberal system.

Because neoliberalism generally aims to “de-regulate” the economy and minimize the role of the government in the marketplace and beyond, “[t]he neoliberal critique of too much intervention returns improvement to the individual, who is expected to exercise choice and to become responsible for his or her risks” (Guthman & DuPuis, 2006, p. 146). Concurrently, according to Dean, neoliberal ideologies also “produces a hypervigilance about control and deservingness. For, in order to exercise choice freely, one must be shaped, guided, and molded into a person capable of exercising freedom” (as quoted in Guthman & DuPuis, 2006, p. 443). Within the double imperative to exercise one’s freedom via consumption habits while still falling within normative expectations of bodily discipline comes the contradiction of being “emotionally compelled to participate in society as both out-of-control consumer and self-controlled subject” (Guthman & DuPuis, 2006, p. 444).

In other words, neoliberal logic ties individual identity in with one’s consumption patterns. Exercising one’s consumer choice is thus construed as the exercise of one’s democratic freedom. The logic of FAM does not fall outside the logic of neoliberalism; rather, FAM continues to align consumer choice with individual freedom as it encourages its adherents define freedom of choice as freedom of *consumer* choice. For instance, First Lady Michelle Obama’s “Let’s Move” program, a program aimed at curbing childhood obesity, limited the companies that could advertise their food and beverage products in schools in America, created nutrition standards for school cafeterias, and replaced many unhealthy vending machine products with healthier alternatives (Gordon, 2014). The rules came “under fire from conservatives who think the government should not dictate what kids eat—and from some students who don’t like the healthier foods” (Gordon, 2014). One student’s social media post reads: “Michelle Obama is single-handedly ruining my life by changing school lunch and the vending machines” (Gordon, 2014). The pushback to Obama’s healthier food rules hinged upon the conflation of freedom with consumer choice, all framed within the

neoliberal ideology of de-regulation. Governmental interference with vending machines on school grounds is then viewed as an infringement upon personal freedom and the ability of the individual to choose, an argument which ignores the fact that prior to these laws, individuals did not have the option to choose anything *but* junk food.

Similarly, FAM rejects discourses from medical professionals, governmental policies, media, and so on that propose healthier alternatives (such as less soda in schools, limits to junk food, bylaws about where fast food restaurants can be built, etc.) because it is construed as both a) an infringement upon one's "freedom" (which here means consumer choice) and b) part of oppressive, fat-shaming discourses which equate health with weight. The Center for Consumer Freedom issued advertisements to put consumers on guard against those who aim to regulate our food choices, thus arguing that "[b]y exercising our choice to eat we are exercising our freedoms" (Guthman & DuPuis, 2006, p. 442). As such, the old adage "you are what you eat" becomes imbued with new meaning: you are what you consume and you're only as free as your consumer choices.

Framing consumer choice as freedom is a rhetorical mechanism which fetishizes "choice" while ignoring some systemic factors that cause obesity: inadequate education on nutrition and food preparation, a lack of access to healthy foods, persuasive advertising on behalf of powerful corporations within the food industry, inadequate time to maintain a healthy lifestyle, and so on. Some folks within FAM "are unwilling to acknowledge any of the causes of consequences of fat, thereby absolving the food industry of its deeds...fast food is blameless and subjectivity is defined by the refusal to comply with any notions of bodily control" (Guthman & DuPuis, 2006, p. 437). The inherent oppressiveness of the food industry is ignored in the name of "freedom." FAM, despite all of its good intentions, thus upholds a neoliberal ideology (consumer

choice as freedom) which shelters oppressive systems from much-needed critique; in a strange turn, FAM and the food industry become surprising allies.

Obesity: An Industry and Demography

The so-called obesity epidemic, even beyond the level of internalized neoliberal logic, is tied to capitalist ideologies. Guthman and DuPuis (2006) point to “US agricultural policies that systemically create conditions of oversupply” (p. 429). They note the policy biases which favour livestock sectors of the agricultural industry, Pollan states, “which [is] widely felt to be problematic, in part because grain-fed animals not only produce fattier meat but are also significantly more vulnerable to health problems” (as quoted in Guthman & Dupuis, 2006, p. 430), while disadvantaging fruit and vegetable production (430). Furthermore, Nestle argues that “what gets defined as healthy in the [food] pyramid has been heavily influenced by the food and agriculture lobbies, particularly meat and dairy interests” (as quoted in Guthman & DuPuis, 2006, p. 431).

As such, government subsidization of certain industries (i.e., the meat and dairy industries) and policies that frame those products as healthy produce an environment in which obesity becomes a likelihood, all for the benefit of those industries. For instance, Pollan notes that the fast food industry, “becomes a doubly good fix for capitalism; not only does it involve the superexploitation of the labor force, it also provides an outlet for surplus food” (as quoted in Guthman & DuPuis, 2006, p. 441). Furthermore, because “neoliberalism’s other fix is to create purchasable solutions to the problems it generates” (Guthman & DuPuis, 2006, p. 441), the food industry gives birth to other highly-profitable industries: the dieting industry and fitness industry for those who do not wish to become or remain overweight or obese, and the plus-sized clothing, pharmaceutical, and weight-assistance product (i.e., scooters) industries. All of this exists within a capitalistic system that prioritizes

profit over public health based on the myth of individual agency within a highly coercive system.

However, in Canada, it has been shown that “obesity is concentrated among the poor” (Hajizadeh, Campbell, & Klarma, 2014: 212). A gender-based analysis reveals that obesity most significantly effects better-off men and impoverished women (Hajizadeh et. al, 2014, p. 212), which one might attribute to the financial capital and leisure time of well-off men and the lack of healthy resources, time, and education for impoverished women. Thus, in Canada, obesity appears to be a gendered and racialized phenomenon. The food insecurity-obesity paradox, or “the contradictory association between food insecurity, resulting from inadequate economic resources to purchase food, and obesity, as a consequence of overconsumption,” disproportionately affects impoverished women (Papan & Clow, 2012, p. 1). The paradox, described as a vicious cycle, “included experiences of poverty, food insecurity and nutritional deprivation, weight gain leading to obesity, stress, and experiences of chronic illness” (Papan & Clow, 2012, p. 8); these women were trapped within the cycle not because “of an absence of knowledge around how to live in healthy ways, [but because] there was an absence of choice to do so” (Papan & Clow, 2012, p. 2). This contradicts the ideology of the FAM which hinges itself upon consumer choice and/or acceptance of one’s fat body; rather, these women experience obesity because of a *lack* of choice and the acceptance of one’s fat body would equivocate the acceptance of the oppressive conditions that created it.

In the United States, it has been found that “low-income children and adolescents are more likely to be obese than their higher income counterparts,” due in part to the fact that lower-income families “may turn to food with poor nutritional quality because it is cheaper and more accessible” (Scherer, 2013, pp. 39-40). In Canada, Indigenous populations “exhibit the highest obesity rate of the country” at 26%

of its population being obese, nearly 11% higher than the Canadian average (Belanger-Ducharme & Tremblay, 2005, p. 185).

FAM, then, fails insofar as it does not acknowledge the correlation between systemically marginalized groups (i.e., Indigenous populations) and obesity. Because obesity occurs more prevalently in marginalized populations, its stigmatization discourses further marginalize these folks. Some scholars, like Osborne and Stoler, view sizeist discourses as yet another means of marginalization that is “often entwined with other projects to control, dominate, or marginalize racialized and gendered others” (as quoted in Guthman and DuPuis, 2006, p. 429). Weight stigmatization is a vehicle through which marginalized groups can be continually exploited and controlled. Considering the significant correlation between vulnerable groups, such as Indigenous folks, women (especially women of colour), and low-income folks, weight stigma is yet another means to marginalize these already Otherved groups. A coloured body is already marked as Other, but a *fat* coloured body is Otherved via racialization discourses as well as by discourses that construe fat bodies as immoral, lazy, and irresponsible.

Summary

The Fat Acceptance Movement generally aims to help fat individuals accept (and even love) their bodies despite an overwhelming amount of messages from medical professionals, media outlets, entertainment, and daily social interactions that indicate that fat bodies are unworthy. Indeed, in one study, FAM was shown to help nearly three-quarters of the study participants with self-love and bodily acceptance by providing individuals with changed perspectives on their bodies, self-transformation, and community engagement (Gailey, 2012, p. 120). Although the movement succeeds, to a degree, at challenging oppressive discourses that pressure individuals (especially women) to invest significant levels of time, money, and energy into body projects with an often

unattainable end goal, I argue that it fails to challenge the oppressive systems that create obesity.

Nudging FAM to Challenge the System

With an internalization of neoliberal logic which construes individual freedom as consumer choice, an absence of acknowledgement of the capitalistic ideology of the food industry, and ignorance towards the racialized and gendered components of the obesity demography, FAM falls short of its potential for real social change. Advocacy at the level of fat “acceptance” runs the risk of *normalizing* the systems that create obesity rather than *opposing* them. While FAM generally aims to absolve individual fat folks from responsibility in an attempt to accept and love one’s body, it fails to hold the systems that produce obesity (the food industry, governmental policy, systemic racism, etc.) accountable for their role (Guthman & DuPuis, 2006).

However, because de-colonialist, anti-racist, and anti-capitalistic change is not an immediate process, FAM is still a worthwhile cause that is necessary in the current context—and its worth would grow considerably with some adjustments. For instance, while there is such a significant portion of the population who falls within the categories of overweight and obese, it is important to empower individuals to love and respect their bodies as is, especially when the systemic factors that produce obesity are still functioning. However, FAM and the general public would benefit if the movement continued to teach self-love while *simultaneously* opposing the conditions that marginalize folks and create obesity through exploitation for capitalistic gain. For instance, NAAFA could continue to provide supports for fat individuals who have experienced weight-related stigmatization, but it could also do civil rights work that challenges current policies (i.e., around food labeling, food advertising, which industries are subsidized, and so on) that enable widespread obesity. In order to do this, the neoliberal equation of

consumer choice with freedom must be problematized, lest individuals continue to see governmental regulation of food, agricultural, and advertising industries as undue interference with one's democratic right to freedom of choice. FAM, which tends to remove individual responsibility from the obesity equation, could continue to do so if it acknowledged the systemic factors that create obesity. As such, FAM could provide short-term support for fat individuals while working towards long-term goals of changing the conditions that produce obesity.

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