The Role of the Fatosphere in Fat Adults' Responses to Obesity Stigma: A Model of Empowerment Without a Focus on Weight Loss

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Abstract

Obese adults face pervasive and repeated weight-based stigma. Few researchers have explored how obese individuals proactively respond to stigma outside of a dominant weight-loss framework. Using a grounded theory approach, we explored the experiences of 44 bloggers within the Fatosphere—an online fat-acceptance community. We investigated participants' pathways into the Fatosphere, how they responded to and interacted with stigma, and how they described the impact of fat acceptance on their health and well-being. The concepts and support associated with the fat-acceptance movement helped participants 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). Participants perceived that blogging within the Fatosphere led them to feel more empowered. Participants also described the benefits of belonging to a supportive community, and improvements in their health and well-being. The Fatosphere provides an alternative pathway for obese individuals to counter and cope with weight-based stigma.

Keywords

health and well-being; obesity / overweight; research, qualitative; stigma

In recent times, an unyielding public spotlight has shone on the causes and consequences of being obese. Much of this public gaze has developed as a result of a burgeoning set of epidemiological studies in which researchers showed rapid increases in national and international rates of obesity over the last 20 years (Walls et al., 2009; World Health Organization, 2010) and linked obesity to a variety of physical and psychological health conditions (Australian Bureau of Statistics, 2008; Friedman et al., 2005; Petry, Barry, Pietrzak, & Wagner, 2008). Furthermore, data suggest that obesity has increased economic costs, both for society—in terms of decreased productivity (Gates, Succop, Brehm, Gillespie, & Sommers, 2008), and the health system—through increased health care costs (Colagiuri et al., 2010). Numerous antiobesity interventions have been developed by governmental, nongovernmental, medical, and commercial stakeholders. These have included population-based preventive programs aimed at halting increasing obesity rates (for example, regulation and social marketing initiatives) in addition to weight-loss interventions aimed toward the individual. Although there is extremely limited evidence to suggest that any of these

initiatives impact markedly on reducing obesity either in individuals or across the population over time (Bacon, 2008; Campos, 2004; Kelly, Yang, Chen, Reynolds, & He, 2008), few alternatives aimed at improving the health and well-being of obese adults exist outside of the weight-loss sphere.

Obesity Stigma, Health, and Well-Being

Stigma has been an issue of concern to researchers since the mid 20th Century. Goffman defined stigma in his seminal work, *Stigma: Notes on the Management of Spoiled*

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Identity, as "an attribute that is deeply discrediting" that reduces individuals "from a whole and usual person to a tainted, discounted one" (1963, p. 3). More recently, revised and expanded definitions have emerged in academic literature. For example, Link and Phelan stated, "Stigma exists when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation which allows them" (2001, p. 377).

Researchers who have examined the social consequences of obesity have shown that obese individuals experience extensive stigma and discrimination, which in turn impacts negatively on their physical and mental health outcomes (Andreyeva, Puhl, & Brownell, 2008; Cramer & Steinwert, 1998; Myers & Rosen, 1999; Puhl & Heuer, 2009; Thomas, Hyde, Karunaratne, Herbert, & Komesaroff, 2008). Obese adults are stigmatized because of their weight within a range of settings in the community such as the workplace, educational institutions, health care settings, by the media, and in interpersonal relationships (Puhl & Brownell, 2001; Puhl & Heuer). More recently, it has been suggested that the stigma experienced by obese adults might be increasing as the public and medical focus on obesity intensifies (Lewis, Thomas, Blood, et al., 2010; Lewis, Thomas, Hyde, et al., 2010; Thomas et al., 2010).

In relation to stigma management, researchers have shown that the pressure placed on obese adults to achieve a thin ideal might stimulate engagement in repeated—and often extreme—weight-loss behaviors to attempt to achieve an acceptable social norm of "thinness" (Lewis, Thomas, Blood, et al., 2010; Puhl & Heuer, 2009; Puhl, Moss-Racusin, & Schwartz, 2007). These attitudes are reinforced by biomedical researchers and health professionals who have suggested that finding a cure for obesity is the ultimate way of reducing obesity stigma in the community. For example, Hayden, Dixon, Dixon, Playfair, and O'Brien (2010) stated that with effective weight-loss solutions, stigma would disappear, and obese individuals would realize that their own behaviors had contributed to their stigmatizing experiences. These dominant medical discourses reinforce that obese adults are themselves personally responsible for weight-related stigma, situating the cure for stigma (and the responsibility for reducing it) with those individuals who are obese (Murray, 2008b). Cooper has stated that these types of obesity models provide clear examples of the way in which the dominant medical discourse further marginalizes obese individuals and their bodies, making it extremely difficult for individuals to challenge the "self hatred and helplessness" that these models engender in those who are obese (2008, p. 1).

Researchers conducting studies relating to the stigmatization of individuals who are obese have also shown that perceptions of obesity stigma might lead to higher rates of social disconnection, including diminished engagement in social activities and difficulties in establishing and maintaining social relationships (Chen & Brown, 2005; Mather, Cox, Enns, & Sareen, 2009; Petry et al., 2008). Although social isolation has been shown to impact negatively on individuals' health and well-being in the broader community (Berkman, 1984; Berkman, Glass, Brissette, & Seeman, 2000; Cohen, 2004; Ell, 1984; Seeman, 1996; Wilkinson & Marmot, 2003), there are extremely few places outside of diet and weight-loss clubs for obese adults to seek support, form networks, and engage in non-weight-loss-focused discussions about their health and well-being. Although it has been shown that obese adults believe that weight-loss groups are ineffective and have a negative impact on their health and well-being, obese individuals still return to weight-loss groups to meet the public pressure to be "doing something," and to share experiences with other obese adults who attend these groups (Thomas, Hyde, Karunaratne, Kausman, & Komesaroff, 2008; Thomas, Lewis, Hyde, Castle, & Komesaroff, 2010).

Responding to Stigma

It has been suggested by researchers examining other stigmatized health conditions that individuals respond to stigma in a variety of different ways (LeBel, 2008; Poindexter, 2005). However, a limited number of researchers have sought to identify how an individual's reactions to stigma might change over time, and what might facilitate such change. For example, Siegel, Lune, and Meyer (1998) explored the transitions of gay and bisexual men's responses to stigma in the HIV/AIDS community. They documented a model in which a continuum of stigma management was observed, which moved progressively from accepting stigmatizing social norms and values through to challenging stigma and the underlying societal norms. Individuals moved from reactive strategies such as withdrawal and distinctions of personal fault, to intermediate strategies such as selective affiliation and "discrediting the discreditors," then finally onto proactive strategies such as public education and social activism (Siegel et al., 1998, p. 14).

Puhl and Brownell (2003) conducted a synthesis of studies exploring the ways in which obese adults respond to weight-based stigma. They identified 10 common strategies, ranging from losing weight and conforming to social stereotypes, to confrontation, communal coping, and social activism. However, these categories remained distinct, with little discussion about whether individuals might move from one category to another, use different strategies under different circumstances, or use a range of strategies simultaneously to manage stigmatizing experiences. We know of no studies that have explored how and why obese individuals might utilize varying strategies, nor what prompts obese individuals to move from one strategy to

another in trying to negotiate the stigma that they both perceive and experience.

Fat Acceptance: A Mechanism for Resisting Stigmatizing Obesity Discourses

Fat acceptance emerged in the 1960s as a response to weight-based discrimination and stigma directed toward fat adults in an attempt to create an alternate discourse around obesity (Cooper, 2008). Although there is no universal definition of fat acceptance, it is regarded as a consumer-based movement comprised of individuals from varying philosophical backgrounds who question the dominant discourse of health reporting and information about obesity, including critical examinations of the weight-loss industry. Critical elements of the movement include acceptance of one's body and relinquishment of the idea that one's body is unacceptable if it does not conform to a societal ideal of thinness.

Associations (primarily based in the United States) such as the National Association to Advance Fat Acceptance (NAAFA) and the Association for Size Diversity and Health (ASDAH) have become active in lobbying for the rights of fat individuals. A number of influential books critiquing dominant models of obesity have also sparked interest in alternative models of thinking about weight and health (see Bacon, 2008; Campos, 2004; Harding & Kirby, 2009; Wann, 1998). However, it is the rise of the Fatosphere (or the fat-acceptance Web logging, or blogging, community) that has been instrumental in providing an online space in which individuals (both fat and thin) can engage in and contribute to critical dialogue about obesity, and receive informal, peer-based support for a range of stigmatizing experiences. Harding and Kirby described the Fatosphere as

> A smorgasbord of different takes on fat acceptance, body image, sexuality, disability and self esteem . . . The best thing about the Fatosphere is . . . the sense of community. Most of the blogs encourage readers to comment, and the discussions are sometimes better than the posts. By and large people are incredibly supportive of each other which really helps to mitigate all the pressure we get from family, friends and perfect strangers to feel ashamed of our bodies, and try to become thinner. (p. 83)

The Fatosphere is not without its critics. Fat-acceptance bloggers have been accused of promoting obesity, being social deviants, and giving up on weight loss (Bowers, 2010; McDonell-Parry, 2009; Moore, 2006; Roth, 2009; Scott, 2009). Much of this criticism has emerged from a dominant paradigm of obesity (rather than empirical evidence) in which figures of authority insist that fatness is both socially and medically undesirable, and that all fat individuals should be willing to participate in whatever measures possible to lose weight. For an individual to accept his or her fatness is seen as deviant behavior that subverts the pervasive medical and social discourse surrounding the obesity epidemic. A small amount of research has been conducted in this area, with researchers suggesting that the Fatosphere and fat-acceptance movement could have a positive effect on the health and well-being of those who engage with it (Lewis et al., 2011; Myers & Rothblum, 2010). However, the experiences of individuals involved in the fat-acceptance movement remain largely unexplored.

Methods

Aims and Approach

The data we present in this article are part of a broader study investigating the lived experiences of individuals involved in the fat-acceptance blogging community—the Fatosphere. We present analysis of data exploring individuals' pathways to fat acceptance, and their descriptions of how fat acceptance impacts on their health, social behaviors, and well-being. We were also interested in individuals' descriptions about how the fat-acceptance movement—through the online setting of the Fatosphere—allowed them to challenge and resist stigmatizing obesity discourses. We posed three questions to guide this article: (a) What types of experiences led individuals to fat acceptance? (b) How does the Fatosphere provide a space in which individuals can resist stigmatizing obesity discourses? and (c) How do individuals perceive that the Fatosphere impacts on their health and well-being?

A grounded theory approach was utilized for this study (Strauss & Corbin, 1998). We chose this approach for a number of reasons. A grounded theory approach allowed us to (a) respond flexibly to themes as they emerged from participants narratives, adding in new questions and areas for investigation as they emerged from the data; (b) explore patterns of shared meaning based on participants' lived experiences; and (c) develop new theoretical insights into the way some groups might respond to and resist dominant obesity discourses (Morse, 1992; Walker & Myrick, 2006). However, it is important to note that in this study we also chose an approach to theory building which shifted between inductive and deductive thinking; that is, developing new theoretical understandings while still allowing for existing social theories and frameworks to be drawn on (Daly et al., 2007; Willis et al., 2007). The aim was, as proposed by Rice and Ezzy (1999), to create a dialogue between existing theoretical perspectives about weight-based stigma and the impact of dominant obesity discourses on obese individuals, and new theoretical insights into how fat

individuals resist dominant stigmatizing discourses about weight through the Fatosphere. Ethical approval for the study was gained from the Monash University Human Research Ethics Committee.

Recruitment Strategy

Individuals were recruited for the study by using the Notes from the Fatosphere Really Simple Syndication (RSS) feed. Put simply, an RSS feed is a notification service that enables subscribers to receive updates about new blog postings. To belong to the Notes from the Fatosphere RSS feed the blog must have been operational for at least 3 months, the content must have been primarily about "fat" commentary, and must not have contained any material that promotes weight loss. In the 12 months preceding the study, 67 blogs subscribed to the Notes feed, which was administrated by third author Bri King. In this role as the Notes feed administrator, King worked as a knowledge broker between the research team and the Fatosphere. Her detailed understanding of the community provided important insights into the characteristics of the community, which in turn shaped the processes and methods used to recruit participants.

One of the difficulties identified with working with bloggers on the Notes from the Fatosphere feed was a mistrust of academic researchers. Piloting and informal discussions with bloggers showed that there was a perception that many academic researchers sought to criticize and discredit the concepts associated with fat acceptance. Understandably, this made the community wary of taking part in academic research. King worked with the research team to create explanatory statements and information sheets about the study in which we used appropriate language for the community; e.g., the use of the word *fat* rather than the word *obesity*. However, it is important to note that this, in turn, created tensions with the university ethics committee, who felt that the word *fat* would be derogatory to participants. Although the word *obesity* was used in the explanatory statement, a note was sent to participants to explain why the word had been used. At the beginning of each interview, the participant was also asked which word he or she would feel most comfortable with.

An initial email containing details about the study and the research team was sent by King to 58 of the 67 bloggers who had been involved with the Notes from the Fatosphere feed in the previous 12 months. Nine blogs were excluded because they contained no text, had no original material (i.e., reposted content from other fat-acceptance sources and links), or were from commercial entities (e.g., NAAFA or book sites). Once individuals had initially agreed to learn more about the study, they were referred to first author Marissa Dickins, who provided additional information about the study and set up a time for an interview. Of

those who were approached, seven people expressed concerns about taking part in the study. For the most part, the issues raised were related to the use of the data and whether the reporting of the study would be an attack on the Fatosphere. King allayed these fears by explaining that she would be involved in all aspects of the study, including data analysis and the writing of academic articles. As a result, all who were originally concerned about the study agreed to participate.

Data Collection

A semistructured interview schedule was developed to investigate participants' pathways into the fat-acceptance movement—or Fatosphere—and their experience of and motivations for blogging. The schedule was used as a means to stimulate discussion and dialogue between the researcher and the participant, and although a core group of questions was asked, new questions (and thus discussions) often emerged throughout the interviews. Interviews were conducted using telephone and Skype (a program that enables individuals to make voice and video calls over the Internet) between February and July, 2010. Dickins and second author Samantha Thomas conducted the interviews, each of which lasted approximately 45 minutes. Interviews were transcribed by Dickins or a professional transcribing service. Participants were asked not to blog about their experience of the interview, to avoid unduly influencing the responses of those who were yet to be interviewed.

Analysis

After each interview was completed and transcribed, Dickins and Thomas conducted an initial analysis of the transcript. We used Strauss and Corbin's (1998) axial coding approach to analyze the data from the study. This approach is based on a comparative method of analysis: constantly reading and rereading transcripts, looking for differences and similarities between responses, and developing themes and categories from the data. First, we conducted a broad reading of transcripts. We took notes and identified analytical categories where they emerged. We conducted this initial open analysis to ensure that we were able to identify and thus include any new themes or questions for subsequent interviews. After this initial analysis, we participated in group discussions to explore similarities and differences across the interviews and to refine the themes and relationships between categories that had emerged from the data. The final stage in the analysis was to refine the concepts that we had discovered and to understand how these related to the core category that had emerged from the data (Strauss & Corbin). After the initial data analysis had been conducted, participants who

indicated an interest in receiving their transcript were provided with a copy. Throughout this article, selected quotes are used to illustrate key findings. As a guide, the word *few* is used to refer to less than 25% of the sample, *some* to refer to 25% to 50%, *many* to refer to 50% to 75%, and *most* for more than 75%.

Results

General Characteristics

Of the 58 bloggers who were contacted by researchers, 44 participated—a response rate of 75.9%. Of those who did not take part in the study, four did not respond to the initial email, three declined for emotional health reasons, and seven who initially agreed to an interview were unable to be contacted to arrange an interview time. Participants were aged between 19 and 56 years (mean age 34.2 years), and the majority identified as women (*n* = 36; 81.8%), followed by men (*n* = 7; 15.9%) and one who identified as gender queer (*n* = 1; 2.3%). Most were based in the United States (*n* = 28; 63.6%) or Australia (*n* = 11; 25.0%), followed by Canada (*n* = 2; 4.5%), New Zealand (*n* = 1; 2.3%), the Philippines (*n* = 1; 2.3%), and the United Kingdom (*n* = 1; 2.3%).

The core theme to emerge from the data analysis was that the Fatosphere provided a safe space of acceptance where participants could counter, respond to, and resist dominant and stigmatizing obesity discourses. We identified common lived experiences that led participants to explore and engage with the fat-acceptance movement.

Early Experiences With "Fatness"

Participants' experiences with their weight clustered around a number of similar life experiences. First, participants described constant reinforcement from others (in particular friends, family members, and health professionals) to the idea that their bodies were unacceptable. Second, they described an overwhelming hatred of their bodies from an early age, and expressed a sense of frustration and personal failure at their inability to conform to a thin ideal. This led to numerous and increasingly extreme weight-loss attempts as participants tried to take responsibility for their "fatness" and weight gain. Finally, participants described how self-hatred, shame, and embarrassment led them to disengage from everyday life activities, and engage in increasingly extreme weight-loss events.

Many participants described an acute awareness from an early age that they were "fatter," "larger," or "bigger" than their peers. This awareness was created through the constant negative body commentary from others that "problematized" and "stigmatized" their bodies. They described how friends, family members, and health professionals constantly reinforced that their bodies were "unacceptable," "hideous," and "ugly," and should be "despised"—often before they had reached puberty. Women stated that they were made acutely aware that some types of bodies were morally acceptable. One woman said, "What [my mother] did was make me very, very aware of my body and what was right and what wasn't. 'Oh, no, you don't want to do that. You'll be fat.'"

For most participants, weight loss and restrictive eating were actively promoted as the only way they could help their body conform to an aesthetic ideal of thinness. Some participants described vivid memories of their first weight-loss diet, with a few participants stating that they were introduced to dieting when they were as young as 5 years old. Weight loss was promoted as an individualistic activity that required personal responsibility, a strong character, and willpower: "All I ever heard from my parents, our family doctor, and from teachers was, 'You have to lose weight, you have to lose weight, you have to lose weight.'" Participants described the impact this constant weight-loss pressure had on their lives and life experiences. Many stated that their identity became dominated by their hatred of their body, their inability to lose weight, and an all-consuming quest to find a weight-loss solution: "At nine, ten years old, I was suicidal and consumed with self-loathing. There was nothing of value in my life."

Participants internalized the weight-related stigma they received from others and believed that they deserved the fat hatred directed at them from friends, family members, and the broader community. In a complex weaving of public and private hatred for their bodies, participants described feeling that "the whole world is against you," but also that they were personally responsible for their fatness. Participants believed that their fatness was indicative of a character that was severely flawed, and that they were perceived by others as "lazy," "gluttonous," and "undisciplined." Participants engaged in constant weight-loss attempts to prove to others (particularly family members) that (a) they could take personal responsibility for their weight; and that (b) they were able to take control over the aspects of their character that were viewed as flawed. Some described increasingly extreme eating and exercise patterns, but believed that this was better than not doing anything to modify their bodies. Although participants knew that these weight-loss attempts were damaging for their health and well-being—and did not lead to sustained weight loss—they felt there was little alternative if they wanted to accept themselves and be valued and accepted by those around them. Many believed that becoming thin was the only way of ameliorating the stigma and critical judgment they experienced:

> There was this urge to fit in. There was an urge to conform. I'm dieting, I'm being good, putting the

moral value on it . . . because obviously I "deserved the stigma" for being "immoral," for being "fat," for being a "bad person," for being "overweight."

Private and public body loathing both mediated and embodied every aspect of participants' life experiences. The more participants realized that they were unable to control their bodies, the less they believed that they could be successful in other aspects of their lives:

> There was something wrong with me. It was a defect of my character, a defect of me; I was defective, per se. I lacked control. I needed to lose weight. I didn't have discipline. My upbringing was framed around the consequences of what being fat was going to be, and if I didn't lose weight how horrendous that cost was going to be on my happiness and my fulfillment.

Participants gave examples of not going to school or applying for their dream job, and stopping themselves from falling in love. Many of the participants believed that their fatness meant that they were not "worthy" of or "entitled" to aspirations, dreams, or success. One man explained, "I am a college dropout, and I dropped out because of my weight. It's one of the major regrets in my life—not pursuing an education."

Searching for Alternatives: Negotiating Dominant Obesity Discourses

Participants described a number of events that stimulated a search for alternatives to the dominant assumption that obese individuals should always be trying to lose weight. The first set of responses clustered around the experience of a significant negative health event associated with trying to lose weight. For example, some stated that they had ended up in hospital after overdosing on diet medications or exercising to the point of exhaustion. Others had been diagnosed with an eating disorder—in particular bulimia or binge eating—which they believed was caused by weight-loss dieting. A second group of participants stated that they reached a point at which they were physically and emotionally exhausted from weight-loss attempts:

> I used to starve myself to the point of collapse. I started messing around with drugs and with anything prescription I could get to try and lose weight. I also used laxatives. I was a serial abuser of those, and my weight only ever got greater.

The final group was not searching for an alternative, but "stumbled" across the concept of fat acceptance, and in particular blogs within the Fatosphere. Some came

across it accidentally when searching for unrelated Web content, and others were introduced to it by a friend or acquaintance. These participants described how the overarching message and information within the Fatosphere "just clicked" with their own experiences with their weight.

The common experience throughout participants' narratives was a questioning of the claims and motives of (a) the weight-loss industry, (b) the dominant medical rhetoric associated with fatness, and (c) the societal assumptions about thinness (at any cost) and well-being. For example, some started to question whether those who advocated weight loss were actually concerned for their health and well-being. Participants drew on their own experiences, describing the point at which they realized that weight-loss attempts did not make them healthier or happier:

> I ended up becoming a drug addict. I would take laxatives in order to lose weight so I would produce a weight loss each week. Eventually I actually ended up passing out in the middle of the street. And I remember being [at the diet clinic] and explaining to the woman [that] I had passed out. And they really were looking down at me, and it was kind of almost like too bad that I was rehydrated . . . that it was a bad excuse for not producing a weight loss for that week.

Participants also started to question whether a lack of personal responsibility was a key reason for fatness as they started to think through the claims and promises that were made by the weight-loss industry. Some stated that despite being highly motivated and responsible, spending thousands of dollars on weight-loss solutions, constantly trying to lose weight and "trying everything," they were still fat. Some stated that, after interacting with fat-acceptance materials, they came to the conclusion that it was not their fatness that was disrupting their life experiences and making them unhappy. Rather, it was the way society viewed their fatness, and how these opinions stimulated them to engage in unhelpful "solutions": "I just came to this realization that I've battled this crap for 25 years. Since I was a child I've fought, and I've tried everything there was out there."

Mothers with young children (particularly daughters) offered an additional reason for trying to find a different way of thinking about their weight. Many wanted to prevent their daughters from experiencing the same body-and self-hatred that they had experienced because of their weight: "I've got two daughters. I don't want to give them my food hang-ups. I don't think that they're ugly. I don't want them to have anything to do with this, you know. They're beautiful people."

Two key texts were present in introducing participants to the concept of fat acceptance: Marilyn Wann's *Fat!*

So? (1998), and Kate Harding and Marianne Kirby's *Lessons From the Fat-o-Sphere* (2009). Participants described the "revelation" and "relief" of realizing that there was a supportive community of people who believed that (a) fatness is not a personal failing, (b) dieting does more harm than good, and (c) thinness is not a prerequisite for living a happy and fulfilling life. Many participants described how the concepts associated with fat acceptance provided a pathway to recovery that was radically different from the "weight-loss recovery" that previously had been so strongly prescribed in their lives.

The Fatosphere provided a safe space for participants to critique the assumption that fatness was "bad." This helped to empower them to confront stigmatizing obesity discourses that assumed that fatness was the result of a simplistic set of negative lifestyle choices (eating too much and exercising too little). In particular, it allowed them to resist the discourse that fat people should always be striving to be thin: "I'm genetically programmed to be like this, and it's okay, and it's beautiful." However, the process of self-acceptance was still difficult for many participants. The long-term impact of belonging to a world of body rejection and intolerance caused them initially to reject and resist both their own bodies and the "no-dieting" concepts associated with the Fatosphere. One participant stated that it took her more than a decade to "think through" the concepts associated with fat acceptance. She went through an active process of negotiating with herself about changing the way she thought about herself and the way her body was viewed by society:

> I stopped blaming myself, and I shifted to thinking about how power is enacted on me. How social power was enacted on me and my body . . . [moving from] saying, "Oh my god, it's all my fault. If only I could be thin, if only I could do all the things that's needed to be thin," to thinking, "Why does this matter, anyway? What a pointless project this is."

As participants began engaging with the ideas and concepts present within fat acceptance, they began reading and interacting with blogs within the Fatosphere. Many participants started reading and engaging in discussion on blogs such as Kate Harding's "Shapely Prose"; Marianne Kirby's "The Rotund"; and Lesley Kinzel's "Fatshionista" (a blog promoting fat fashion which challenges participants' own assumptions of weight and beauty). Involvement with these blogs was often a gateway to the rest of the Fatosphere:

> The big three I guess that were in the Fatosphere, it was Kate Harding, and the Fatshionista, and The Rotund. . . . I've started branching out more and getting more involved in the community in terms of commenting on other blogs and reading more [fat acceptance] blogs.

Fat Acceptance: Empowerment, Community, and a Focus on Health

Participants described three key benefits in belonging to the Fatosphere: (a) empowerment, (b) an increased sense of social connectedness, and (c) a perceived improvement in both mental and physical health and well-being. A number of activities helped participants feel more empowered over their bodies. The first was reclaiming the word *fat*. In the Fatosphere, *fat* was no longer associated with embarrassment, shame, and disgust. Rather, it was reframed as a "neutral descriptor"—just like *blonde* or *tall*. In particular, reclaiming the word *fat* allowed participants to move away from the medicalized language of *obesity*, which equated fatness with illness. Most participants parodied the word *fat* in their blog titles, explaining that this allowed them to "come out" as being at peace with themselves and their bodies, and signified that they would no longer be a "victim" of the language of "fat hate." One Australian woman explained, "It's like I'm here, I'm fat. I'm not miserable, and I'm not going to be, so tough luck!"

Participants commented that the Fatosphere provided a space to connect with others in an alternative dialogue about weight. Many described the stark contrast between acceptance in the Fatosphere and the lack of acceptance experienced in the offline world. One man explained, "The most important thing is a sense of community, a validation that I'm not alone. A recognition on a visceral level of the essence of the experiences I've been through as a fat person." Some participants described how the anonymity afforded with blogging, and the strict moderation policies associated with the Fatosphere feed which removed weight-loss talk and fat hatred, enabled them to more readily share opinions and experiences with others in the community.

In most instances participants perceived that involvement in the Fatosphere had improved their physical and mental well-being. In particular, they described how their relationship to food had changed markedly, moving away from the moral judgments about "good" and "bad" foods that had been prescribed by their health professionals and the weight-loss industry. Participants developed a more balanced, positive, and intuitive relationship with food. Some commented that their eating disorders had been resolved as they developed a healthier relationship with eating behaviors. Participants also described feeling more confident about engaging in physical activity, and did so more frequently. In particular, participants felt more confident and comfortable engaging in physical activity in places that they previously would have viewed as
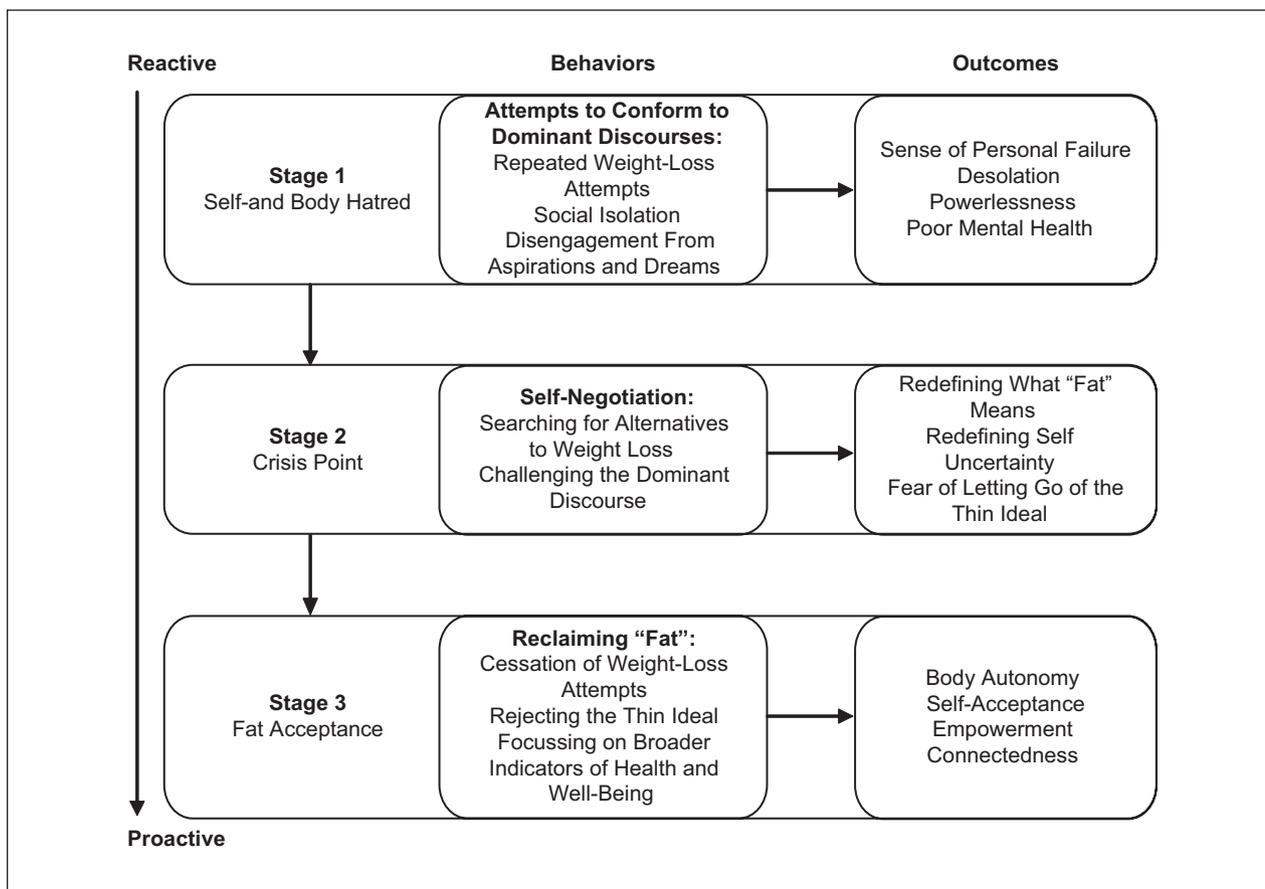
Figure 1. A proposed model of the stages to fat acceptance as a way of resisting stigmatizing obesity discourses

stigmatizing (such as swimming pools and fitness clubs). Participants expressed that this was because (a) they had a more positive relationship with their own body, (b) the support of the Fatosphere community enabled them to cope with (or made them more resilient following) any stigmatizing responses that they encountered, and (c) the emphasis on weight loss had been removed: "The goals aren't to change my body. The goals aren't self-loathing and hate. The goals are health and positivity and loving oneself rather than hating oneself."

Discussion

We propose that this study provides new insights into individuals' pathways into the online fat-acceptance community of the Fatosphere, and the benefits it has in helping them to cope with and resist dominant and stigmatizing paradigms about obesity. Understanding how obese individuals proactively respond to obesity stigma is largely missing from academic research, as are discussions of how obese individuals might interact differently with weight-based stigma over time. Furthermore, very limited

information can be found outside of a weight-loss focus about how to provide support to help obese adults cope with the fat stigma they face on a daily basis. Figure 1 provides a model to explain how participants' experiences with their fatness—and in particular fat stigma—influenced their health, social behaviors, and outcomes. This model captures the key themes that arose both within and across participants' narratives about their pathways into the Fatosphere, the influence of each stage on their behaviors, and subsequent health and social outcomes. In doing so, the model illustrates the different ways participants tried to counter and resist the stigma and discrimination they experienced in a number of distinct stages.

Stigma is a social construct, and stigmatizing experiences from family members and friends were critical in shaping participants' early experiences with and attitudes toward their weight (Stage 1). Stigma also stimulated the all-encompassing weight-loss attempts participants engaged in to meet the idealized aesthetic of thinness. Graham (2005) argued that the "lipoliterate" society we live in has created an environment in which our reading of an individual's body type allows us to infer assumptions about

the individual's health and character. For example, a slim and fit body has become a symbol of good health, and those who fit this body norm are deemed "successful citizens who exercise responsible consumer choices, in keeping with societal values of autonomy, individualism and self-control" (Mackenzie, 2010, p. 17). The dominant view of the fat body, however, represents the opposite, symbolizing poor health, a lack of self-control, and questionable moral values (Mackenzie). In Stage 1, participants described repeatedly trying to change their bodies to conform to the dominant ideal, but also to enhance their life opportunities and achieve aspirations they believed were restricted by their fatness. Murray (2008a) has described the way fat individuals make meaning of themselves and their life opportunities through the ways cultural knowledges are "embodied by us and deployed constantly in our interactions, observances and understandings of others" (p. 33). The body hatred and stigma participants experienced and perceived from those around them in turn influenced the hatred and self-stigma they directed toward themselves, and subsequently the strategies they then employed to counter this stigma.

In Stage 1, participants envisaged that the only way they could respond and react to stigma was through weight-loss attempts. This has also been identified in a number of other studies in which researchers have explored the antistigma strategies of fat individuals (Lewis, Thomas, Blood, et al., 2010; Puhl & Heuer, 2009; Puhl et al., 2007). Reactive responses to stigma consisted of strict and constant regimens of dieting. Restrictive eating and compulsive exercising signified to others that they were making an effort to control their (fat) bodies, and could indeed modify their weak-willed characters. Murray (2008a) described the influence of the concept of "control" and the "public gaze" in understanding the experiences of fat individuals:

> I am aware that my body is visibly marked in our society as a symbol of abject lack of control. However, my life has been mapped by control for as long as I can remember. From measuring food portions to measuring my waistline, from weighing out my meals, to weighing up myself, I have been brought into being by these rigorous processes. (p. 4)

Brownell and colleagues (2010) commented that the words "personal responsibility" have become two of the most influential words in responding to the obesity epidemic, and much rests on how these words are interpreted. In the present study, participants interpreted personal responsibility as a blaming and stigmatizing rhetoric that negatively influenced their health and well-being. This was because their experiences were mediated by dominant social and medical models which implied gaining an

ideal body type was an issue of personal responsibility and control (Minkler, 1999). This ideology, however, further stigmatized and blamed fat individuals without considering the evidence that losing weight (and maintaining the loss) through weight-loss dieting is considered an exceptionally difficult undertaking for most individuals (Mann et al., 2007; Rice, 2007). Subsequently, participants' found themselves in a cycle of weight triumphs and failures, progressively resorting to more extreme methods and means of weight loss primarily to achieve an aesthetic ideal of thinness.

Eventually, participants reached a crisis point at which they were no longer willing or able to go to these extreme measures to meet the thin ideal. This crisis point can be seen in Stage 2. Participants started to distance themselves from the dominant stigmatizing rhetoric, and to view their experiences in a new light. As participants' perceptions of the dominant obesity discourse changed (be it through personal action of changing behaviors and beliefs or through collective action and engagement with the Fatosphere), the more vigorously they challenged the dominant rhetoric that fatness was "bad" (LeBel, 2008). Although many people agreed with the concepts promoted by the Fatosphere, some still found it difficult to apply these concepts to their own lives. The slow process of self-negotiation some participants experienced was unsurprising, given the power that the dominant weight-loss and thin ideal rhetorics had had on their lives. Some participants engaged in an internal struggle between what they thought would be best for their health and well-being (fat acceptance) and what they were told would be good for them (the medical and aesthetic ideal of thinness). The online forum of the Fatosphere was important within this process of self-negotiation. The mediating factors of time to think through the challenging concepts of fat acceptance and the distancing nature of interacting through a computer allowed participants to go at their own pace and think through the concepts of fat acceptance in a way that was appropriate for and suitable to them (a finding similar to others in online health information research; see Cline & Haynes, 2001).

In reaching Stage 3, participants found that they felt more empowered, connected, and accepting of themselves. A key factor in helping participants challenge dominant and stigmatizing reactions to fatness was belonging to a community of acceptance in which they could identify with others with similar experiences. Group identification is an essential factor in helping individuals proactively respond to and cope with stigmatizing experiences through examination of the dominant societal discourse and reframing the status in a positive light through self-negotiation (Friedman et al., 2005; Rissel, 1994; van Zomeren, Postmes, & Spears, 2008). Through sharing their experiences, offering and receiving social support,

and in finding a common goal, participants gained a more positive self-perception, felt an increased sense of solidarity and empowerment, and benefited from more positive mental health outcomes—findings that are in line with previous research on other stigmatized populations (Latrofa, Vaes, Pastore, & Cadinu, 2009; LeBel, 2008; Lowe, Powell, Griffiths, Thorogood, & Locock, 2009; Wong, Sands, & Solomon, 2010). Reclaiming the word *fat* was a method by which participants reframed their responses to stigma by changing the power situation in which stigma was allowed to exist (Link & Phelan, 2001), which was done by taking control of the word through a transformation of its negative value into a positive one. This removed the negative and stigmatizing connotations frequently associated with the word *fat*, and the subsequent negative emotional impacts it had on the participants (Brontsema, 2004). This shift also symbolized participants' triumph over their struggle with the dominant discourse, negative social experiences, and subsequent (often extreme) weight-loss behaviors. This was an empowering process for participants, and allowed them to create a sense of positive identity.

The process of moving to proactive strategies (self-acceptance and questioning of the dominant obesity discourse) from reactive strategies (primarily weight loss) helped participants develop more effective strategies for reducing the negative effects of stigma (Corrigan, Faber, Rashid, & Leary, 1999; LeBel, 2008; Shih, 2004). In particular, the Fatosphere provided group identification and engagement in critical dialogue. This move helped individuals improve well-being and self-esteem by giving them the confidence to view themselves in a way that was distinct from the common "lazy" and "slothful" views held by society. This gave them a sense of self-worth, independence, and autonomy to take control of their bodies—and their lives—for the first time.

Limitations

It is important to recognize the limitations of this study. Those who participated in this study were a very specific group of fat individuals who were actively involved in blogging, and who often had very extreme experiences with their weight and weight loss. They were predominantly women under 40 years of age who had constant access to the Internet and other mobile forms of technology. Therefore, we are limited in our ability to generalize the findings of this study to other obese individuals who might or might not follow and/or support the concept of fat acceptance. Although the identity of "fat" often became a dominant identity for many in this study, it was by no means the only one the participants experienced, with many identifying themselves as mothers, fathers, students, and professionals. The sample was predominantly comprised of Australian and North American bloggers. Although

this reflects the two global hubs for the fat-acceptance movement, the cultural responses to weight might be very different in these two countries than in other locations. Finally, we did not interview those who, at one point or another, had investigated or been part of the fat-acceptance movement, and had subsequently disengaged from the movement. Additional research of these individuals might provide more understanding of why fat acceptance is utilized by a certain group of individuals, and why some individuals might leave the movement over time.

Conclusion

Utilizing the concepts of self-acceptance and support, the Fatosphere provides an alternative pathway for individuals to resist and respond to obesity stigma. The application and examination of the key principles of the Fatosphere in a broader context could be explored within future studies to understand this phenomenon in a wider setting. Although the Fatosphere might not be suitable for all fat individuals, it provides an important alternative for some, who might have had extremely negative experiences associated with their fatness. It also might be important in helping to reframe the "blame" rhetoric associated with the personal responsibility framework of the obesity epidemic, toward more constructive and supportive ways to think about weight and health.

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