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Weight stigma and narrative resistance evident in online discussions of obesity

No. of tables: 1

Running head: Obesity stigma in online discussions

Abstract

This study sampled 2872 obesity-relevant comments from three years of interest from a multi-topic online message board. An inductive thematic analysis was conducted and three themes were evident: *reactions and responses to obesity and obese bodies, diminished status of overweight/obese persons, and narrative resistance to an overweight/obese identity.*

Obesity stigma was pervasive and the discussion of the issue revealed it to be highly acceptable. Consistent with previous research, dominant representations of obese persons as lazy and unintelligent with poor self-control were evident. The analysis provided valuable insight into experiences of explicit stigma, the social and psychological repercussions of overt stigma and norms regarding the perception of obese bodies. There was a prevailing notion that the opinions and insights of overweight and obese persons on the issue of weight were not credible and were perceived as biased. Furthermore, individuals sought to distance themselves from the undesirable labels of ‘overweight’ and ‘obese’ by enacting narrative resistance to negotiate the social meaning of excess weight and endeavouring to place themselves on the ‘safe’ side of this boundary. These results highlight the pervasive nature of weight stigma and the social acceptability of such attitudes and beliefs. Furthermore, it highlights the richness of data that may be obtained by examining social media interactions as a window into the naturally-occurring discourse on obesity and stigma.

Keywords: obesity, social media, stigma, narrative resistance, weight bias.

Introduction

Weight stigma and discrimination

Weight stigma and prejudice against obese people has been widely documented and it has been described as the last socially acceptable form of discrimination (Puhl & Brownell, 2001; Puhl & Heuer, 2009). Stigma links individuals to a negative stereotype that results in others viewing them as tainted or shameful (Goffman, 1963). In Western societies, thin bodies are generally associated with control, virtue and moral worth, whereas overweight and obese bodies are stigmatised and associated with a lack of control, moral laxity and laziness (Gilman, 2008; Gracia-Arnaiz, 2010a). Studies have indicated that people have a strong association between morality and body condition (Hoverd & Sibley, 2007) and the stigma attached to obesity has resulted in obese children being bullied because of their weight and obese adults being discriminated against in areas of education, healthcare and employment (Puhl & Heuer, 2009; Stuber, Meyer, & Link, 2008). Obesity stigma can result in a fear of socialising, fear of mockery during physical activity, greater levels of depression, and the development of eating disorders and emotional eating (Vartanian & Shaprow, 2008). Furthermore, it could inhibit obese persons from seeking medical attention and can contribute to health disparities (Saguy, 2013; Stuber et al., 2008).

Research examining weight stigma has relied both on implicit and explicit assessments. However, traditional explicit means of assessing stigma are prone to social desirability bias, where individuals may not wish to reveal their beliefs and instead can easily manipulate responses to portray themselves in a desired way. Yet, some studies have demonstrated the pervasive nature of weight stigma using explicit measures. For instance, Garner (1997) found that 24% of female and 17% of male participants reported they would sacrifice three or more years of their life in order to be their ideal weight. Similar sentiments

1 and biases exist among health professionals, as studies have indicated that 24% of nurses
2 reported being ‘repulsed’ by obese persons (Bagley, Conklin, Isherwood, Pechiulis, &
3 Watson, 1989) and obesity stigma was found to be common even among health professionals
4 who specialise in obesity (Schwartz et al., 2003; Teachman & Brownell, 2001). Research
5 indicates that the perception of a social consensus is a necessary component in stigma
6 (Crandall, Eshleman, & O'Brien, 2002). Furthermore, evidence suggests that this stigma may
7 become internalised and even reproduced by individuals within the stigmatised groups, as
8 Crandall (1994) found that similar levels of dislike towards overweight and obese individuals
9 were reported by both normal weight and overweight participants. The perceived
10 controllability of obesity is thought to be central to weight stigma, as this is perceived to
11 justify individual blaming (Weiner, Perry, & Magnusson, 1988).

12 A growing body of research has demonstrated obesity stigma to be ubiquitous in
13 popular media (entertainment and the news media) in the form of fat humour and demeaning
14 portrayals of obese persons (De Brún, McCarthy, McKenzie, & McGloin, 2013; Himes &
15 Thompson, 2007; Inthorn & Boyce, 2010). Billig (2001) outlines how humour can function
16 as a conservative force to maintain the social order. Humour in the context of weight stigma
17 can operate to bolster in-group membership by identifying obese persons as ‘other’ in society,
18 thus perpetuating the status quo and dominant societal beliefs and values regarding weight
19 and body shape. Body fat, therefore, operates as a stigma symbol (Goffman, 1963), indicative
20 of socially incorrect and undesirable attitudes and thus, ‘marks’ an individual as a target for
21 ridicule. In this way, stigma may be considered as a manifestation of unequal power.
22 However, very little is known about how people discuss and rationalise the issue of weight
23 stigma. This is a significant gap in our understanding of the issue and therefore the
24 examination of online discourses could provide an insight into explicit obesity stigma and

1 how beliefs and attitudes may be defended and challenged; something which cannot be easily
2 or accurately captured explicitly in a researcher-led setting.

3 **Social media and online research**

4 The rapid expansion of social media and the increasing accessibility and popularity of
5 the medium offers a window into public discourses and beliefs. The availability of platforms
6 such as *facebook*, *Twitter* and various online message boards creates a virtual social world
7 where users can interact, discuss, and share information. Increasingly, people are actively
8 seeking health information online (Pew Research Center, 2011) and thus, online fields of
9 social interaction offer an opportunity for researchers to capitalise on a wealth on data
10 relevant to health communication, including online support forums and discussions of various
11 health issues. Markham (2004) describes the internet as a scene of social construction, where
12 data are typically publicly available online and various formats allow individuals to adopt a
13 personally-chosen level of anonymity in sharing their views. Thus, one would expect a great
14 level of honesty in discussions of this nature. Online messages boards can provide a more
15 comfortable medium for some in the discussion of sensitive health issues and represent a
16 feasible and perhaps even preferable alternative to data collected from face-to-face discussion
17 and focus groups for research of this nature (Campbell et al., 2001). Studies have shown that
18 the effects of computer-mediated communication include decreased evaluation apprehension
19 and less perceived pressure to conform to dominant opinions (Wallace, 2008). The
20 anonymous nature of online social environments can liberate individuals such that socially
21 desirability bias is minimised and individuals may be more likely to reveal their beliefs and
22 attitudes on the issue. Helms (2001) argues that allowing anonymous contributions in
23 discussions can allow for participation without fear of rejection while also enabling the
24 sharing of opinions that might otherwise not be proffered.

Despite a few notable exceptions (e.g., Monaghan, 2010a; Monaghan, 2010b), there is a paucity of research examining online discourses on obesity. This study adds to an emerging body of research on obesity stigma and by harnessing Web 2.0 and social media formats, offers a novel and unique insight into these discourses. The online approach is a key strength of the current study as anonymity may induce informants to report their ‘true’ feelings and beliefs on the issue without fear of judgement. However, anonymity can also lead to deindividuation and disinhibition, which can have negative consequences for interactions. For instance, the anonymous nature of interactions means that individuals are not held accountable for their words or actions and this can result in more displays of verbal aggression and perhaps more so than might be expected in a real world scenario (Suler, 2004). Bourdieu’s theory of practice offers a useful lens with which to examine how these interactions and meanings of obesity are negotiated to represent dominant values and beliefs in this online social field.

Bourdieu’s Theory of Practice

According to Bourdieu’s theory of practice (1984), structured spaces are areas where individuals compete in ‘fields’ for resource, whereby interactions are moderated by the amount of capital individuals hold and their behavioural dispositions within a field of interaction. Bourdieu’s ‘theory of practice’, which has recently been applied in the research of obesity and food choice (Øygard, 2000; Warin, Turner, Moore, & Davies, 2008), offers a useful framework in which to understand norms, rules and the social construction of the meaning of obesity within this emergent online social field of interaction. Individuals rapidly shape opinions of others based on first impressions (Willis & Todorov, 2006) and these judgements guide our subsequent interactions. Our social environment and the socialisation process frame how we view the world and as a result of this process, Bourdieu (1984)

1 suggests that we form dispositions that guide our actions, thoughts and perceptions in
2 different contexts or fields. These dispositions are formed as part of our ‘habitus’ and as such,
3 they provide us with the framework for judging what is appropriate, how we should behave,
4 and what roles we should play. Understanding how obesity is discussed will illuminate
5 dominant values and beliefs and will reflect individuals’ habitus, that is, dominant
6 dispositions of behaviour in this field.

7 Consumption patterns are said to be reliable indicators of an individual’s place in the
8 social hierarchy, as those of a lower social standing may be identified by demonstration of
9 ‘food as function’ thinking, in that food is chosen if it is cheap, energy-dense and fattening
10 (Bourdieu, 1984). However, those of higher social echelon prize the ‘body as project’ ideal or
11 ‘food as form’, where thinness and control are valued and thus, foods that are healthy, refined
12 and maintain slimness are chosen and favoured (Beardsworth & Keil, 1997). Bourdieu (1984)
13 contends that cultural capital is the most important consideration for the enactment of health
14 behaviours. For instance, for those who view the body as a project, constant work and
15 vigilance is required to maintain the slim ideal and individuals are more likely to engage in
16 protective and preventative health behaviours.

17 Saguy (2013) draws on Bourdieu’s concept of ‘field’ to conceptualise a ‘fat field’,
18 where meanings associated with fat and weight are debated and contested. Within this ‘fat
19 field’, there are specific rules and particular forms of capital. Saguy outlines how an
20 individual’s body size and shape can represent ‘bodily capital’, where thin female bodies or
21 ‘hard’ muscular male bodies have higher levels of bodily capital, indicting a disciplined
22 character, whereas more corpulent forms have lower bodily capital and these individuals may
23 be discredited and deemed immoral, lazy and undesirable as a result.

Drawing on this body of work, the aim of the research was to qualitatively examine how the issue of obesity is discussed and debated in online interactions. This study sought to investigate this new social field and to empirically reveal the norms, values and beliefs regarding obesity and weight through the analysis of these online interactions.

Method

Ethical Considerations

The examination of online social media is a relatively novel pursuit in the social sciences and as of yet, there is no consensus regarding the major ethical issues of anonymity, informed consent and assessing whether communications should be considered private or public (BPS, 2007). However, a number of academic papers have attempted to provide a framework for conducting ethical research online (BPS, 2007; Kraut et al., 2004). The current study drew on the guidelines of Kozinets (2010) and the BPS Working Group (2007) for online research. As only publicly-accessible retrospective conversation threads were of interest, the primary researcher remained anonymous during data collection. In the reporting of findings, paraphrased or composite quotes and aliases have been used to represent the views of those who participated in discussions. In accordance with APA and BPS guidelines, every effort was made to ensure quotes could not be traced back to an individual message boards or to individual members through use of four major search engines (BPS, 2007; Kraut et al., 2004). Ethical approval for this study was obtained from the University College Cork Social Research Ethics Board.

Data Source

Kozinets (2010) advised that online communities should be favoured for investigation if they have the following characteristics: a user group relevant to the research question, a

1 high volume of comments, a large numbers of individual posters, more detailed or rich data,
2 and more between-member interactions. Based on these recommendations, a large Ireland-
3 based Internet forum was chosen for the current analysis¹. The message board includes sub-
4 forums relevant to business, the arts, education, numerous hobbies and activities, social issues
5 and debates. At the time of sampling, the site had over 400,000 registered user accounts and
6 more than 20 million comments. The message board archives comments and therefore, this
7 message board offers a valuable, unobtrusive insight into discussions, understandings and
8 opinions regarding obesity. Most of the forums are publicly accessible without formal
9 registration. Forums that were ‘locked’ to members only or unavailable to certain members
10 were not included in the analysis, as these forums are clearly intended as containing private
11 communications and therefore were deemed unsuitable and unavailable for analysis.

12 **Study Sample**

13 A search was conducted within the message board for all comments discussing
14 ‘overweight’ or ‘obesity’ for three selected years of interest (2005, 2007 and 2009). These
15 years were chosen in order to give some breadth to the analysis but this work is also part of a
16 larger body of research on the social construction of obesity and thus, the years chosen were
17 intended to align with a previous investigation. Within each annual data set, a random
18 number generator was used to sample individual comments. Then, the lead researcher
19 reverted to the original message thread where the comment appeared and included this whole
20 thread in the analysis in order to maintain important contextual information and to follow the
21 discussion as it progressed. This process continued for each year of analysis. As each
22 message thread contained between one to several hundred messages, there was no numerical

¹ The name of the message board will not be reported to preserve the anonymity of board members quoted in the analysis.

limit placed on the sampling process. Instead, through a process of trial and error regarding data saturation (Pope, Ziebland, & Mays, 2000; Sandelowski, 1995), a file containing approximately 300 pages of single-spaced 12-point font of copied threads was considered a cut-off point for each year of analysis. The researcher copied the threads and messages into Microsoft Word (to subsequently import into *QSR International's* NVivo9 for coding and analysis). The final data set included a total of 2872 messages over the three years, after irrelevant and off-topic posts and threads were excluded. A breakdown of this sampling is presented in Table 1. Unfortunately, given the nature of the research, demographic data on those using the message board was not available, beyond what information was self-reported.

[Insert Table 1 here]

Analytic Process

The research adopted a social constructionist perspective, following from an interpretivist position, asserting the importance of exploring the subjective meanings underpinning social action and interaction. Within this perspective, social conditions are considered as producing, perpetuating and changing meanings related to a phenomenon of interest, where individuals create and reproduce meaning through interaction (Conrad and Barker, 2010). An inductive thematic analysis was performed on the data set using guidelines from Braun and Clarke (2006) and Miles and Huberman (1994). Thematic analysis is a method employed in order to identify, analyse, and report patterns within a data set (Braun & Clarke, 2006). It is suitable for large data sets, is a theoretically flexible approach and is data-driven, requiring initial codes to be developed based on the reading of the raw data itself (Braun & Clarke, 2006). Following the initial coding, the next phase involved searching for themes and broader patterns among codes. Themes were then reviewed and refined and data extracts were organised to represent each theme. All articles were coded and analysis was

1 conducted by the lead author. The coding and final themes were checked by the second and
2 third authors and finalised through discussion.

3 **Results**

4 Three themes were evident following the analysis: *reactions and responses to obesity*
5 *and obese bodies, diminished status of overweight/obese persons, and narrative resistance to*
6 *an overweight/obese identity*. Together, these themes speak to obesity as undesirable and as a
7 threat the status and identity of an individual. As a result of this pervasive sentiment,
8 unsurprisingly, individuals enacted narrative resistance to avoid being labelled as overweight
9 or obese.

10 ***Reactions and responses to obesity and the obese***

11 This theme examines the dominant understanding of overweight and obese bodies, as
12 related to the explicit reactions to individuals based on their weight status. This dominant and
13 typically negative automatic response establishes a basis for stigma and discrimination, found
14 to be pervasive in the analysis and which was deemed acceptable when overtly compared to
15 other forms of stigma.

16 There was consistently negative portrayal of the characteristics associated with
17 obesity where excess weight was described as “*grotesque*”, “*repulsive*”, “*unattractive*”,
18 “*disgusting*” and individuals carrying excess weight were described as “*slobs*” and “*fatties*”,
19 with “*no self-control or willpower*”. A discomfort and disgust was conveyed when
20 individuals found themselves seated next to overweight or obese individuals on buses, trains,
21 or at events, suggesting that even an association with obese persons is eschewed.

22 “I do find obesity somewhat disgusting. I don’t know why, but I suppose that I would
23 consider it caused by a lack of intelligence and awareness” (Tom)

1 “This huge guy (not exaggerating) he must have been around 25 stone or over took up
2 his entire seat, some of the aisle, and about half of mine. It was so uncomfortable,
3 stuck beside him for hours. Plus he was sweating...it was so gross” (Andy)

4 This revulsion and disgust at the sight of obese persons is indicative of a culturally-formed
5 reaction where it results in the perception of the obese person as ‘other’ and is typified by a
6 character judgement made about the obese individual. This disgust indicated that obesity was
7 considered unnatural and was even separated from other patterns of disordered eating.

8 “Being obese is just unnatural. The reason you can’t compare overweight and
9 underweight as clinical states is that one requires immense discipline and the other
10 involves a lack of discipline” (Michael)

11 This quote effectively illustrates the perceived differences between extreme underweight and
12 extreme overweight. While both are regarded as serious health issues, often being extremely
13 underweight was described with reverence, as high levels of discipline were perceived to be
14 required to be underweight and such levels of were deemed highly admirable. It was
15 potentially this distinction that led to Rose’s assertion that anorexia and bulimia were
16 perceived as more credible disorders than overweight and obesity.

17 “Anorexia and bulimia are treated with more ‘credibility’ than being obese. Both are
18 afflictions to do with food and are things that the person inflicts on themselves. But
19 again, anorexia is treated with respect and it’s perceived as being something that is
20 difficult to overcome whereas being obese is just seen as being lazy”

21 Differentiations were made between those that are overweight due to a medical
22 condition beyond their control and those that are overweight due to “*self-indulgence*” and a
23 lack of self-control. This is revealing of the interplay between morality and the perceived

1 “*self-inflicted*” nature of excess weight, as those who over-indulge are considered unworthy
2 of sympathy. For instance, David states:

3 “Fat people who are fat due to their own over-indulgence annoy me, I have no
4 sympathy for them, but my heart bleeds for the people who can’t control their weight
5 issue though. That is very sad”

6 Here, David distinguishes between himself and abnormal others (‘fat people’), creating a
7 social distance between himself and those afflicted with weight problems. It is evident
8 through the condescending nature of the comment that his store of cultural capital and
9 perceived dominance of opinion is used to enact symbolic violence, thus condemning ‘fat
10 people’ for body failings. However, there is also recognition of the possible underlying
11 psychological or biological factors that might inhibit effective weight control, emphasising
12 that those who have control and do not practice control are not perceived as deserving
13 sympathy.

14 There was some contention and conflict on the ‘default judgements’ made about
15 overweight and obese persons however, with several informants arguing that the stereotypical
16 descriptions and labels associated with obese persons are not helpful for weight-loss
17 motivation and that such labels were frequently untrue. Lucy described herself as in the
18 process of dealing with her weight and outlined how such judgements would have affected
19 her relationship with food and weight, while Paul refuted the snap judgements made about
20 overweight individuals based on their weight.

21 “If I had been told that I was fat, lazy and disgusting would only have confirmed my
22 worst fears about myself and perhaps I would have eaten myself to death” (Lucy)

1 “Most overweight people I know are not lazy. They get on with their life and have
2 lots of energy to work and raise their children, but their own health is not a main
3 concern for them” (Paul)

4 Similarly, there was surprise at the tone and content of many such discussions,
5 especially regarding interactions which served to dehumanise those carrying excess weight,
6 where such individuals were described as “*unnatural*”, “*not normal*” and “*inferior*”. This
7 conflict over obesity stigma may be suggestive of a struggle between dominant actors and
8 challengers seeking to subvert the status quo. Nevertheless, the majority of those discussing
9 the issue believed the intentional stigmatisation of overweight individuals was justified and
10 necessary, as several argued that stigma could also have positive consequences by
11 encouraging behaviour change.

12 “My motivation to keep exercising and eating healthily is the sight of fat people - be it
13 on tv, or in the shops or wherever. I don't want to be fat, I don't want to be a big
14 unhappy lump ... the idea of being fat repulses me, and that's my motivation to look
15 after myself.” (Jake)

16 “From an early age, my weight was commented on by people, guys at home used to
17 laugh at me, girls in college used me because I was one of the lads and could
18 introduce them but what finally broke me was being asked when I due about 5 times
19 in the last 6 months. I vowed to myself after the last time that it was never going to
20 happen again until I was actually pregnant. I want and *will* to get fit and healthy for
21 me.” (Sandra)

22 Only a minority of informants were opposed to purposively stigmatising obesity,
23 stating that this would be counter-productive and could serve to worsen the situation for

1 many struggling with weight issues. Commenting on the tone of such discussions and
2 underlining the degree to which individuals sought to distance themselves from obese
3 persons, some were urged to be more considerate and restrained in their judgements and
4 statements.

5 “You talk about overweight people as if they were a different species”. (Kim)

6 “There could be half a dozen reasons why an individual is obese and not all of them
7 are to do with overeating, so maybe a few people here might want to think about that
8 before making judgements” (Darren)

9 A disposition towards discrimination was pervasive in the data and overweight and
10 obese persons were acknowledged as “*targets of humorous abuse*”. Humiliation and mockery
11 were deemed appropriate for those who failed to adhere to social standards for body
12 condition. There was also some evidence of self-mockery as Ben, who was updating other
13 board members on his personal weight loss efforts, signed off a comment with “*chin(s) up*
14 *everyone*”. Individuals described the effects of experiences of weight stigma, providing
15 insight into their experiences and specifically the psychological and social consequences of
16 obesity. These interactions served to highlight the vast and often “*devastating*” consequences
17 associated with obesity stigma and how this stigma can serve to worsen the situation for the
18 obese individual.

19 Perhaps one of the most disturbing topics observed during the analysis was the corpus
20 of narratives provided regarding individual experiences of being overweight or obese and the
21 treatment received from family, friends, and strangers, due to weight status. Such interactions
22 highlighted the degree to which these dispositions to discriminate are enacted across many
23 fields of interaction. Many reported being bullied about their weight from a young age,

1 stating that it “*still haunts*” them. Incidents of verbal abuse were recounted and such episodes
2 occurred across a variety of public places and social situations. Nicola describes one such
3 upsetting event:

4 “I was in a bar last weekend when a professional, well-dressed man in a large group
5 of other similar men and women shouted at me in front of the whole bar ‘Hey whale,
6 nice blubber!’ I was really upset by this, not the fact that he said I was fat but the fact
7 that this stranger – who was not even one of the 16 year old boys who used to call me
8 a whole selection of ‘fat’ names – thought it would be funny to insult me”

9 Many informants related similarly distressing stories about treatment received at the
10 hands of a stranger. Although alcohol was involved on several occasions, incidents were also
11 reported to have occurred on college campuses and in public parks when individuals were
12 exercising. This is indicative of a disposition towards discrimination across many fields of
13 social interaction and signifies the normative nature and the social acceptability of such
14 attitudes. Shane asserted that such incidents are common and happen on a regular basis and
15 this was why he did not leave his home at night for five years. He then explained of the
16 necessity for obese people to “*brace themselves [when going out]*” as when inebriated,
17 disinhibition resulted in individuals becoming more likely to engage in acts of explicit
18 discrimination.

19 This perception of how others will discriminate and stigmatise was particularly
20 problematic when aligned to the gendered nature of food and weight. There was a recurring
21 suggestion that women are especially vulnerable to such comments at any weight and to have
22 someone unfavourably comment on a woman’s weight was described by Peter as “*the*
23 *ultimate put down*” for a lot of women.

1 “I don't think guys know how much comments about figures affect girls” (Jean)

2 “I do think that girls in general should take a bit better care of themselves instead of
3 eating like men” (Roger)

4 However, men were also vulnerable to comments about weight, particularly if they were
5 described as too skinny, as this was associated with a lack of masculinity.

6 “If you're thinner [as a man] than this you get people thinking you're younger than
7 you are and comments about how you must starve yourself and spend every waking
8 hour in the gym (said in a sneering way), women regarding you as weak and
9 unmasculine and not a real man” (Peter)

10 Discussions of discriminatory experiences also prompted the question of whether
11 ‘fatism’ is comparable to other forms of discrimination, such as sexism or racism. A number
12 of informants aligned fatism with other forms of discrimination and queried why one form of
13 discrimination was different to any other. Yet, there was persistent belief that anti-fat
14 attitudes are socially acceptable and justified in comparison to other forms of discrimination.

15 “However deeply racist or sexist etc. some may feel, they are encouraged to dampen
16 these feelings. But being fat is different as it’s considered to be a result of gluttony,
17 lack of self-control and laziness.” (Conor)

18 A differentiation was drawn between “*innate*” and “*superficial*” discrimination and
19 comparing fatism with racism was described and “*trivialising racism*” because according to
20 Stephen:

1 “Being fat is a lifestyle choice, your skin colour is not. You cannot chose your race,
2 but you can choose your waist size so comparing racism with being anti-fat is as
3 ridiculous as comparing apples and oranges”

4 *Diminished status of overweight/obese persons*

5 While there were clear indications that being overweight or obese was met with
6 explicit negative reactions, there was also a more subtle recurring suggestion that a person’s
7 credibility and status in society may be jeopardised by their appearance as overweight or
8 obese. This emerged during interactions regarding the credibility of arguments in discussions
9 of weight and diet and during the discussion of identity and how the ‘default’ judgement that
10 accompanies the obese label can serve to mask or overwhelm an individual’s self- or
11 professional identity.

12 Throughout the analysis, there was a persistent notion that those who were overweight
13 or obese were biased on issues of weight and diet. Enacting a kind of moral censorship,
14 individuals adopted accusatory and condescending tones in their denouncement and
15 condemnation of others as overweight, based on the arguments they were making in the
16 discussion. Such accusations tended to be made when obesity was defended, when the body
17 mass index (BMI) was criticised, or when people warned against judging others solely based
18 on their weight status. In response to this, the original commentators were often compelled to
19 reveal their own weight status, that is, to present evidence of their own cultural capital, in
20 order to dispel the criticism of their opinion and to make themselves ‘more credible’ in the
21 discussion. The following quotes demonstrate how individuals jumped to this (often
22 seemingly false) conclusion, based on others’ revealed dispositions towards defending those
23 who carry excess weight.

1 “I’m assuming you are actually a fat person in denial” (Dean)

2 “The woman is unhealthy fat. Joe² is too, and this is what likely flavours his
3 opinion” (Richard)

4 Yet, even in the defence of such accusations, those supportive of obese persons demonstrated
5 that they too were mindful of the belief that their opinions would be perceived as more
6 credible due to the fact that they were not overweight or obese themselves.

7 “So, you’ve deduced from my post that I’m a fat girl with a grudge? Nope, I’m far
8 from it.” (Kate)

9 “Being overweight is not a crime and "fat people" shouldn’t be outcast. Do none of
10 you have friends, relatives that are fat? Have a bit of respect. And before anyone asks
11 I’m not overweight.” (Thomas)

12 On numerous occasions, such vindications would begin with the statement “*I’m not*
13 *overweight but...*” or “*I’m not obese but...*”, suggesting that although represented in a
14 different form, the underpinning notion among the majority of posters was that an unpopular
15 opinion would be perceived as more worthy and credible from someone not afflicted with a
16 weight problem. This perceived opinion bias appears to be a dominant stereotype of obese
17 persons and there is a clear indication that larger bodies threaten an individual’s cultural and
18 symbolic capital.

19 Similarly, there was evidence that an individual’s identity could be overwhelmed by
20 being associated with the overweight or obese label. For instance, Erica reported how being
21 perceived as obese and the judgements that accompanied this label affected her identity.

² Name of person changed.

1 “When you are overweight, you have a tendency to feel like shit all the time, you can
2 separate yourself from friends, never go out, get depressed and become overly
3 introverted. I’ve been there and it can be a vicious cycle because it can cause you to
4 eat more. It’s gotten to the point now where I’ll avoid social situations and I’m
5 constantly aware of my body. I hate how I look and it completely doesn’t suit my
6 character. My training is in design and I don’t feel or look like what a designer should
7 look like. I know that sounds odd, but my body doesn’t suit my career”

8 Even overweight persons themselves associated certain personality characteristics and
9 evaluations with overweight and obese bodies, indicating that they had internalised these
10 dominant social views and stereotypes. For instance, Erica believes that the default
11 judgement that accompanies being overweight “*doesn’t suit*” her character, as there is a
12 perceived mismatch between the implications that accompany the ‘overweight’ label and her
13 self-perception and professional identity. Evidently, these judgements can be a source of
14 stress which can result in social withdrawal. This resonates with the first theme, indicating
15 the pervasive nature of this negative reaction to obese person and demonstrates again the
16 implications this label may have for a person’s self-perception and their status in society.

17 ***Narrative resistance to an overweight/obese identity***

18 As evident from the analysis thus far, inherent in the online discussion of obesity was
19 the notion that to be overweight or obese is undesirable and can diminish a person’s status
20 and capital. As a result of this pervasive negative view, it seems that frequently individuals
21 were compelled to employ resistance strategies in order to avoid being categorised into and to
22 deny membership of this unwanted social ‘out-group’. This theme presents evidence that
23 individuals endeavoured to distance themselves from such labels by positioning themselves
24 on the ‘safe’ side of the boundary between acceptable and unacceptable levels of weight,

1 further highlighting how the negative judgements and biases that accompany excess weight
2 have been internalised by overweight and obese individuals. This resistance was evident in
3 discussions of personal weight, weight measurement techniques (particularly the BMI) and in
4 interactions regarding what constituted ‘fat’, ‘overweight’ or ‘obese’.

5 Discussions of whether one can be both fit and fat centred on the debate of whether
6 weight was an accurate indicator of an individual’s health status. Individuals were keen to
7 separate themselves from the label of overweight or obese, and this was often manifested in a
8 rejection of the medical tools used to categorise people into weight categories. Specifically,
9 the BMI was a particular source of debate and criticism and the shortcomings of the
10 measurement were cited to discredit weight categorisation.

11 “The problem with most of these weight tools is that they only apply within a certain
12 range. Take me for example: I’m 5’8” and weigh 188lbs but according to the BMI I’m
13 bordering on obese! I’ve a small bit of weight on my stomach because I haven’t been
14 training but that’s about it” (Frank)

15 “I have a BMI of 32 currently. I don’t consider myself obese, I would consider myself
16 slightly overweight. If I got my BMI down to 28, then I’d consider myself normal”
17 (Donna)

18 Such comments are indicative of narrative resistance, which Cordell and Ronai (1999)
19 described as strategies used by overweight subjects to challenge and defy the dominant
20 discursive constraint, in this case, the thin ideal. In rejecting these undesirable labels,
21 individuals attempted to create distance between themselves and the default negative social
22 judgement of this ‘out group’ in society. These quotes illustrate that many do not feel that
23 their BMI weight category is suitable, given their self-perception of weight status. Moreover,

1 they are suggestive of the disparity between medical and social definitions of excess weight.
2 In the current analysis there were also accounts provided of a reliance on the so-called
3 “*mirror test*” rather than on body fat and BMI indexes, underlining a sense of trust in the self-
4 perception of socially acceptable body size and a comparative mistrust of medical
5 measurements as an indicator of appropriate weight status.

6 “Lift off your shirt and stand in front of a mirror. Do you look fat? I’m not obese, I’m
7 overweight and have the belly to prove it. I know this because I can see it, not because
8 a doctor has told me. When I get skinny, I will also know because I will be able to see
9 it” (Martin)

10 Despite this contention regarding weight categorisation, it was acknowledged that the
11 misperception of personal weight is likely a factor in the denial of weight problems. The
12 following quote indicates a belief that those carrying excess weight may have a distorted self-
13 perception and thus, may fail to accurately perceive themselves as overweight. However, it
14 seems that cognitive dissonance may occur when those who may be medically classified as
15 overweight or obese resist this label by leaning towards the norms regarding the social
16 acceptability of excess weight and reject the measure, or measures, that may place them in a
17 undesirable (socially viewed) and widely stigmatised group. This speaks to an internalisation
18 of dominant social norms and awareness on the part of the obese individuals regarding how
19 one will be perceived and judged, if labelled as obese.

20 “I suppose it comes down to two things, they may be in denial about how serious
21 their weight problem is. I mean, to everybody else they might look like a chunky
22 lump, but it might take a while for that person to realise it themselves” (Patrick)

Evidence of fatalistic beliefs regarding the genetic basis of obesity was also apparent in the current analysis. Following the debate around BMI and body fat measurements, many informants leveraged these criticisms to justify and rationalise their own weight status. Individuals often pointed to family traits or characteristics such as being ‘broad-shouldered’ as an explanation for their perceived inability to attain certain levels of weight loss and to account for why they were classified as overweight or obese. There was also a common perception that depending on how weight was carried, people could escape being judged as overweight. Differentiations between well-built or broad-shouldered persons and fat persons were made, indicating that the definition of fat was socially perceived and the medical definition (BMI) was often considered to disregard potentially relevant body composition attributes, including body shape and bone density. For instance, George asserted:

“I’m overweight, although I’m broad-shouldered and get away with it to a certain degree. It’s a family thing, most of the men in my family on my father’s side are like this. My family’s BMI scores are very high, but we generally aren’t in very bad shape—just big and very broad for our heights”

Very few individuals reported being comfortable with the idea that they might be overweight but stated that being overweight and happy was preferable to be a calorie counter who becomes obsessed with food, further attempting to rationalise one type of lifestyle as superior to another. Here again we see evidence of narrative resistance as this individual seeks to contextualise the behaviour of those who closely monitor and regulate their food intake as abnormal.

1 “I’m a bit fat really although but I’d rather be the way I am than a self-obsessed
2 weight watchers cult member who constantly talks about how many ‘points’ there are
3 in food” (Christopher)

4 The comparison of a weight loss support group to a religious cult is clearly intended to
5 disparage weight surveillance, aligning the self-monitoring of food intake with extremism
6 and fanaticism. As such, this individual painted excessive weight-surveillance as a negative
7 characteristic and an obstacle to happiness, outside the realm of normal living. Thus, for a
8 small number of informants, self-acceptance of overweight was depicted as favourable by
9 comparison to obsessive calorie-counting.

10 Narrative resistance was also evident through the critique of experts and their
11 motivations. Those mistrusting of experts were sceptical of expert sources of information and
12 some stated they believed that experts had hidden agendas, claiming the population were
13 knowingly deceived by experts or that experts too were attracted to “*hot topics*” in research
14 and were influenced by the prospects of grants and academic acclaim.

15 “We are being misled about our diet and are being led to an early death because of our
16 ignorance. A lot of medical research can be down to who's paying and what's ‘in
17 vogue’. And of course there's the fame of ‘being right.’” (Adam)

18 **Discussion**

19 This study examined the discussion of obesity on a popular multi-topic online
20 message board. The aim was to understand the norms, values and beliefs evident in this
21 online social ‘field’ of interaction. Obesity stigma was pervasive throughout the data set,
22 evident at both the manifest and latent level in the online discourse. Consistent with previous
23 research, multiple manifestations of obesity stigma were apparent in the construction of the

1 social meaning of obesity and the judgements that accompany this label. There was also
2 evidence of the diminished credibility of obese persons, humour targeted at humiliating obese
3 individuals and evidence of narrative resistance to membership of this undesirable ‘out-
4 group’.

5 A disgust reaction to obese persons was evident in the evocative and principally
6 negative language used to describe obese bodies. Rozin (1996) describes this as a culturally
7 formed reaction which serves to maintain the social order and can itself be a form of
8 discrimination. The pervasive nature of the negative default judgement aligned with this
9 disgust indicates that the socialisation process is shaping these views which are perpetuated
10 by dominant social actors (Bourdieu, 1984). Such expressions of disgust have been described
11 as a mechanism to foster in-group cohesion against a common out-group and therefore, by
12 internalising and adopting such reactions, an individual can make it clear that they are not a
13 member of this objectionable and derided out-group.

14 The analysis revealed ways in which extreme cases of underweight were perceived as
15 caused by very different personal characteristics than those associated with extreme cases of
16 overweight. Specifically, anorexia and bulimia were described as more credible disorders
17 than obesity and the discipline and self-control professed to be required were discussed with
18 reverence, admiration, and respect. A similar observation was previously made in the
19 examination of the media construction of these issues (Saguy & Gruys, 2010). Notably, a
20 differentiation was also drawn between those perceived to have control over their obesity and
21 perceived to lack personal control. As suggested by previous research, the perceived
22 controllability of obesity is likely a fundamental factor in obesity stigma (Crandall &
23 Martinez, 1996; Weiner et al., 1988) and this was supported by the analysis, with informants
24 making the distinction between those who ‘deserve judgement’ and those unfortunate enough

1 to be subject to the same judgments when the condition is outside their control. This was an
2 important caveat to the pervasive individual blame discourse.

3 There was evidence of a challenge mounted to weight stigma, particularly to
4 assumptions relating to character judgements about obese individuals. However, among such
5 discussions, those who challenged dominant stereotypes were accused of being overweight or
6 obese themselves, and hence were perceived to have ‘biased’ opinions. Such interactions
7 reflect a ubiquitous view that people carrying excess weight, regardless of their professional
8 expertise or status, are perceived as lacking credibility and therefore their opinions were
9 discounted. Saguy (2013) similarly found that there was a perception that those with excess
10 weight were incapable of holding an objective opinion about weight and she noted that the
11 idea that a thin person could be perceived as equally biased in a different way is rarely
12 acknowledged. Given that the social meaning of obesity is linked to ignorance, lack of
13 knowledge, and a lack of control (Puhl & Brownell, 2001), it is not surprising that the views
14 of obese and suspected obese board members were disregarded and the individuals deemed
15 unworthy of an opinion. The lived experiences of these informants were judged as a source of
16 excuses rather than of experiential knowledge. It appears that being of a normal weight
17 bestows a cultural capital, featuring a mind-set of treating the ‘body as a project’, an attitude
18 that is associated with an elevated and respected position within society. Those carrying
19 excess weight were viewed differently, in that they were considered ‘outside’ the norm due to
20 their failure to achieve the socially-valued standard of slimness.

21 This finding was bolstered by evidence that the credibility of an argument seemed to
22 hinge on an individual’s weight status. Those who held an opposing view and demanded
23 respect and equity of treatment for the obese framed their arguments within the clarification
24 of their (normal) weight status. Hence, the social meaning of obesity would suggest a default

1 conception of the traits of obese persons and a lack of credibility of their opinions and
2 experiences. This 'default' perception of the obese person is revealing of dominant societal
3 dispositions towards stereotypical judgements of those carrying extra weight. Due to this, the
4 motivations of those raising argument which conflicted with the majority were questioned
5 and, given the anonymous nature of online discussion boards, body size accusations were
6 made. This suggests that a person's status in society may be jeopardised because of their
7 body weight and that other forms of capital, such as social and symbolic capital may be
8 undermined due to body weight. This fits with the findings of Monaghan (2010a, 2010b) and
9 Saguy (2013), who previously found that being overweight or obese was perceived to
10 influence an individual's credibility, trustworthiness and integrity.

11 Although there were a minority of informants opposed to the purposeful
12 stigmatisation of obesity, the majority of those discussing the issue believed the intentional
13 stigmatisation of overweight and obese individuals was justified and necessary. This
14 corresponds with previous research which found that some individuals felt motivated by
15 weight stigma and believed that stigma could also have positive consequences by
16 encouraging behaviour change (Ogden & Clementi, 2010).

17 The analysis also provided rich insight into the real-world experiences of obese
18 persons in various fields of interaction. Reported incidents of verbal abuse were often
19 portrayed as upsetting, even 'devastating' for those targeted. Individuals reflected on their
20 experiences in public places, specifically incidents where they were subject to open hostility,
21 verbal abuse and aggressive behaviour. Notably, almost every such incident reported in the
22 sample examined featured a man insulting a woman (and to a much lesser extent, a man
23 insulting another man). This finding resonates with Taylor's (2011) study of American
24 adolescents, which previously found evidence that it was more acceptable to be overweight

1 and male and consequently, it was girls whose weight was more closely scrutinised and
2 disparaged. According to Offer (1998) and Bourdieu (1984), women are considered to have
3 more to gain from self-monitoring of body weight, for instance, in terms of the marriage
4 market and consequently, may be more vulnerable to weight-based insults.

5 Discrimination against obese persons was also discussed and compared to other forms
6 of discrimination, including racism and sexism. Such interactions revealed the perceived
7 differences between various types of discrimination and supported previous findings that
8 anti-fat attitudes are more tolerated and acceptable than racist attitudes due the perceived
9 controllability of obesity (Crandall, 1994; Puhl & Brownell, 2001). Thus, being obese was
10 considered a lifestyle choice where individuals brought stigma and discrimination on
11 themselves, through poor self-control and weight management. The explicit nature of such
12 explanations and justifications for obesity stigma serve to emphasise how socially acceptable
13 and common is it to hold such views.

14 Increasingly, those of a normal BMI are in a relative minority compared to those who
15 are carrying excess weight. In Ireland, for instance, recent estimates suggest that
16 approximately 24% of the Irish adult population is obese and 37% is overweight (Irish
17 Universities Nutrition Alliance, 2011). Thus, in total, 61% of Irish adults are carrying excess
18 weight and social comparison may cause those of a normal weight (39% of adults of a normal
19 BMI) to be considered thin by comparison to the majority. It is also notable that given the
20 high proportion of the Irish adult population that is carrying excess weight, one would expect
21 that the majority of Irish-based members were at least overweight. Despite this, the dominant
22 position of the majority of online actors in this field considers overweight and obese
23 individuals as outsiders, who are to be avoided and derided. Consistent with previous
24 findings (Crandall, 1994; Wang, Brownell, & Wadden, 2004), this implies that obesity stigma

1 is a dominant disposition in society and suggests these beliefs have become internalised and
2 are perpetuated by the majority, even by those carrying excess weight.

3 It was therefore unsurprising that individuals sought to distance themselves from this
4 negative default judgement by enacting narrative resistance to avoid being labelled as
5 overweight or obese. The emergence of a 'rebellious' element may represent the struggle for
6 legitimacy, as described by Bourdieu (1984), where actors compete for capital and
7 dominance in a social space by challenging dominant positions and beliefs. Furthermore,
8 these findings echo those of Cordell and Ronai (1999) who observed similar resistance
9 strategies used by overweight participants in their rejection of the dominant discourse. Such
10 arguments allowed participants to challenge and defy medical indicators of weight and
11 enabled resistance of dominant expert opinion and research. Remarks made by overweight
12 individuals may be made in reaction to the narrow parameters of the 'ideal' body shape and
13 operate as a mechanism for those experiencing discrimination and stigma to communicate
14 their resistance to the dominant and repressive social view of ideal weight (Cordell & Ronai,
15 1999). By enacting narrative resistance, these individuals are struggling for legitimacy of
16 their own position and weight status and are demonstrating a rejection of the thin ideal
17 (Bourdieu, 1984).

18 From a public health perspective, there is a need to consider the negative
19 consequences of normalising discrimination of overweight citizens (Kwan, 2007; Saguy,
20 2013). Previous research has underlined the extent to which stigma is embedded in and
21 perpetuated by the dominant biomedical discourse (Saguy, 2013) and it is apparent that this
22 weight-based stigma can represent a barrier to engagement with health care and health care
23 access (Puhl & Brownell, 2001; Puhl & Heuer, 2009; Saguy, 2013) and therefore a social
24 environment which enables and allows weight-based discrimination is detrimental to the

1 physical and psychological health of obese persons (Levy & Pilver, 2012; Puhl & Heuer,
2 2010). The biomedical sphere must seek to separate itself from the pervasive body image
3 ideals formed as part of the socialisation process, as perceived self-worth and self-esteem can
4 be undermined based on evaluating one's self against these ideals (Hawkins, Richards,
5 Granley, & Stein, 2004). An individual can be further undermined when they are publicly
6 humiliated, derided, and dehumanised due to their weight status. Health professionals need to
7 consider more nuanced approaches to dealing with the obesity crisis as the blunt attribution of
8 blame on individual behaviour has resulted in the shaming of those carrying excess weight
9 and in the shared belief that being obese results in lower standards in various aspects of
10 living. While the Hippocratic Oath refers to a physician's interaction with a patient, it is
11 worth remembering that health professionals principally seek to 'do no harm'. We argue that
12 this group are obliged to consider all consequences of patient interactions and
13 communications they present, to be cognisant of the food/health/body image triplex (Lupton,
14 1996), and seek to ensure a clear distinction is made between the moral discourse and weight
15 and nutritional advice.

16 In sum, this study harnessed the popularity of social media to offer a unique and rich
17 insight into discourses on obesity and obesity stigma that likely would not be as open in a
18 researcher-led setting. Such an approach offers an important means of understanding the
19 public discourse on health issues and this study contributes to research on obesity stigma by
20 offering an analysis of how the issue is discussed, debated and negotiated in a social field of
21 interaction, with reduced influence of social desirability bias. However, the limitations of the
22 research must be acknowledged. It was hoped that by sampling from a message board with
23 such broad appeal, popularity, and breadth of topics, that this investigation facilitated input
24 across demographics, however, due to the nature of the research it is very difficult to draw

1 conclusions regarding the informants, beyond what information they self-reported. However,
2 research suggests that internet users tend to be younger, though internet use is growing
3 among older age groups (AMAS, 2012). Consequently, this restricts the ability to generalise
4 the results as clearly further work is required to investigate online and real-world discussions,
5 rationalisation and beliefs regarding on obesity stigma.

6
7
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Table 1. Message board sampling

Year	Total number of comments	Total number of comments analysed (after excluding irrelevant items)
2005	939	833
2007	866	741
2009	1444	1298
Total	3249	2872

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