

# NEOLIBERAL NARRATIVES AND INTERNALIZED WEIGHT STIGMA: OBSTACLES TO FAT EQUITY

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Specifically in North America, public health efforts to pathologize the “obese” body are implemented on a massive scale (Haththotuwa et al., 2020). Education campaigns describe the “risks” of obesity to initiate individual weight management (Haththotuwa et al., 2020; Muennig, 2008). Outside of public health, the cultural desire for weight loss and the reverence of thinness fuel the \$470 billion dollar weight loss industry (Beale, 2022; Businesswire, 2022). The combined effect produces weight stigma, occurring when negative attitudes toward fat individuals evolve into discriminatory and prejudicial acts (World Obesity, n.d.).

Internalized weight stigma is a form of internalized oppression that originates from negative societal attitudes of fat bodies. This form of stigma occurs when the individual attributes the negative biases of fatness to their own body and mind (Ramos Salas et al., 2019). Some fat individuals think they are to blame for the discrimination they face (Ramos Salas et al., 2019). According to Suzanne Pharr, addressing internalized oppression is necessary to achieve liberation of oppressed groups (Pharr, 1996). Internalized oppression arises from dominant cultural messaging and maltreatment, rather than as an issue of self-esteem. This oppression perpetuates the notion that a member of an oppressed group deserves the cruelty they face, as members begin to accept negative stereotypes and beliefs imposed by the dominant group (Pharr, 1996). These behaviours can hinder efforts to dismantle harmful the ideologies and structures (Pharr, 1996). To resist oppression, Pharr calls communities to “believe our lives are worthy, and our people are worthy [...] in the struggle for freedom, equality, and justice” (Pharr, 1996, p. 35). Thus, addressing internalized weight bias is a necessary step towards addressing weight stigma.

In this essay, I examine how internalized weight stigma reinforces anti-fat beliefs and societal structures. First, I outline the current state of legislation regarding discrimination based on weight. Second, I explore the neoliberal sources of internalized weight stigma, specifically through the diet industry and medicine. Third, I consider how narratives of weight stigma may be adopted internally by a fat person. Fourth, I address how internalized weight stigma may prevent the recognition of weight as grounds for discrimination. Turning to the work of fat activists, I suggest how the current body positive movement may be altered and supplemented to reduce the structural and internal barriers that prevent fat liberation. In my work, the “fat” body is any body classified as “obese” or “morbidly obese” by a medical practitioner. The medicalized term, “obesity,” will be replaced with “fat,” “fat individuals,” or “fat bodies” because “obesity” carries negative connotations associated with disease, epidemics, and immorality (Carter & Walls, 2013).

## Regarding Positionality

I am a thin white woman who has never been medically classified as “obese.” Inevitably, my understanding of this issue will be filtered through my own perceptions and identity. In attempts to reduce personal bias and speculation, I supplement scholarly research with the autobiographical blog posts of two prominent fat activists: Aubrey Gordon and Tasha Fierce. Gordon is a queer white woman who frequently shares her experiences of oppression as a fat person under the pseudonym “Your Fat Friend.” Since Black fat advocates are often excluded from the mainstream fat activist movement (Strings, 2020), I also refer to the writings of Tasha Fierce, a fat nonbinary Black disabled activist who writes about their experiences in our modern neoliberal

society. While these authors do not represent the experiences of all fat individuals, each provides valuable insights into the experiences of those with fat bodies.

On an intersectional note, weight stigma intersects with other forms of discrimination, including class, race, and gender (Lee & Pausé, 2016). Fat women in particular experience higher rates of unemployment, lower rates of education, poorer health outcomes, and have trouble in romantic relationships relative to fat men (Fikkan & Rothblum, 2012). Furthermore, contemporary fatphobia is rooted in the historical anti-Blackness of the United States. Whites strove for thinness to distinguish themselves as “superior” to enslaved Black persons (Strings, 2020). Subsequently, fat peoples’ experience of weight stigma can vary depending on their identities and social location.

### **Current Weight Discrimination Legislation in North America**

The United Nations Declaration of Human Rights does not recognize weight or body size as protected grounds (Moore, 2021). In North America, fat people are not granted legal grounds to challenge the discrimination they face based on weight or size, particularly in the workplace. More specifically, Canadian law does not include grounds for discrimination based on size or weight in any provincial or federal legislation (Moore, 2021). A fat person may be able to file a complaint under disability grounds, but this is problematic because the experiences of a fat person are not the same as a person with a disability. Furthermore, it requires proving the employer perceives fatness as a “disability,” which can be challenging (Moore, 2021). Moreover, this approach does not protect individuals who are discriminated against based on weight or appearance alone (Moore, 2021). Currently, there are no proposed bills to introduce weight discrimination as protected grounds in Canada (Moore, 2021). A similar legal environment exists in the United States; there are no federal laws against weight discrimination (Eidelson, 2022). Michigan is the only state to ban weight discrimination (Eidelson, 2022).

The research is sparse, but fat people in areas with anti-weight discrimination laws have higher rates of employment than those in jurisdictions without these

laws (Shinall, 2016). Evidence suggests weight-discrimination laws may help reduce weight stigma, as it encourages employers to look beyond physical appearance and weight (Shinall, 2016). Nevertheless, a change in employment status will not guarantee the elimination of discrimination because it will not address the pervasive anti-fat societal attitudes present in medicine and diet culture. Furthermore, legislation will not address how weight stigma is internalized by the individual, perpetuating anti-fat narratives. In the words of philosopher Anne Eaton, “We live in a fat-hating world, one that regularly refuses to accommodate fat bodies; that openly and unabashedly teases, bullies, shames, and stigmatizes fat people from early childhood onward; and that discriminates against fat people in a variety of ways” (Eaton, 2016, p. 39). Therefore, internalized weight stigma must be examined to resist weight stigma and discrimination in all facets of social life.

### **Neoliberalism as a Source of Internalized Weight Stigma**

Internalized weight stigma does not spontaneously arise within the individual. Neoliberal narratives, parroted by the diet industry and the medical establishment, frame fatness as a personal failing in need of correction. While neoliberalism is a complex term with multiple definitions, in this case, “neoliberalism” is defined as the social and political movement focusing on individual freedoms with minimal government intervention in a free-market capitalist economy (Brown, 2005). Under this system, the individual is responsible for achieving their own well-being through hard work and an entrepreneurial spirit (Brown, 2005). In the context of fatness, the individual is blamed for their failure to work hard and achieve a “healthy” weight (Afful & Ricciardelli, 2015).

In the weight loss industry, women in particular are sold the idea that weight loss can be achieved through supplements, cleanses, and exercise regimes. In her analysis of contemporary diet, health, and fitness discourse, Atherton (2021) found that contemporary diet culture moralizes eating behaviours and physical appearance. “Good” people practice self-restraint and discipline, and are characterized as “thin, white, able-bodied, heterosexual, cisgender, [and] wealthy” (Atherton,

2021, p. 3). In contrast, “bad” people are fat and are associated with “queerness, disability, and nonwhiteness” (Atherton, 2021, p. 16). Certain foods are “pure” and divine, while others are painted as “dirty” and poisonous (Atherton, 2021). According to diet culture, the individual must decide if they want to be “good” and follow a disciplined diet which promises thinness, or be “bad” and indulge, resulting in a fat body. Thus, diet culture describes fatness as a matter of individual morality attainable with discipline, rather than a matter of genetic and societal factors (Atherton, 2021). Fatness is framed as a choice. It is the duty of the individual to decide if they want to be “good” and thin or “bad” and fat.

The “fat is a choice” narrative is also perpetuated in doctor’s offices and through public health initiatives. Doctors often prescribe weight loss as treatment, rather than treating the actual medical issue (Ramos Salas et al., 2019). The fat body is medicalized when achieving thinness is positioned as the “cure” for medical problems, regardless of whether the issue is caused by fat tissue (Ramos Salas et al., 2019). Furthermore, the Body-Mass Index (BMI) is used by the medical system to create universal standards for a “normal” body (Halse, 2008). The BMI is the ratio of a person’s weight divided by their height squared and was never intended for use in healthcare settings (Halse, 2008). However, this calculation has been used by the World Health Organization (WHO) to define what is “underweight,” “normal weight,” “overweight,” and “obese” (Halse, 2008). A “healthy” BMI is considered something we should “all aspire” if we wish to live a healthy life (Halse, 2008, p. 46). Rather than acknowledging the systemic issues that may lead to a fat body, such as poverty, lack of access to fresh produce, and lack of nutritional education, the individual is responsible for losing weight through prescriptions, exercise, and other “cures” recommended by doctors (Halse, 2008). As primary caretakers and food preparers, women feel this medical neoliberal pressure to a greater degree. Mothers are held responsible for ensuring their children’s BMI does not exceed the “healthy” range (Halse, 2008). If a child exceeds the arbitrary guidelines defined by the BMI, their mother’s parenting abilities are questioned (Halse, 2008). This medical narrative pathologizes fatness as something to be “cured” or “prevented”

within the individual (Halse, 2008). By following the advice of medical practitioners, the individual is responsible for ensuring their own health or the health of their children adheres to the normative forces outlined by the BMI and the standard of “health” it represents.

The personal blame placed on fat individuals for their medical ailments is evident in Gordon’s article titled “As Coronavirus Rages, We Need to Talk About Medical Anti-Fat Bias.” Gordon explains how she suddenly lost her hearing while on vacation. When she visited the hospital, the nurse did not believe Gordon’s blood pressure fell within a healthy range (Your Fat Friend, 2020). The nurse assumed “fat meant being sick” (Your Fat Friend, 2020, para. 9). Gordon outlines how the nurse assumed that good health for fat bodies was “unfathomable,” illustrating how the medical establishment frequently problematizes the fat body, seeing weight as an intrinsic health problem, even when this is not the case (Your Fat Friend, 2020). For instance, recent literature indicates those with “overweight” BMIs have better health outcomes across the lifespan than those with “underweight” BMIs (Lorem et al., 2017). Thin becomes the accepted norm and fat is deviant. To be “healthy,” the fat individual must achieve thinness.

Tasha Fierce is no stranger to addressing neoliberal narratives associated with fatness on their blog. After acknowledging neoliberalism’s “obsession” with choice, Fierce explained how they once thought “At any point, if I just paid a little more attention to my body, if I was just a little less frivolous with my food groups, I could leave the abundance of fatness behind” (Fierce, 2018, para. 3). However, after reflecting on this notion, they realized their fatness was beyond their control and this belief was a result of their own internalized weight stigma (Fierce, 2018). Now, if someone were to ask them why they are fat, they could provide a list of the various societal forces of colonialism, capitalism, ableism, and many other factors (Fierce, 2018). Fierce outlines how their experiences with racism, sexual assault, mental illness, and food insecurity all contributed to their larger body (Fierce, 2018). While Fierce has now challenged their original assumption that fatness is a choice, their words clarify the omnipresence of the neoliberal narrative in weight stigma discourse. The individualizing narrative of fat-

ness led them to believe they were in control of their own body and were “complicit” in the “destruction” of their body by existing as a fat person (Fierce, 2018, para. 4). Rather than turning to the structural forces that may cause fat bodies, the individual is blamed for their failure to work hard and achieve a “healthy” weight.

### **Narratives of Internalized Weight Stigma**

It is important to understand how the neoliberal narrative that “fatness is a choice” may be adopted by fat people themselves. While this is not the case for all fat individuals, it is true for many. One survey revealed that internalized weight stigma is highest among those with higher body weights (Marshall et al., 2020). In a series of interviews with fat individuals experiencing internalized weight bias, Ramos Salas et al. (2019) revealed that many misunderstood the causes of an “obese” diagnosis. Rather than considering weight to be caused by a variety of structural factors, participants often blamed themselves for their fat bodies (Ramos Salas et al., 2019). Feelings of shame, guilt, stress, vulnerability, and suicidality were present in relation to the participant’s identity as a fat person (Ramos Salas et al., 2019). Reflecting the neoliberal narrative of “weight as a choice,” one participant clarified that they “just needed to try harder” to achieve a “healthy” body (Ramos Salas et al., 2019, p. 9). Other participants echoed this sentiment and claimed weight loss can be achieved by restricting calories and exercising more (Ramos Salas et al., 2019). Contrary to these assertions, weight loss is caused by a variety of factors that exist beyond an individual’s control, including genetics, class, race, and gender (Ramos Salas et al., 2019). Internalized weight stigma is present as individuals see themselves as the problem, rather than the broader systemic context.

Gordon’s article “What I learned as an 11-Year-old in Weight Watchers” examines how diet culture’s neoliberal rhetoric seeped into her own psyche as an adolescent. Gordon describes attending Weight Watchers meetings and “blaming my body for failure” (Gordon, 2019, para. 3). Gordon describes obsessively counting calories and steps in attempts to shrink her body into a “healthy” weight (Gordon, 2019). Successful weight loss was evidence of personal will and strength, while weight gain was evi-

dence of “failure: of willpower, strength, character, and the penitence” (Gordon, 2019, para. 8). This experience emphasizes how the personal responsibility narrative of weight management can cause a fat person to blame themselves, their body, and their choices.

### **Potential Barriers to Collective Action**

Internalized weight stigma, fuelled by the neoliberal narrative, may be inhibiting the collective action necessary to dismantle the systematic contributors to fat stigma and oppression. Unlike other protected grounds, such as gender, race, and ethnicity, internalized weight stigma suggests that fat bodies can be shaped into the thin ideal through exercise and dieting (Lee & Pausé, 2016). Once they achieve this “healthy” weight, the implication is they will no longer have to suffer body-based discrimination (Ramos Salas et al., 2019). For instance, one participant in the Ramos Salas et al. (2019) study recognized the negative impacts of weight stigma by stating “There is no question in my mind that obesity stigma can lead to experiences of social exclusion, abuse and discrimination that ultimately leads to health and social inequalities” (p. 8). However, they also asserted that “I did this to myself,” claiming they chose to eat junk food and gain weight (Ramos Salas et al., 2019, p. 8). While they do recognize external factors may have contributed to their fat body, the blame is still ultimately placed on themselves. If the individual chose to act differently and lose weight, the implication is they would be able to avoid the stigma they currently face.

Internalized weight stigma may explain why further collective efforts have not been conducted to advocate dismantling the broader societal structures that can contribute to weight stigma, such as weight discrimination legislation. People see themselves as the problem, rather than society. Before realizing that multiple societal structures culminate to produce fatness and fat discrimination, Fierce wrote an article titled “Body Love and fatness as a choice” in 2011. In this article, they expressed how the discrimination they faced as a fat queer femme was a “choice” (Fierce, 2018). While Fierce has since rebutted the claims made in this article, it provides insight into how a fat person may think they are “choosing” oppression. Fierce stated “when you’re oppressed, it’s easier to take the path of least resistance,

which in this case would be the denial of culpability” (Fierce, 2011, para. 1). More recently, Fierce has retracted these words, stating their fatness is the result of medical, psychological, and other societal structures beyond their control (Fierce, 2018). However, their previous perspective suggests the oppression is ultimately the result of personal decision, suggesting collective action is unnecessary because the individual needs to change, not society (Fierce, 2011). This is an example of how the neoliberal narratives of weight stigma can prevent fat people from taking collective action because they blame themselves. To address this problem, we now turn to ways which can remedy the detrimental effects of weight stigma and internalized weight stigma.

### **Potential Sources of Empowerment**

One solution to the structures perpetuating weight stigma may be rooted in the body positivity movement. A re-configuration of the movement’s principles may, however, be required. The original main tenet of this movement included the belief that bodies did not need to conform to societal standards of beauty to be treated with dignity and respect (Frazier & Mehdi, 2021). Most importantly, the movement intended to establish a legal framework to protect a fat individual’s life by providing job security and equitable medical treatment (Frazier & Mehdi, 2021). Despite these original intentions, the modern movement excludes marginalized bodies and neglects collective action. Now, the focus remains on the individual, specifically on fashion, beauty, and self-love (Frazier & Mehdi, 2021). All bodies, including those that are not discriminated against, such as thin and cis-gendered bodies, are included in the movement (Frazier & Mehdi, 2021). Frazier & Mehdi (2021) argue the contemporary body positive movement has been co-opted by non-marginalized bodies and spreads capitalist ideals by promoting “body positive” clothing, makeup, and underwear (Frazier & Mehdi, 2021). Companies that allegedly promote body positivity often exclude fat bodies from their promotional campaigns (Frazier & Mehdi, 2021). The co-opting of the body positive movement by non-oppressed individuals erases the original goals of establishing protection for oppressed bodies. This is because predominantly white and thin bodies control the messages

of body positivity and fail to account for other lived experiences in non-normative bodies (Griffin et al., 2022).

In attempts to re-align the body positivity movement with its initial intent, Evette Dionne emphasizes how protections against the structural perpetrators of weight stigma must be re-centred as the focus of the body positivity movement (Dionne, 2017). This could include recognizing the neoliberal ideology in medical and diet discourse, creating social programs to reduce food insecurity, and organizing media campaigns to normalize the fat body. Dionne (2017) hopes this change will help dismantle the harmful narratives espoused by the diet industry and medical establishment. Fat, trans, non-binary, and disabled bodies must be the leaders of the movement to educate others on the oppressive structures subjugating deviant bodies (Dionne, 2017). Thus, focusing on the systemic perpetrators of discrimination, rather than the individual’s own so-called “failures,” will help society challenge weight stigma.

To address the anguish stemming from internalized weight stigma, activist Sonya Renee Taylor advocates for “radical self-love” which means recognizing the “hierarchy of bodies” that has been constructed by our neoliberal Western society (Ruiz, 2018, para. 6). At the top, there are white, male, thin, able-bodied, and cis-gendered bodies. At the bottom are Black, female, fat, disabled, and trans bodies. According to Taylor, bodies are ranked within society and compared depending on where they fit on this hierarchy. To reduce internalized oppression, Taylor calls us to acknowledge this hierarchy and actively work to dismantle it for ourselves and within greater societal structures (Ruiz, 2018). This means shifting the perspective from hating the fat body due to a perceived failure in willpower to appreciating it as an act of rebellion against the hierarchy of bodies established by colonialism (Ruiz, 2018). According to Taylor, “When we limit body positivity to the self, and our own challenges, we cut out how our bodies are connected to systems and institutions” (Ruiz, 2018). This approach holds merit as it actively works to acknowledge and fight against the neoliberal narratives that perpetuate weight stigma, both within the individual and externally. Work must be done at the individual and societal level to combat internalized weight stigma.

## Conclusion

Internalized weight stigma and the neoliberal ideologies fuelling it may hinder fat activism. The diet industry's moralization of food and bodies promotes the idea that one can "choose" to be "good" and thin or "bad" and fat. The medical establishment determines what is considered a "normal" body, and pathologizes divergent bodies. These two structures shape fatness through neoliberalism, claiming fatness is the "choice" of the individual. Internalized weight stigma occurs because some fat individuals absorb this rhetoric into their own self-perceptions. They may fault themselves and feel immense sadness and grief when diets fail (Ramos Salas et al., 2019). These narratives may prevent fat bodies from fighting against the societal structures oppressing them. To strive for fat equality, the current body positive movement must re-centre its goals of pro-

moting non-normative bodies and fighting against the medical establishment and the diet industry. The movement should advocate for legal protections for fat, disabled, trans, nonbinary, and other marginalized bodies and strive to implement social programs to address the wider issues of poverty and food insecurity (Dionne, 2017). Furthermore, Sonya Renee Taylor suggests we engage in "radical self-love" which requires recognizing how our self-perceptions of our bodies are the result of hierarchical power which privileges white male bodies and oppresses those who do not conform (Ruiz, 2018). Hopefully, these steps will begin to address the neoliberal narratives feeding internalized weight stigma and promote greater equality for oppressed bodies.

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