Borderline: The Ethics of Fat Stigma in Public Health

Article *in* The Journal of Law Medicine & Ethics · December 2017

DOI: 10.1177/1073110517750585

1 author:

Cat Pause
Massey University
34 PUBLICATIONS **308** CITATIONS

SEE PROFILE

Borderline: The Ethics of Fat Stigma in Public Health

Cat Pausé

Fat stigma refers to the negative stereotypes, associations, and characteristics associated with fatness.[1] Goffman[2] argued that stigma is attached to aspects of an individual that are "deeply discrediting," including "tribal stigmata," "blemishes of individual character" and "abominations of the body." Fatness is discrediting; it is a visible signal to others that the bearer is different, and deviant, and probably dangerous. In the case of fatness, that danger is often presented as the economic risk/burden to society. It is also discreditable, as fatness is a visible stigma.

The stigmatization of being fat occurs within a blame frame (re)produced by societal structures and interactions; it is a tribal stigmata with cultural meaning and consequence.[3] This blame frame is largely constructed around the neoliberal framing of individual responsibility, with the fat individual being held responsible for their fatness through their actions, choices, and behaviors.[4] Fat people are then stereotyped as lazy, undisciplined, inactive, and out of control; all moral failings with Judo-Christian systems[5] and markers of a failed citizen within neoliberal contexts;[6] fatness provides visual proof of a blemished character. And fat bodies are marked as abominations.[7] Fat bodies were once put on display in circuses and other seaside attractions; now, in news media, fat bodies are presented as bulging abdomens without heads. This presentation of fat bodies, coined headless fattys by Charlotte Cooper,[8] contributes to the objectification of fat bodies, and the belief that fat people are less than human; this disembodying process contributes to the dehumanisation of fat people and fat stigma.

There are many contributors to fat stigma. Long before the American Medical Association officially designated obesity as a disease, fatness has been seen as abnormal, unnatural, and disgusting.[9] Fatness is associated with two of the seven deadly sins: gluttony and sloth. Furthermore, fatness is seen as a violation of discipline and self-denial, key values within most Western religious doctrines.[10] The Protestant work ethic is founded in the belief that individuals reap what they sow. Fat people, in this frame, have reaped their fatness from their poor decisions, choices, and behaviors. This is further reinforced within the frame-

Cat Pausé, Ph.D, *is the lead editor of Queering Fat Embodiment. A Senior Lecturer in Human Development and Fat Studies Researcher at Massey University in New Zealand, her research focuses on the effects of spoiled identities on the health and well-being of fat individuals. Her work appears in scholarly journals such as Feminist Review and Narrative Inquiries in Bioethics, as well as online in The Huffington Post and The Conversation, among others. Her fat positive radio show, "Friend of Marilyn," is traveling the world this year — tune in on iTunes.*

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)
DOI: 10.1177/1073110517750585

work of neoliberalism, as fat people are constructed as failed citizens lacking discipline and control.[11] The more modern embracing of healthism reinforces that fatness is a result of poor individual choices, made by individuals who then become a burden on the rest of soceity.[12]

As fatness is seen as a result of poor individual choices, fat stigma meets the criteria of a spoiled identity, one in which the bearer of the stigma is held responsible for the stigmatized state, and it has been argued that extreme fatness is a master status.[13] A master status, according to Goffman,[14] is an identity status that overrides all other aspects of a person's identity.

Link and Phelan[15] identified the status loss and discrimination that accompanies a stigmatised identity as a necessary component in the definition of stigma. They argue that dominant structures label difference, creating an "us" and "them" dichotomy; in doing so, those othered as "them" are negatively stereotyped and positioned as inferior and unable to access the same social, economic, and political resources and power as "us." Separating bodies by BMI, and attaching health status to the categories, allows for an "us" designation to those whose BMI falls within "healthy guidelines" and a "them" designation to those who BMI falls outside of those guidelines.

Prevalence and Experience of Weight Stigma and Discrimination

Stigmatizing attitudes of fatness are found across the world[16] in children,[17] adolescents,[18] young adults,[19] and adults.[20] Ambwani et al.[21] found that over one-third of young adults believed that, "one of the worst things that could happen to a person would be for [them] to become obese." Both fat and non-fat people hold stigmatizing attitudes towards fatness; everyone grows up internalizing the fat hating attitudes that are pervasive across the globe.[22] Fat people experience fat stigma as a part of their daily life. It is part of their relationships with friends,[23] family,[24] classmates,[25] and colleagues;[26] it is (re)produced through government policies,[27] structures like healthcare and education,[28] and the media,[29] and the fatter you are the more stigma you experience.[30]

Stigma may be experienced directly, for example, through staring, verbal harassment, or denial of services.[31] It may also be experienced indirectly, through negative messaging, media, and micro-aggressions.[32] Importantly, stigma may also be experienced structurally, through settings and practices that privilege those without stigma and/or place barriers to prohibit engagement for those with stigma.[33] The women in Kwan's[34] study, for example, shared that everyday items like chairs, desks, and public bathrooms became potential barriers or disasters for them as fat women. Things that non-fat people take for granted, like whether or not they can walk through a busy café, can be fraught for fat people.

Fat stigma is strongly related to weight based discrimination; unequitable treatment resulting from fat stigma, where fat people are denied access or opportunities because of their body size.[35] Andreyeva, Puhl, and Brownell[36] found that weight based discrimination in the United States has increased significantly since the early 1990s. Weight based discrimination is found in workplace, healthcare, and educational settings.[37] Fat individuals, for example, earn less than their non-fat co-workers for work of equal value.[38] Fat people report facing weight based discrimination from their families as well.[39]

Stigma may be experienced directly, for example, through staring, verbal harassment, or denial of services. It may also be experienced indirectly, through negative messaging, media, and micro-aggressions. Importantly, stigma may also be experienced structurally, through settings and practices that privilege those without stigma and/or place barriers to prohibit engagement for those with stigma.

Finally, the experience of stigma and discrimination is intersectional; their lives are shaped by not just their size, but also their race, gender, class, ability level, sexual orientation, etc.; their lives hold multiple dimensions.[40] And many fat people hold multiple identities that are marginalized; their lives are shaped by an intersection of oppression.[41] The experiences of a fat white woman may be different from those of a fat women of color; both may be different from the experiences of a fat queer man.[42]

Impact of Fat Stigma on Health

Fat stigma impacts negatively on the physical health of fat individuals. Meunning[43] argues that the poor metabolic health outcomes associated with fatness is better

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)

understood as a result of fat stigma. There is increasing evidence to support this contention. Independent of BMI, fat stigma increases: levels of cortisol,[44] blood pressure,[45] and inflammation,[46] while decreasing executive function.[47] Fat stigma also contributes to higher circulating levels of C-reactive protein.[48]

No less important than metabolic health, fat stigma significantly impacts on mental health as well. Fat stigma results in lower self-efficacy and self-esteem,[49] poor body image,[50] depression,[51] contributes to feelings of isolation and alienation,[52] and suicidal ideation in youth.[53] Across two studies, Hunger and Major[54] found that fat stigma "mediated the negative relationship between BMI and self-reported health, reducing this frequently observed relationship to non-significance." Fat stigma has been found to mediate other frequent correlations found between weight and health. For example, Lillis, Levin, and Hayes[55] report that fat stigma both predicted health-related quality of life (HRQL), and mediated the relationship between BMI and HRQL.

Weight-based discrimination is another way that fat stigma impacts on health, as exposure to discrimination results in psychological issues,[56] as well as avoidance of healthcare settings.[57] Hatzenbuehler et al.[58] found that perceived weight discrimination was strongly correlated with psychiatric morbidity and comorbidity, independent of BMI. Weight-based discrimination also contributes to weight gain, which may result in further health issues. Sutin and Terracciano[59] report that those who report weight-based discrimination were 2.5 times more likely to become obese and 3 times more likely to stay obese 4 years later. Even without experiencing weight-based discrimination directly/explicitly, negative impacts abound; the "mere concern [that a fat person may] encounter weight-based rejection, avoidance, and devaluation [is stressful and] undermines health."[60]

Stereotype threat arises when an individual of a stereotyped group believes they may be evaluated by others based on negative stereotyping; or fears their actions will be perceived to confirm negative stereotypes of the group they belong to.[61] Stereotype threat is correlated with negative health outcomes such as disability, depression, higher levels of cortisol and elevated blood pressure; it is suggested those who live with stereotype threat exist in a "chronic state of physiological arousal and heightened vigilance."[62] For example, stigma and discrimination based on race/ethnicity is demonstrated to increase embodied stress, resulting in poorer physical and mental health for members of minority groups.[63]

Stigma has a long history in public health; one of the earliest documented examples from the United States of America may be the role that stigma played in how nineteenth century Irish immigrants were believed to be harbingers of disease due to the lack of "acceptance hygiene" brought on by their poor character; in the early twentieth century, as tuberculosis swept through African American communities, authorities warned white people against exposing themselves to any African American for fear of contamination.

There are a variety of ways that fat individuals may manage fat stigma that may further contribute to negative health outcomes. Fat stigma has been found to contribute to binge eating,[64] even for those who are not fat.[65] Fat stigma results in fat people being less motivated and willing to participate in exercise, especially in public.[66] Fat stigma also results in fat people delaying and/or avoiding healthcare[67] because they believe they will be treated poorly for being fat.[68]

Weight Stigma in Public Health

Stigma has a long history in public health; one of the earliest documented examples from the United States of America may be the role that stigma played in how nineteenth century Irish immigrants were believed to be harbingers of disease due to the lack of "acceptance hygiene" brought on by their poor character; in the early twentieth century, as tuberculosis swept through African American communities, authorities warned white people against exposing themselves to any African American for fear of contamination.[69] Today, it is recognized that the stigma associated with drug use and HIV status impede prevention, detection, and treatment.[70] Herek et al.[71] note, "historical examples abound of stigma interfering with collective responses

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517.

to diseases…in all of these cases, the social construction of illness incorporated moral judgements about the circumstances in which it was contracted as well as pre-existing hostility toward the groups perceived to be most affected by it." Often times public health concerns were tied directly to legislation that regulated against stigmatized groups.

Public health today recognizes the detrimental role of stigma, and yet it is commonly used in anti-obesity campaigns.[72] Campaigns to combat the obesity epidemic often rely on stigmatizing images of fat people accompanied by stigmatizing text.[73] For examples, see the "Grabbable gut" campaign from LiveLighter in Western Australia (supported by the Heart Foundation, Cancer Council, and Government of Western Australian Department of Health), the Strong4Life campaign from Children's Healthcare of Atlanta, the "Pouring on the pounds" campaign from the New York City Department of Health and Mental Hygiene, and the anti-obesity cheese campaign (Your Thighs on Cheese) from the Physicians Committee for Responsible Medicine.[74] Campaigns such as these use graphic imagery to produce fear and disgust in order to provoke behavioral change;[75] fear appeals, like stigma, have a long history in public health campaigns. Couch et al. argue,[76]

> Public health interventions draw upon specific mechanisms to enact social control and governmentality with little apparent examination of the implications this may have. It is a common assumption in many public health interventions that it is acceptable to focus on individuals and personal responsibility, to create fear, foster stigma and disgust, and to suggest unrealistic solutions, in the hope of a future population health benefits. This assumption is rarely questioned, but should be.

Anti-fat campaigns that draw on fear and stigma might be comparable to anti-smoking campaigns that draw on fear and stigma and are considered successful in the field of public health. Bayer[77] suggests that anti-smoking campaigns were given license to use fear, stigma, and disgust, because of the harmful effects on bystanders' health from passive smoking; and because these campaigns were demonstrated to be effective. Bayer posits that in the case of anti-smoking, it was ethically appropriate to use proportional stigma to promote population health and reduce the burdens of disease. Callahan[78] has brought this justification into the debate around stigma in obesity campaigns, advocating for what he calls stigmatization lite; a courting of obesity stigma as a way to reduce obesity rates in the population. But fatness does not have an innocent bystander health effect; in fact, there are questions as to the veracity of the health effect claims for individuals with fatness themselves.[79] And unlike smoking, fatness is not a behavior that an individual chooses to engage in.

Hartlev[80] considers the tensions that arise between individual autonomy (to make choices that are not health seeking) and public health goals (promoting population health), and concludes that most public health policies on obesity pay little attention to human rights, and the devastating consequences of stigmatization; "a human rights compliant public health policy should not only strive to ensure that governments live up to the duty of ensuring the individual's right to health but also take action to prevent and combat human rights abuses of overweight and obese individuals caused by stigmatisation." In the campaign to "combat obesity," the tension exists between individual autonomy and public health goals; this, however, is separate from whether it is ethical for public health to use stigma in their anti-fat campaigns. The courting of fat stigma in public health campaigns is surely a violation of the principle of non malfeasance; Vartanian and Smyth[81] argue that stigmatizing campaigns fail to uphold *primum non nocere* (first, do no harm). Not only are anti-obesity campaigns contributing to fat stigma, they are failing to reduce obesity rates. Salas[82] suggests that the failure lies in three factors: 1) the individualized nature of most campaigns, 2) the ineffectiveness of interventions, and 3) the "focus on weight rather than health." Campaigns, like the Children's Healthcare of Atlanta campaign rely on fear and stigma, and message about weight, without communicating any practical guidance for individuals to follow to improve their health.[83] And research suggests that using stigmatizing images in anti-obesity campaigns may produce fear related changes for at weight individuals, but not for fat individuals.[84] Puhl, Luedicke, and Peterson[85] report that viewing stigmatizing campaigns, such as the Strong4Life campaign, does not promote motivation for lifestyle behavioral change; in fact, they found that independent of BMI, viewing these kinds of campaigns lowers scores of self-efficacy. Goldberg[86] suggests that downstream interventions (those that focus on individual behavioral change) are both ineffective and also expand health inequalities: "they are ethically suboptimal and out to be regarded as a lesser priority in public health policy."

Furthermore, the devastating impact of fat stigma on fat individuals reduces their likelihood to engage in any public health messages around fatness.[87] Puhl and Heuer reviewed the "public health implications of weight stigma" and concluded that "weight stigma is

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)

not a beneficial public health tool for reducing obesity or improving health. Rather, stigmatization of obese individuals pose serious risks to their psychological and physical health, generates health disparities, and interferes with implementation of effective obesity prevention efforts."[88] Fat stigma has been suggested to be a powerful driver of population level health disparities, albeit a largely ignored one.[89] In short, fat stigma is a social determinant of health.

Within New Zealand, programs to combat stigma are present around some health issues, such as mental illness.[90] No such current public health program or policy exists to combat fat stigma. In fact, the recent program proposed to "prevent and manage obesity in children and young people," outlines several initiatives that have been found to increase fat stigma in other countries that have implemented similar initiatives.[91] At the same time, the "Big Change Start Small" campaign has produced a series of commercials aimed at addressing obesity. These commercials include people of all body sizes, and focus in on health behaviors, such as eating and exercise, rather than body size itself. The underlying assumption of the commercials is that fatness can be solved by getting people to exercise more and eat less, as noted by the tagline of one commercial, "...we're feeding them too much food...we're giving our families too much love."[92] Darren Powell[93] argues that these commercials, though, also break the "golden rule of health promotion: First, do no harm." He suggests they only increase fat stigma, especially in children, and places additional blame at the feet of New Zealand mothers. In addition, the guidance provided in this ad fails to be meaningful; what does too much food mean? How much less food should New Zealand families be feeding themselves? The vague guidance provided in the campaign will be unlikely to result in behavioral change, nor increase self-efficacy around behavioral change.[94]

Combating Fat Stigma — The Role of Public Health

Fat stigma is a social determinant of health. As such, public health should refrain from utilizing fat stigma as a tool, and rather recognize it as a threat to health and treat it thusly. Ways of combating fat stigma on a population level could include educating healthcare providers, educating the general public, and legislating against weight discrimination.[95] Vartanian[96] suggests that using the word fat, rather than obese, results in less stigma. The role of educating around fat stigma could be undertaken by public health, as could changing the language used to talk about fatness. Weight-centric language that focuses on dieting should be replaced with weight-neutral language, possibly with a Health at Every Size focus.[97] The war on obesity has many meanings, and only contributes to the violence experienced by fat people through stigma and discrimination.

With the failures of previous public health campaigns to reduce the levels of obesity in New Zealand (or anyone in the world, for that matter), perhaps our resources are better placed in reducing, instead, the anti-fat attitudes that surround fat people. If, as others have argued, much of the negative health outcomes associated with fatness are attributable to fat stigma and discrimination, then perhaps we can achieve our health goals without losing any of our mass at all.

Future policy and practice in New Zealand should aim to reduce fat stigma, although it is unclear what this might look like. But it must be a priority if the health and well-being of fat people, identified as over half of the population, is a priority. This might require a change in focus from making people smaller to making them less hated; it would be a revolutionary shift in the approach to dealing with the "obesity epidemic," but perhaps New Zealand is the ideal place for such a shift to be considered. An ecological systems approach is best served to reduce stigma; an approach that contains intrapersonal, interpersonal, and structural, levels of intervention.[98] This could include providing education and opportunities to promote a sense of belonging amongst fat people in New Zealand (intrapersonal level), ensuring those in the healthcare field receive anti-fat bias education and training (interpersonal level), and making physical size a protected class under New Zealand law (structural level). With the failures of previous public health campaigns to reduce the levels of obesity in New Zealand (or anyone in the world, for that matter), perhaps our resources are better placed in reducing, instead, the anti-fat attitudes that surround fat people. If, as others have argued, much of the negative health outcomes associated with fatness are attributable to fat stigma and discrimina-

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)

tion, then perhaps we can achieve our health goals without losing any of our mass at all.

Note

This author has no conflicts of interest to declare.

References

1. C. J. Pausé, "Live to Tell: Coming Out as Fat," *Somatechnics* 2, no. 1 (2012): 42-56; C. J. Pausé, "Die Another Day: The Obstacles Facing Fat People in Accessing Shame-Free and Evidenced-Based Healthcare," *Narrative Inquiry in Bioethics* 4, no. 3 (2014): 135-141.
2. E. Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York, NY: Simon and Schuster, 2009), at 3.
3. A. C. Saguy and A. Ward, "Coming Out as Fat: Rethinking Stigma," *Social Psychology Quarterly* 74, no. 1 (2011): 53-75.
4. C. J. Pausé, "Rebel Heart: Performing Fatness Wrong Online," *M/C Journal* 18, no. 3 (May 18, 2015).
5. A. Jutel, "Weighing Health: The Moral Burden of Obesity," *Social Semiotics* 15, no. 2 (2005): 113-125.
6. Pausé, *supra* note 4.
7. W. DeJong, "The Stigma of Obesity: The Consequence of Naïve Assumptions Concerning the Causes of Physical Deviance," *Journal of Health and Social Behavior* 21, no. 1 (1980): 75-87.
8. C. Cooper, *Headless Fatties*, CharlotteCooper.Net, *available at* <http://charlottecooper.net/publishing/digital/headless-fatties-01-07> (last visited Dec. 1, 2017)
9. C. Sikorski, M. Luppa, M. Kaiser, H. Glaesmer, G. Schomerus, H. H. König, and S. G. Riedel-Heller, "The Stigma of Obesity in the General Public and its Implications for Public Health-A Systematic Review," *BMC Public Health* 11, no 1 (2011): 1.
10. M. M. Rogge, M. Greenwald, and A. Golden, "Obesity, Stigma, and Civilized Oppression," *Advances in Nursing Science* 27, no. 4 (2004): 301-315.
11. Pausé, *supra* note 4; Sikorski et al., *supra* note 9.
12. J. C. Chrisler and A. Barney, "Sizeism is a Health Hazard," *Fat Studies* 6, no. 1 (2017): 38-53; R. Crawford, "Healthism and the Medicalization of Everyday Life," *International Journal of Health Services* 10, no. 3 (1980): 365-388; J. A. Lee and C. J. Pausé, "Stigma in Practice: Barriers to Health for Fat Women," *Frontiers in Psychology* 7 (2016): 2063.
13. D. Carr and M. A. Friedman, "Is Obesity Stigmatizing? Body Weight, Perceived Discrimination, and Psychological Well-Being in the United States," *Journal of Health and Social Behavior* 46, no. 3 (2005): 244-259.
14. Goffman, *supra* note 2.
15. B. G. Link and J. C. Phelan, "Conceptualizing Stigma," *Annual Review of Sociology* 27, no. 1 (2001): 363-385.
16. A. A. Brewis, A. Wutich, A. Falletta-Cowden, and I. Rodriguez-Soto, "Body Norms and Fat Stigma in Global Perspective," *Current Anthropology* 52, no. 2 (2011): 269-276, at 270; S. K. Council and C. Placek, "Cultural Change and Explicit Anti-Fat Attitudes in a Developing Nation: A Case Study in Rural Dominica," *Social Medicine* 6, no. 9 (2014): 11-21; O. Dedeli, S. A. Bursalioglu, and A. Deveci, "Validity and Reliability of the Turkish Version of the Attitudes Toward Obese Persons Scale and the Beliefs About Obese Persons Scale," *Clinical Nursing Studies* 8, no. 2 (2014):105.
17. E. Barlösius and A. Philipps, "Felt Stigma and Obesity: Introducing the Generalized Other," *Social Science & Medicine* 130 (2015): 9-15 ; S. J. Eriksen and B. Manke, "'Because Being Fat Means Being Sick': Children at Risk of Type 2 Diabetes," *Sociological Inquiry* 81, no. 4 (2011): 549-569; J. D. Latner and A. J. Stunkard, "Getting Worse: The Stigmatization of Obese Children," *Obesity Research* 11, no. 3 (2003): 452–456; R. M. Puhl and J. D. Latner, "Stigma, Obesity, and the Health of the Nation's Children," *Psychological Bulletin* 133, no. 4 (2007): 557; W. Su, "Preschool Children's Perceptions of Overweight Peers," *Journal of Early Childhood Research* 10, no. 1 (2012): 19-31.
18. Barlösius and Philipps, *supra* note 17; Puhl and Latner, *supra* note 17; W. Wills, K. Backett-Milburn, S. Gregory and J. Lawton, "Young Teenagers' Perceptions of Their Own and Others' Bodies: A Qualitative Study of Obese, Overweight and 'Normal' Weight Young People in Scotland," *Social Science & Medicine* 62, no. 2 (2006): 396-406.
19. S. Ambwani, K. M. Thomas, C. J. Hopwood, S. A. Moss, and C. M. Grilo, "Obesity Stigmatization as the Status Quo: Structural Considerations and Prevalence Among Young Adults in the US," *Eating Behaviors* 31, no. 3 (2014):366-370.
20. J. Greener, F. Douglas, and E. van Teijlingen, "More of the Same? Conflicting Perspectives of Obesity Causation and Intervention Amongst Overweight People, Health Professionals and Policy Makers," *Social Science & Medicine* 70, no. 7 (2010): 1042-1049.
21. Ambwani et al., *supra* note 19, at 368.
22. Greener, Douglas, and van Teijlingen, *supra* note 20; A. Hilbert, E. Braehler, W. Haeuser, and M. Zenger, "Weight Bias Internalization, Core Self- Evaluation, and Health in Overweight and Obese Persons," *Obesity* 22, no. 1 (2014): 79-85; S. Lewis, S. L. Thomas, R. W. Blood, D. J. Castle, J. Hyde, and P. A. Komesaroff, "How do Obese Individuals Perceive and Respond to the Different Types of Obesity Stigma that They Encounter in their Daily Lives? A Qualitative Study," *Social Science & Medicine* 73, no. 9 (2011): 1349-1356.; Rogge et al., *supra* note 10.
23. R. M. Puhl and K. D. Brownell, "Confronting and Coping with Weight Stigma: An Investigation of Overweight and Obese Adults," *Obesity* 14, no. 10 (2006): 1802-1815; Puhl and Latner, *supra* note 17.
24. J. Ogden and C. Clementi, "The Experience of Being Obese and the Many Consequences of Stigma," *Journal of Obesity* 2010 (2010): 2010; Puhl and Brownell, *supra* note 23; Puhl and Latner, *supra* note 17.
25. Puhl and Brownell, *supra* note 23; A. K. Sadati, F. Rahnavard, N. Ebrahimzadeh, and A. Rezaei, "Obesity, Lived Experience, and the Self: A Qualitative Study of Overweight People in Southern Iran," *Women's Health Bulletin* 3, no. 3 (2016): e31127; Su, *supra* note 17.
26. Puhl and Brownell, *supra* note 23; Sadati et al., *supra* note 25.
27. D. Abu-Odeh, "Fat Stigma and Public Health: A Theoretical Framework and Ethical Analysis," *Kennedy Institute of Ethics Journal* 24, no. 3 (2014): 247-265.
28. Puhl and Brownell, *supra* note 23; Puhl and Latner, *supra* note 17.
29. I. Brown and A. McClimens, "Ambivalence and Obesity Stigma in Decisions about Weight Management: A Qualitative Study," *Science Research* 4, no. 12A (2012): 1562-1569; Cooper, *supra* note 8; C. A. Heuer, K. J. McClure, and R. M. Puhl, "Obesity Stigma in Online News: A Visual Content Analysis," *Journal of Health Communication* 16, no. 9 (2011): 976-987; S. M. Himes and J. K. Thompson, "Fat Stigmatization in Television Shows and Movies: A Content Analysis," *Obesity* 15, no. 3 (2007): 712-718; E. Rich, "'I See Her Being Obesed!' Public Pedagogy, Reality Media, and the Obesity Crisis," *Health* 15, no. 3 (2011): 3e21.
30. K. Friedman, S. Reichmann, P. Costanzo, A. Zelli, J. Ashmore, and G. Musante, "Weight Stigmatization and Ideological Beliefs: Relation to Psychological Functioning in Obese Adults," *Obesity Research* 13 (2005): 907–916; A. Myers and J. C. Rosen, "Obesity Stigmatization and Coping: Relation to Mental Health Symptoms, Body Image, and Self-Esteem," *International Journal of Obesity* 23 (1999): 221–230.
31. Lewis et al., *supra* note 22.
32. S. Kwan, "Navigating Public Spaces: Gender, Race, and Body Privilege in Everyday Life," *Feminist Formations* 22, no. 2 (2010): 144-166.
33. Kwan, *supra* note 32; Rogge et al., *supra* note 10.
34. Kwan, *supra* note 32.

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517.

35. A. A. Brewis, "Stigma and the Perpetuation of Obesity," *Social Science & Medicine* 118 (2014): 152-158.
36. T. Andreyeva, R. M. Puhl, and K. D. Brownell, "Changes in Perceived Weight Discrimination Among Americans, 1995–1996 through 2004–2006," *Obesity* 16, no. 5 (2008): 1129-1134.
37. Carr and Friedman, *supra* note 12; K. Malterud and K. Ulriksen, "Obesity, Stigma, and Responsibility in Health Care: A Synthesis of Qualitative Studies," *International Journal of Qualitative Studies on Health and Well-Being* 6, no. 4 (2011); S. M. Phelan, D. J. Burgess, M. W. Yeazel, W. L. Hellerstedt, J. M. Griffin, and M. Ryn, "Impact of Weight Bias and Stigma on Quality of Care and Outcomes for Patients with Obesity," *Obesity Reviews* 16, no. 4 (2015): 319-326; Puhl and Brownell, *supra* note 23; R. M. Puhl and C. A. Heuer, "Obesity Stigma: Important Considerations for Public Health," *American Journal of Public Health* 100, no. 6 (2010): 1019-1028, at 1019; Rogge et al., *supra* note 10; C. W. Rudolph, C. L. Wells, M. D. Weller, and B. B. Baltes, "A Meta-Analysis of Empirical Studies of Weight-Based Bias in the Workplace," *Journal of Vocational Behavior* 74, no. 1 (2009): 1-10; J. D. Seacat, S. C. Dougal, and D. Roy, "A Daily Diary Assessment of Female Weight Stigmatization," *Journal of Health Psychology* 21, no. 2 (2016): 228-240.
38. C. L. Baum and W. F. Ford, "The Wage Effects of Obesity: A Longitudinal Study," *Health Economics* 13, no. 9 (2004): 885-899; J. Cawley, "The Impact of Obesity on Wages," *Journal of Human Resources* 39, no. 2 (2004): 451-474.
39. Lewis et al., *supra* note 22; Puhl and Brownell, *supra* note 23; Rogge et al., *supra* note 10.
40. K. Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241-1299.
41. C. J. Pausé, "X-static Process: Intersectionality within the Field of Fat Studies," *Fat Studies* 3, no. 2 (2014): 80-85.
42. Kwan, *supra* note 32; S. Stoneman, "Ending Fat Stigma: Precious, Visual Culture, and Anti-Obesity in the 'Fat Moment,'" *Review of Education, Pedagogy, and Cultural Studies* 34, no. 3-4 (2012): 197-207.
43. P. Muennig, "The Body Politic: The Relationship Between Stigma and Obesity-Associated Disease," *BMC Public Health* 8, no. 1 (2008): 128.
44. M. S. Himmelstein, A. C. Incollingo Belsky, and A. J. Tomiyama, "The Weight of Stigma: Cortisol Reactivity to Manipulated Weight Stigma," *Obesity* 23, no. 2 (2015): 368-374; N. A. Schvey, R. M. Puhl, and K. D. Brownell, "The Stress of Stigma: Exploring the Effect of Weight Stigma on Cortisol Reactivity," *Psychosomatic Medicine* 76, no. 2 (2014): 156-162; A. J. Tomiyama, E. S. Epel, T. M. McClatchey, G. Poelke, M. E. Kemeny, S. K. McCoy, and J. Daubenmier, "Associations of Weight Stigma with Cortisol and Oxidative Stress Independent of Adiposity," *Health Psychology* 33, no. 8 (2014): 862; A. J. Tomiyama, "Weight Stigma is Stressful: A Review of Evidence for the Cyclic Obesity/Weight-Based Stigma Model," *Appetite* 82 (2014): 8-15.
45. B. Major, D. Eliezer, and H. Rieck, "The Psychological Weight of Weight Stigma," *Social Psychological and Personality Science* 3, no. 6 (2012): 651-658; K. A. Matthews, K. Salomon, K. Kenyon, and F. Zhou, "Unfair Treatment, Discrimination, and Ambulatory Blood Pressure in Black and White Adolescents," *Health Psychology* 24, no. 3 (2005): 258.
46. A. R. Sutin, Y. Stephan, M. Luchetti, and A. Terracciano, "Perceived Weight Discrimination and C- Reactive Protein," *Obesity* 22, no. 9 (2014): 1959-1961.
47. Major et al., *supra* note 45.
48. Sutin et al., *supra* note 46.
49. Carr and Friedman, *supra* note 13; Friedman et al., *supra* note 30; Hilbert et al., *supra* note 22; Lewis et al., *supra* note 22; Myers and Rosen, *supra* note 30; Puhl and Brownell, *supra* note 23; Puhl and Latner, *supra* note 17; Sadati et al., *supra* note 25; S. J. Salvy, J. C. Bowker, L. A. Nitecki, M. A. Kluczynski, L. J. Germeroth, and J. N. Roemmich, "Impact of Simulated Ostracism on Overweight and Normal-Weight Youths' Motivation to Eat and Food Intake," *Appetite* 56, no. 1 (2011): 39-45; Schvey et al., *supra* note 44; Seacat and Mickelson, *supra* note 37; L. R. Vartanian and J. G. Shaprow, "Effects of Weight Stigma on Exercise Motivation and Behavior: A Preliminary Investigation Among College-Aged Females," *Journal of Health Psychology* 13, no. 1 (2008): 131-138.
50. R. A. Carels, C. B. Wott, K. M. Young, A. Gumble, A. Koball, and M. W. Oehlhof, "Implicit, Explicit, and Internalized Weight Bias and Psychosocial Maladjustment Among Treatment-Seeking Adults," *Eating Behaviors* 11, no. 3 (2010): 180-185; Friedman et al., *supra* note 30; Myers and Rosen, *supra* note 30; Sadati et al., *supra* note 25.
51. Carels et al., *supra* note 51; Friedman et al., *supra* note 30; Hilbert et al., *supra* note 22; Puhl and Brownell, *supra* note 23; Puhl and Latner, *supra* note 17; C. B. Wott and R. A. Carels, "Overt Weight Stigma, Psychological Distress and Weight Loss," *Journal of Health Psychology* 15, no. 4 (2010): 608-614.
52. Lewis et al., *supra* note 22; Puhl and Latner, *supra* note 17; Rogge et al., *supra* note 10.
53. Puhl and Latner, *supra* note 17.
54. J. M. Hunger and B. Major, "Weight Stigma Mediates the Association Between BMI and Self-Reported Health," *Health Psychology* 34, no. 2 (2015): 172-175, at 174.
55. J. Lillis, M. E. Levin, and S. Hayes, "Exploring the Relationship Between BMI and Health-Related Quality of Life: A Pilot Study of the Impact of Weight Self-Stigma and Experiential Avoidance," *Journal of Health Psychology* 16, no. 2 (2005): 498.
56. Carr and Friedman, *supra* note 13; Friedman et al., *supra* note 30; Lewis et al., *supra* note 22; Seacat et al., supra note 37; S. S. Wang, K. D. Brownell, and T. A. Wadden, "The Influence of the Stigma of Obesity on Overweight Individuals," *International Journal of Obesity* 28, no. 10 (2004): 1333–1337.
57. A. Drury, C. Aramburu, and M. Louis, "Exploring the Association Between Body Weight, Stigma of Obesity, and Health Care Avoidance," *Journal of the American Academy of Nurse Practitioners* 14, no. 12 (2002): 554-561; Rogge et al., *supra* note 10.
58. M. L. Hatzenbuehler, K. M. Keyes, and D. S. Hasin, "Associations Between Perceived Weight Discrimination and the Prevalence of Psychiatric Disorders in the General Population," *Obesity* 17, no. 11 (2009):2033-2039.
59. A. R. Sutin and A. Terracciano, "Perceived Weight Discrimination and Obesity," *PLoS One* 8, no. 7 (2013): e70048.
60. Hunger and Major, *supra* note 54, at 172; Major et al., *supra* note 45.
61. J. D. Seacat and K. D. Mickelson, "Stereotype Threat and the Exercise/Dietary Health Intentions of Overweight Women," *Journal of Health Psychology* 14, no. 4 (2009): 556-567.
62. M. H. Schafer and K. F. Ferraro, "The Stigma of Obesity: Does Perceived Weight Discrimination Affect Identity and Physical Health?," *Social Psychology Quarterly* 74, no. 1 (2011): 76-97, at 79.
63. C. C. Gravlee, "How Race Becomes Biology: Embodiment of Social Inequality," *American Journal of Physical Anthropology* 139, no. 1 (2009): 47-57; Schafer and Ferraro, *supra* note 62; R. M. Sellers, C. H. Caldwell, K. H. Schmeelk-Cone, and M. A. Zimmerman, "Racial Identity, Racial Discrimination, Perceived Stress, and Psychological Distress Among African American Young Adults," *Journal of Health and Social Behavior* (2003): 302-317; J. Stuber, I. Meyer, and B. Link, "Stigma, Prejudice, Discrimination and Health," *Social Science & Medicine* 67, no. 3 (2008): 351-357; D. R. Williams and S. A. Mohammed, "Discrimination and Racial Disparities in Health: Evidence and Needed Research," *Journal of Behavioral Medicine* 32, no. 1 (2009): 20-47.
64. L. Almeida, S. Savoy, and P. Boxer, "The Role of Weight Stigmatization in Cumulative Risk for Binge Eating," *Journal of Clinical Psychology* 67, no. 3 (2011): 278-292; Carels et al.,

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)

supra note 50; Friedman et al., *supra* note 30; B. Major, J. M. Hunger, D. P. Bunyan, and C. T. Miller, "The Ironic Effects of Weight Stigma," *Journal of Experimental Social Psychology* 51 (2014): 74-80; S. E. Jackson, C. Kirschbaum, and A. Steptoe, "Perceived Weight Discrimination and Chronic Biochemical Stress: A Population-Based Study using Cortisol in Scalp Hair," *Obesity* 24, no. 12 (2016): 2515-2521; S. J. Salvy et al., *supra* note 49; Schvey et al., *supra* note 44; L. R. Vartanian and A. M. Porter, "Weight Stigma and Eating Behavior: A Review of the Literature," *Appetite* 102 (2016): 3-14; Wott and Carels, *supra* note 51.

65. Puhl and Brownell, *supra* note 42.
66. S. E. Jackson and A. Steptoe, "Association Between Perceived Weight Discrimination and Physical Activity: A Population-Based Study among English Middle-Aged and Older Adults," *BMJ* 7, no.3 (2017): e014592; Lewis et al., *supra* note 12; R. L. Pearl, R. M. Puhl, and J. F. Dovidio, "Differential Effects of Weight Bias Experiences and Internalization on Exercise Among Women with Overweight and Obesity," *Journal of Health Psychology* 20, no. 12 (2015): 1626-1632; Puhl and Latner, *supra* note 36; D. L. Schmalz, "'I Feel Fat': Weight-Related Stigma, Body Esteem, and BMI as Predictors of Perceived Competence in Physical Activity," *Obesity Facts* 3, no. 1 (2010): 15-21; Seacat and Mickelson, *supra* note 56; Vartanian and Smyth, *supra* note 4; Wott and Carels, *supra* note 51.
67. N. K. Amy, A. Aalborg, P. Lyons, and L. Keranen, "Barriers to Routine Gynaecological Cancer Screening for White and African-American Obese Women," *International Journal of Obesity* 30, no. 1 (2005): 147-155; Drury et al., *supra* note 57; K. Malterud and Ulriksen, *supra* note 37; C. L. Olson, H. D. Schumaker, and B. P. Yawn, "Overweight Women Delay Medical Care," *Archives of Family Medicine* 3, no. 10 (1994): 888; Pausé, *supra* note 26; Puhl and Heuer, *supra* note 13.
68. Pausé, *supra* note 1.
69. J. L. Pomeranz, "A Historical Analysis of Public Health, the Law, and Stigmatized Social Groups: The Need for Both Obesity and Weight Bias Legislation," *Obesity* 16, no. S2 (2008): S93-S103.
70. J. D. Fortenberry, M. McFarlane, A. Bleakley, S. Bull, M. Fishbein, D. M. Grimley, C. K. Malotte, and B. P. Stoner, "Relationships of Stigma and Shame to Gonorrhea and HIV Screening," *American Journal of Public Health* 92, no. 3 (2002): 378-381.
71. G. M. Herek, J. P. Capitanio, and K. F. Widaman, "Stigma, Social Risk, and Health Policy: Public Attitudes Toward HIV Surveillance Policies and the Social Construction of Illness," *Health Psychology* 22, no. 5 (2003): 533-540, at 38.
72. L. R. Vartanian, and J. M. Smyth, "Primum non Nocere: Obesity Stigma and Public Health," *Journal of Bioethical Inquiry,* 10, no. 1 (2013): 49-57; S. J. Wimalawansa, "Stigma of Obesity: A Major Barrier to Overcome," *Journal of Clinical & Translational Endocrinology* 1, no. 3 (2014): 73-76.
73. Abu-Odeh, *supra* note 27.
74. D. Couch, A. Fried, and P. Komesaroff, "Public Health and Obesity Prevention Campaigns – A Case Study and Critical Discussion," *Communication Research and Practice* (2017): 1-18; J. M. Hunger, B. Major, A. Blodorn, and C. T. Miller, "Weighed Down by Stigma: How Weight-Based Social Identity Threat Contributes to Weight Gain and Poor Health," *Social and Personality Psychology Compass* 9, no. 6 (2015): 255-268; R. Puhl, J. Luedicke, and J. L. Peterson, "Public Reactions to Obesity-Related Health Campaigns: A Randomized Controlled Trial," *American Journal of Preventive Medicine* 45, no.1 (2013): 36-48.
75. Couch et al., *supra* note 74; C. C. Simpson, B. J. Griffin, and S. E. Mazzeo, "Psychological and Behavioral Effects of Obesity Prevention Campaigns," *Journal of Health Psychology* (2017).
76. Couch et al., *supra* note 74, at 12.
77. R. Bayer, "Stigma and the Ethics of Public Health: Not Can We But Should We," *Social Science & Medicine* 67, no. 3 (2008): 463-472.
78. D. Callahan, "Obesity: Chasing an Elusive Epidemic," *Hastings Center Report* 43, no. 1 (2013): 34-40.
79. P. Campos, A. Saguy, P. Ernsberger, E. Oliver, and G. Gaesser, "The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?," *International Journal of Epidemiology* 35, no.1 (2005): 55-60; L. Bacon and L. Aphramor, "Weight Science: Evaluating the Evidence for a Paradigm Shift," *Nutrition Journal* 10, no.1 (2011): 9.
80. M. Hartlev, "Stigmatisation as a Public Health Tool against Obesity — A Health and Human Rights Perspective," *European Journal of Health Law* 21, no. 4 (2014): 365-386, at 386.
81. Vartanian and Smyth, *supra* note 72.
82. X. R. Salas, "The Ineffectiveness and Unintended Consequences of the Public Health War on Obesity," *Canadian Journal of Public Health* 106, no. 2 (2015): e79-81, at e79.
83. T. Mann, A. J. Tomiyama, and A. Ward, "Promoting Public Health in the Context of the "Obesity Epidemic" False Starts and Promising New Directions," *Perspectives on Psychological Science* 10, no. 6 (2015): 706-710; Simpson et al., *supra* note 75.
84. R. Young, R. Subramanian, and A. Hinnant, "Stigmatizing Images in Obesity Health Campaign Messages and Healthy Behavioral Intentions," *Health Education & Behavior* 43, no. 4 (2016): 412-419.
85. Puhl et al., *supra* note 74.
86. D. S. Goldberg, "The Implications of Fundamental Cause Theory for Priority Setting," *American Journal of Public Health* 104, no. 10 (2014): 1839-1843, at 1841.
87. Greener et al., *supra* note 20; Lewis et al., *supra* note 22.
88. Puhl and Heuer, *supra* note 37.
89. M. L. Hatzenbuehler, J. C. Phelan, and B. G. Link, "Stigma as a Fundamental Cause of Population Health Inequalities," *American Journal of Public Health* 103, no. 5 (2013): 813-821; Hunger et. al, *supra* note 54; Stuber et al, *supra* note 63.
90. See, for example, the Like Mine National Plan Ministry of Health and Health Promotion Agency, "Like Minds, Like Mine National Plan 2014–2019: Programme to Increase Social Inclusion and Reduce Stigma and Discrimination for People with Experience of Mental Illness," (Wellington, New Zealand: Ministry of Health, 2014).
91. L. S. Hung, D. K. Tidwell, M. E. Hall, M. L. Lee, C. A. Briley, and B. P. Hunt, "A Meta-Analysis of School-Based Obesity Prevention Programs Demonstrates Limited Efficacy of Decreasing Childhood Obesity," *Nutrition Research* 35, no. 3 (2015): 229-240; Puhl and Heuer, *supra* note 37.
92. The connection of love to food is a cultural one, meant to address the indigenous population.
93. D. Powell, Anti-Obesity Scare Tactics Do More Harm than Good, New Zealand Herald, *available at* <http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11546101> (last visited December 10, 2016), at para 2.
94. Simpson et al., *supra* note 75.
95. Goldberg, *supra* note 86.
96. L. R. Vartarian, "'Obese People' vs 'Fat People': Impact of Group Label on Weight Bias," *Eating and Weight Disorders* 15, no. 3 (2010): 195-198.
97. C. O'Reilly and J. Sixsmith, "From Theory to Policy: Reducing Harms Associated with the Weight-Centered Health Paradigm," *Fat Studies* 1, no. 1 (2012): 97-113.
98. J. E. Cook, V. Purdie-Vaughns, I. H. Meyer, and J. T. A. Busch, "Intervening Within and Across Levels: A Multilevel Approach to Stigma and Public Health," *Social Science & Medicine* 103 (2014): 101-109.

The Journal of Law, Medicine & Ethics, 45 (2017): 510-517. © 2017 The Author(s)