Slim Chances

Weight Anxiety in a Society That Prizes Thinness
Learning Objectives

1. Identify the importance of seeing weight as a social construction.
2. Describe how size discrimination affects individuals in the workplace, at the doctor's office, and in schools.
3. Explain why obesity rates are highest in low-income communities.
4. Recognize the social forces that can lead people of average weight to feel anxious about the size of their bodies.
5. Explain the importance of efforts by size acceptance activists to destigmatize the word fat.

Thin Is In: The Social Construction of Body Size

5.1 Identify the importance of seeing weight as a social construction.

During his nationally aired radio show on April 4, 2015, Mike Gallagher asked Fox News anchor Chris Wallace if he’d seen recent photos of Kelly Clarkson because, as Gallagher put it, “Holy cow, did she blow up.” Wallace agreed, commenting that “[Clarkson] could stay off the deep dish pizza for a little while.” Their conversation came on the heels of similar criticism by British newspaper columnist and TV personality Katie Hopkins six weeks earlier when she tweeted, “Kelly Clarkson had a baby a year ago. That is no longer baby weight. That is carrot cake weight. Get over yourselves.” Hopkins subsequently told Access Hollywood, “Jesus, what happened to Kelly Clarkson? Did she eat all of her backing singers? Clarkson is a chunky monkey. . . . She’s fat, she needs to get out, eat less, and move more.”

Notice that none of this discussion about Clarkson focused on the Grammy Award winner’s powerful voice, which has propelled hit songs like “Because of You” and “Since U Been Gone.” Instead, the main topic was her weight. The public humiliation she experienced is an example of fat shaming, which occurs when a person receives insults because they have a large body. In recent years, other celebrities, including Justin Bieber, Adele, Leonardo DiCaprio, and Kate Winslet, have also been fat shamed. Although this negative publicity most often targets girls and women, boys experience fat shaming too.

A couple of months before Clarkson’s body became an object of ridicule, Toma Dobrosavljevic received media praise for winning season sixteen of The Biggest Loser. In the hit reality show, which aired from 2004 to 2016, overweight individuals competed to see who could slim down the most over thirty weeks. Dobrosavljevic triumphed by losing more than half his starting weight. He dropped 171 pounds, ending the competition at a slender 165 lbs.

The title of “the biggest loser” doesn’t only refer to the person who shed the most weight. It also conveys an opinion that viewers may have held toward all the contestants at the start of the competition: They were losers for being overweight. Media
personalities cast similar aspersions on Kelly Clarkson after she became heavier. Whereas Toma Dobrosavljevic’s victory upheld the idea that regimented dieting and vigorous exercise could produce dramatic weight loss, the fat shaming of Clarkson exposed the other side of the coin. Both of their stories reinforce the individual perspective, which characterizes each of us as personally to blame if we don’t conform to societal norms about weight. Because of the widely held belief that a person is at fault for having a large body, being viewed by others or seeing oneself as “fat” is a source of stigma—a characteristic that marks a person as disreputable in the eyes of others. Because of this stigma, weight anxiety, or the unease many people have that their bodies are too big, is a pervasive social problem.

**FIRST IMPRESSIONS?**

1. Can you think of someone—either a celebrity or a person you know—who has experienced fat shaming? What was their experience like?

2. Why do you think media publicity of fat shaming more often focuses on instances where girls and women are the victims, rather than boys and men?

3. How do the negative media portrayals of Kelly Clarkson and the positive portrayals of Toma Dobrosavljevic similarly reflect the individual perspective toward body size?
When I was a kid, my older brother would sometimes tell me I was fat. I wasn’t overweight according to the body mass index (BMI), which is a medical chart that labels a person’s size relative to what doctors consider healthy. However, knowing this medical information didn’t comfort me. Although my brother meant no harm, his teasing made me feel inadequate. After all, his opinions weren’t isolated. Just about everywhere we turn—Instagram posts, movies, TV shows, and advertisements—there are images of thin people who are happy and successful and fat people who appear lazy and unkempt. These images fuel and reinforce weight anxiety.
Because of the psychological weight of living in a society where bodies reflect one's character, people whose BMIs indicate they are healthy may still be at risk of experiencing weight anxiety. In a poll of Americans of varying BMIs, 45 percent indicated they worried at least some of the time about being too big. Approximately forty-five million people in the United States diet each year, spending about $33 billion on weight loss products. A massive amount of marketing is directed at these people. Given the strong association in our society between feminine beauty and thinness, this marketing particularly targets girls and women. A common piece of advice directed at dieters is that they should get on the scale every single day.

Weight anxiety is not only a condition that may afflict you or others you know; it also reflects how our society defines the ideal body. Start paying attention to the social construction of weight, or the idea that people assign bodies of varying sizes and shapes unequal amounts of social worth. In other words, the numbers on a scale or BMI chart do not speak for themselves; we give them meaning. For example, consider that for centuries in Fiji and other islands of the South Pacific, people equated plumpness with prosperity. The ideal body was fat, unlike in the contemporary U.S. Start taking notice of how prevalent the thinness ideal is in American culture. The popularity of The Biggest Loser is a prime illustration of this ideal. In fact, a survey done three years after the arrival of satellite TV in Fiji during the mid-1990s found that Fijian girls who watched three or more nights a week were 50 percent likelier to see themselves as fat and 30 percent likelier to diet than girls who watched infrequently. Indeed, across the world having a large body increasingly carries stigma.

The internet has been exponentially more influential than TV in contributing to the global stigma of having a large body. Before reading this chapter, you may have believed thinness was inherently valuable. But there's more to this belief than meets the eye. The sociological perspective enables you to discover that because American culture defines thin bodies as beautiful and propagates this norm around the world, our society creates weight anxiety. Feelings of insecurity about being too big aren't simply a
personal problem many of us experience; we’ve inflicted this problem upon ourselves.

This chapter highlights the array of social forces that jointly contribute to weight anxiety. Because these forces are often invisible, people experiencing anxiety are likely to believe they’re personally responsible for feeling badly about themselves. Moreover, when we think about body size from the sociological perspective, we discover that the choices people make about how much to eat and exercise often reflect the economic, educational, and social opportunities available to them. This perspective, therefore, enables you to redefine fat as a word that describes—without judgment—people with BMIs beyond the range that doctors consider healthy. That’s how I use the word throughout the chapter. Removing the stigma underscores that for those people who, medically speaking, are fat, as well as for others who feel fat, their condition isn’t just a personal problem. It’s a weight we all must bear.

### Bias without Boundaries:
The Pervasiveness of Size Discrimination in American Society

5.2 Describe how size discrimination affects individuals in the workplace, at the doctor’s office, and in schools.

There are many stories online about fat people experiencing size discrimination, the unequal treatment people encounter simply for being overweight. Let’s consider accounts by three women—Leah, Patti, and Serine. When Leah went shopping for a new bra the summer after her sophomore year of college, the sales associate said the store had nothing in 38 DD “because boobs aren’t really supposed to be that big.” Patti once interviewed for a job at an optometrist’s office and, as the conversation was wrapping up, the interviewer told her, “You know, we have very small hallways here.” When Serine was in high school and tried out for the cheering squad, the teacher evaluating her audition laughed at her large body. As Figure 5.1 indicates, these

---

**Figure 5.1: Unequal Treatment**

<table>
<thead>
<tr>
<th>Source of size discrimination</th>
<th>Percentage overweight/obese adults who have experienced size discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers or supervisors</td>
<td>43</td>
</tr>
<tr>
<td>Doctors</td>
<td>69</td>
</tr>
<tr>
<td>Teachers/professors</td>
<td>32</td>
</tr>
</tbody>
</table>

stories are hardly isolated or exceptional. Size discrimination routinely occurs on the job, at school, and in the doctor’s office.  

First, let’s consider the workplace. Research indicates that for women, a gain of twenty-five pounds equates with an average salary loss of $14,000 a year. Bosses may deny them a promotion or reassign them to a lower-paying job. Previously thin women are more prone to such discrimination than women who’ve already been overweight. Another study highlights the significant effects size discrimination has on men as well. Men of normal weight applied for jobs at retail stores. Then, while wearing overweight prosthetics, they applied for jobs at different stores and posed as customers in a third set of stores. In both of the contexts where they wore prosthetics, these men experienced size discrimination. Employees displayed more avoidance toward them and were less likely to nod or smile while interacting with them.  

Size discrimination also runs rampant in the classroom. Teachers may hold low expectations of fat students or judge them as lazy, untidy, and overly emotional. Physical education teachers often hold the strongest prejudices of all because they’re professionally invested in seeing body size as a reflection of a person’s physical health. Fat kids often start experiencing bias in the early grades, and it continues throughout their schooling. As a result, they tend to receive lower grades than their peers of average weight and are less likely to go to college.  

Weight is the number one reason kids are bullied. It’s a more significant factor than religion, disability, race, intellectual ability, or sexual orientation (see Figure 5.2). Whereas one in four kids in the U.S. has experienced bullying, a survey of overweight high school students found that 58 percent of boys and 63 percent of girls had been bullied (see Chapter 12 for a fuller discussion of bullying). This frequent victimization is a significant contributor, along with teacher bias, to why fat students tend to have lower academic achievement than average-weight students.  

Size discrimination is even common in health care settings where, one might expect, trained professionals would exhibit care in trying to alleviate weight anxiety. Doctors may regard fat patients as lazy or lacking in self-discipline and presume that any concerns
these patients express are related to their weight. As a result, doctors may not be sufficiently attentive to the patient’s pain and neglect to run appropriate diagnostic tests. A study of autopsy reports found that fat people were 1.65 times likelier than average and underweight people to have lived with undiagnosed conditions that may have compromised their quality of life. The upshot of these data is that doctors sometimes allow health problems in fat people to fester and worsen instead of treating them.

There is no federal legislation designating body size as a category deserving equal protection in the way that the law does for race, gender, and disability. The difference stems from a societal belief—the individual perspective—that since a person can change their body size, they’re at fault for being overweight. A useful way to think about this belief is by comparing it to the public sentiment toward smokers. They are deemed undeserving of civil rights because they’ve consciously made the choice to do harm to their bodies. By the same token, since fat people purportedly

---


---

There are legal steps a person can take to fight gender discrimination. However, fat people have few options for countering bias.
can make healthier lifestyle decisions, they don’t merit protection from weight bias.¹⁹

Think about why it matters whether a group has legal protection from discrimination. The response to the fat shaming of Kelly Clarkson would have been entirely different if she were Black and the ridicule pertained to her race. Such examples are common. For instance, DJ Don Imus called the all-Black Rutgers women’s basketball team a bunch of “nappy-headed hos,” and, as a result, CBS suspended his nationally syndicated show for several months. However, Chris Wallace—the Fox anchor who fat shamed Clarkson—got off with merely having to issue an apology. “I’ve sat in meetings with colleagues who wouldn’t dream of disparaging anyone’s color, sex, economic status or general attractiveness,” commented Harriet Brown, a leading expert on body image issues. “Yet [these colleagues] feel free to comment witheringly on a person’s weight.”²⁰

Because size discrimination is so widespread, fat Americans come to expect it and yet often aren’t consciously even aware it’s happening. Moreover, they may hold the very same prejudices that are common in the workplace, schools, and health care settings by, for example, regarding people like themselves as lazy or deserving unequal treatment. Fat people, therefore, play a key role in contributing to the acceptance of size discrimination across American society. They are certainly not to blame for this problem. The key point, rather, is that their internalization of societal prejudices against them is symptomatic of how pervasive size discrimination is in American society.²¹

Let’s consider why size discrimination is so deep-seated in the U.S. Many people seem to view drinking a milkshake or eating a Big Mac as not only unhealthy but also as a moral failure. In their eyes, these behaviors express a preference for short-term pleasure over the enduring advantages one can accrue by delaying gratification. This focus on the value of future rewards is the essence of the American Dream, the idea that getting ahead hinges on self-discipline and hard work. From this perspective, fatness is a defiance of core values. Eating too much (gluttony) and exercising too little (sloth) are, after all, two of the seven deadly sins.²²
Given that fat bodies are often seen as an indicator of immoral character, we can understand size discrimination as having a similar origin as violence against gays, lesbians, bisexuals, transgender, and queer people, who on average are killed about once a week. Overweight people and those in the LGBTQ population are both targeted for behaviors that carry stigma because others regard these behaviors—such as inhabiting a large body, being attracted to people of the same sex, or identifying outside the male/female gender binary—as fundamentally wrong. The policing of these behaviors aims to force people to become more “normal.”

Discrimination and violence are never justified, period. Still, is it possible that shaming fat people can motivate them to embrace healthier lifestyles? It’s an intriguing question. *The Biggest Loser* demonstrated, after all, that fat people can slim down within a short time frame if they have the competitive drive to do so. Of course, TV—even reality TV—is often unrealistic. Consider a study of fat women. One group was randomly assigned to watch a video with discriminatory content and a second group to watch a video with no such content. After offering food to all of them, the researchers observed that the first group consumed over three times as many calories. The anxiety the video produced activated the physiological urge to eat as a coping mechanism. Size discrimination, therefore, can create a *self-fulfilling prophecy*, a situation where a person behaves in ways that confirm how others label them. Because fat people may respond to size discrimination by overeating, in the eyes of those who mistreat them, such bias may seem justifiable.

### The Elephant in the Room: Explaining Why Obesity Is Most Prevalent in Low-Income Communities

5.3 Explain why obesity rates are highest in low-income communities.

*The Biggest Loser* was a hit TV show in part because of how often there is mention in the news and popular culture of *obesity*, a medical condition afflicting people
with a BMI exceeding 30. Its many adverse effects include heart disease, type-2 diabetes, hypertension, and high blood pressure. Figure 5.3 reveals that over the past few decades, obesity in the U.S. has become an epidemic, or a harm that spreads rapidly across a larger and larger segment of people. During your lifetime, obesity has risen dramatically. In 1990, every state had an obesity rate below 15 percent. By 2000, the rate had risen to above 20 percent in about half the states, and by 2010 it exceeded 25 percent in the majority of states. As of September 2018, the numbers were even more startling: Forty-eight states had an obesity rate exceeding 25 percent, twenty-nine states over 30 percent, and seven states over 35 percent. One in three American adults is obese. For children, it’s one in six. As these numbers indicate, obesity is producing a public health crisis.

The sociological perspective offers a powerful explanation for rising obesity rates. It reveals that a person’s lifestyle choices—what and how much they eat, and when and how often they exercise—often reflect unequal opportunities. Figure 5.4 (on page 92) highlights a crucial story: Obesity is most prevalent among the least educated Americans and least prevalent among the most educated. Boys who drop out of high school are nearly twice as likely to be obese as boys who graduate from college: 21.1 percent versus 11.8 percent. Among girls, high school dropouts are nearly 2.5 times likelier to be obese: 20.4 percent versus 8.3 percent. What do you think explains these trends? What types of knowledge about nutrition and fitness are college graduates more likely to possess than high school dropouts?

Since college graduates typically earn much more than high school dropouts, this educational gap takes on added significance when we consider the high cost of eating well. Nutritious foods are typically expensive, which is why some people refer to Whole Foods as “Whole Paycheck.” At the other extreme, the cheapest foods available in grocery stores are high in saturated fats and carbohydrates from sugar and starch. Therefore, lower-income people are inclined to make unhealthy choices. It’s not their fault; they often can’t afford fresh fruits and vegetables or lean meats. Although anyone can gain weight by eating poorly, some people—because of the earning power tied to their level of education—are at greater risk of becoming obese than others.

Those who are the least able to afford nutritious foods are also the most likely to live in places where these foods aren’t even available. Many poor communities in the United States are food deserts, neighborhoods where the only available foods are at convenience stores or fast food restaurants, both of which have few nutritious options. Consider Chicago, for example. It reflects the U.S. as a whole in that Blacks and Latinos, who tend to be poorer than Whites, frequently live too far away from a grocery store to get fresh fruits and vegetables (see Figure 5.5 on page 93). Of the city’s 610,000 residents living in food deserts, 480,000 (79 percent) are Black. Because low-income people often don’t own cars and can’t easily get to supermarkets by public transportation, they’re left with limited options for eating healthily.

Given that the cheapest and most accessible meals are often junk foods engineered with irresistible combinations of salt, sugar, and fat, low-income people are
Notice the dramatic change in obesity rates in the U.S. over time.

susceptible to developing cravings for chips, soda, hamburgers, French fries, and the like. Moreover, junk food marketing targets poor people. One study found that fast food chains advertised over 60 percent more frequently in low-income Black neighborhoods than in higher-income White neighborhoods, and that the advertising to Black consumers was more likely to target kids. Marketing junk foods to people who lack the resources to choose healthier options furthers the likelihood that they will consume these foods and be overweight.32

Limited fitness opportunities are yet another reason poor people are the most likely to become obese. Low-income neighborhoods often lack green spaces for exercising, and joining a gym is expensive. Since crime in these neighborhoods is typically high, fear further inhibits people from spending time outside. These income-related factors that foster a sedentary lifestyle are often invisible to people of greater means who may take for granted the availability of fitness opportunities. It’s no wonder that many who enjoy these opportunities are inclined to see fat people as lazy.33
Chicago is emblematic of the U.S. more generally: Members of minority groups often live too far away from grocery stores to be able to access healthy food.

In embracing the sociological perspective, we’re seeing that there’s so much more to the story of America’s obesity epidemic than the lifestyle choices people make. This epidemic is a sign that at a time of unprecedented economic inequality, we’ve become a nation where prospects for low-income people to become upwardly
mobile—and enjoy the opportunity to lead healthier lives—have greatly diminished. An astounding 60 percent of American kids born into families in the bottom fifth of the income distribution are likely still to be in the bottom two-fifths at age forty. Over half of kids born into the bottom fifth who are Black or whose parents didn’t finish high school remain in the bottom fifth as adults (see Chapter 2 for a discussion of this opportunity divide). These inequalities are the so-called elephant in the room—a major cause of a social problem that people often ignore—when it comes to explaining the obesity epidemic.34

Part of the reason you may be unfamiliar with the sociological perspective toward obesity is because media sources that provide information about it do not highlight this way of understanding the problem. It’s common, instead, for journalists reporting about obesity to embrace the individual perspective. A study of news coverage over a ten-year period found that it consistently emphasized bad lifestyle choices as the leading cause of this epidemic. Consider how one article characterized a forty-something couple, Bruce and Lisa Smith:

Chips, fried chicken, canned fruit, sodas—they ate as much as they wanted, whenever they wanted. Exercise? Pretty much nonexistent, unless you count working the TV remote or the computer mouse. “We were out of control,” says Bruce, 42. And so was their son, Jarvae, who is 5 feet 4 and weighs 176 pounds.35
While a news report might mention sociological causes of obesity, it’s likely to present these causes as secondary to bad personal choices.

Content on YouTube similarly tends to attribute responsibility for obesity largely to the individuals who suffer from it. A random sample of videos searched with the keywords obesity and obese revealed a common theme: Obese people eat poorly and lead a sedentary lifestyle. The videos could have delved into the social forces producing these behaviors, but they did not. Instead, many of them portrayed people being teased for excessive eating. By reinforcing individual explanations for obesity, YouTube videos legitimize the public shaming of fat people and the bias they often experience. As long as the inequalities at the root of the obesity epidemic remain hidden, there will be little public outcry about the mistreatment fat people frequently endure.36

**Feeling the Weight: Why People of Average Size May Be Insecure about Their Bodies**

5.4 Recognize the social forces that can lead people of average weight to feel anxious about the size of their bodies.

“I cannot tell you how many times throughout my life—especially during the 17 years I struggled with bulimia—I said the phrase, ‘I feel fat,’” wrote Greta Gleissner, founder of an organization that helps people recover from eating disorders. “I could be having a perfectly pleasant day, only to suddenly find myself drowning in negative body image. Sometimes the trigger was situational, like putting on a pair of jeans that just came out of the dryer, feeling overly full after a meal or catching a glimpse of myself in a storefront window while shopping.”37

Gleissner is hardly alone. Nearly half of Americans of varying BMIs worry all or some of the time about their weight—a 32 percent increase since 1990. This rise seems to be in response to the growing obesity epidemic over the past few decades. What’s most telling is that from 1999 to 2014, weight anxiety rose only 6 percent among people who self-described as overweight, but 28 percent among those who believed their size was about right. This discrepancy underscores how susceptible people who are either of average weight or underweight are to experiencing emotional fallout from the public health crisis the obesity epidemic has produced. It’s not just overweight people who feel the weight of this epidemic; healthy-sized people do too, to an even higher degree (see Figure 5.6 on page 96).
A growing segment of Americans, including those who believe their weight is about right, worries either some or all of the time about their weight.

![Graph showing trends in feeling fat](image)


Girls and women are particularly susceptible to feeling fat even when they aren’t. Whereas 25 percent of college males reported in a study that they engaged in negative talk about their bodies, 90 percent of college women in a different study described themselves to others as fat, even though only 9 percent had an above-average BMI. To understand why, we need to pay attention to the many places where girls and women hear the message that they should evaluate themselves primarily based on their physical appearance.38

Whether it’s from social media, TV shows, movies, advertising, or conversations with friends, girls come to believe from a young age that being thin will make them feel worthy. Shopping also reminds them that small bodies are the most valued. Consider the trendy “one-size-fits-all” clothes available at Brandy Melville, American Eagle, and elsewhere. It’s misleading marketing since only the slim percentage of young women who are about 5’8” and have a twenty-four-inch waist can wear them. The popularity of these clothes signals to the majority of girls and women who are differently shaped that their bodies do not fit the socially constructed norm. As a result, they may feel anxious about their size.39

For the many girls and women who feel fat, which may include you or people you know, it’s valuable to know just how unattainable this norm is. Consider that whereas in 1975 models weighed 8 percent less than the average-sized American woman, nowadays they weigh 23 percent less. Therefore, the ideal female body has increasingly become just that—an image that exists on social media and television.
but that is essentially unattainable. How can knowing that the ideal-sized woman has gotten smaller over time lead girls and women who feel fat to become more accepting of their own bodies?  

It’s no wonder that roughly two-thirds of women ages twenty-five to forty-five exhibit **disordered eating**, which is a condition characterized by an irregular meal schedule, limited food intake, binging, or self-induced vomiting after eating. Ten percent meet the diagnostic criteria for an eating disorder, such as anorexia or bulimia. Boys and men experience these disorders too, but to a lesser extent. That’s because although they also derive status from their physical appearance, norms about body size are not as rigid for them as they are for girls and women. The greater prevalence of eating disorders among females reflects how common it is for cultural messages about body size to lead them to feel fat, regardless of their actual weight.  

While girls and women may experience this feeling as solely their own problem, the hidden story we’ve been exposing is that each of us contributes to the prevalence of weight anxiety in our society. In embracing the sociological perspective, we’re seeing that several social forces produce this anxiety: the socially constructed norm of thinness, the prevalent belief that body size is a choice, the absence of legal protections against size discrimination, and the messages directed at girls and women that they should define their self-worth based on their physical appearance. This perspective highlights that although how people feel about their bodies may seem strictly personal, this feeling reflects ideas and beliefs that permeate throughout our society.

**Debunking Conventional Wisdom about Body Size**

5.5 **Explain the importance of efforts by size acceptance activists to destigmatize the word fat.**

Contestants on *The Biggest Loser* succeeded in slimming down because they were under a strict regimen. Trained professionals told them when, what, and how much to eat; when and how long to exercise; and how long to sleep. Given that the goal of weight loss is to keep the pounds off, consider the revealing findings from a six-year study of former show contestants. The study tracked the weight of fourteen people from the 2009 season and found that, on average, they regained 70 percent of what they’d lost. Dropping a significant number of pounds in a short amount of time slowed their metabolism while diminishing their levels of
the hormone that tells the body it’s satisfied. The former contestants felt the need to increase their calories at the same time that they were burning them more slowly—a perfect storm for significant weight gain.42

Many people believe anyone can lose weight by exerting self-discipline and that weight loss is a way to feel better about oneself. These beliefs are, unfortunately, only half-truths. The reality underscored by the study of former contestants on *The Biggest Loser* is that diets often don’t have lasting effects. This isn’t only the case for obese people trying to shed a significant number of pounds quickly; it’s also true for people of any weight who aim to become thinner over a gradual period of time. To understand why, you just need to know some basics about the brain. It has a survival instinct that works to regulate a person’s weight and keep it within a certain range. If it dips below that range, the body’s response is exactly what *The Biggest Loser* contestants experienced: a greater urge to eat combined with slower metabolism. Research shows, incredibly, that dieters are more likely to become obese than nondieters—a finding that holds true through middle age, across ethnic groups, and for men and women alike. This effect is actually strongest among people who had been at a normal weight before they started dieting.43

Because dieters often do not maintain weight loss, their inability to do so may further their anxiety about body size. Dieting can fuel a vicious circle of failure and self-blame. Therefore, our society not only produces weight anxiety but propels people onto a treadmill where they relentlessly feel they must push forward in order to feel better about themselves. I’m not only referring to the type of treadmill found at the gym; there’s also a second type. It’s not a machine but a state of mind whereby people keep striving for—yet may continually struggle to attain—a greater acceptance of their own bodies.

Whereas dieting is a visible yet elusive path toward greater bodily acceptance, there’s another path that may be more promising. However, it may not be familiar to you because it doesn’t have the slick marketing of the multibillion-dollar diet industry. Its proponents are outspoken but don’t have a lot of clout. They are size acceptance activists, a group of
people who aim to diminish the importance of weight to a person’s feelings of self-worth.\(^4\)

These activists challenge the conventional wisdom that fat people necessarily lead unhealthy lives. Indeed, research indicates that a person can be both overweight and healthy. In one study, a third of the obese people sampled had normal heart disease risks based on factors like cholesterol level and blood pressure. Other research reveals that the key determinant of health isn’t a person’s weight but their level of exercise. While people who are both obese and physically fit account for just 2 to 3 percent of deaths in the United States, inactivity across the BMI spectrum is responsible for 16 to 17 percent.\(^4\) These findings lend support to “health at every size,” a slogan size acceptance activists use to distinguish constructive concerns about health from destructive angst about large bodies.

Promoting this slogan is part of these activists’ goal to redefine the term *fat* so that it no longer carries stigma and instead becomes synonymous with *overweight*. While this may be a lofty goal, it underscores the significant payoff of understanding weight anxiety from a sociological perspective. As we’ve seen throughout this chapter, this perspective examines the social forces that create such anxiety. Exposing the tremendous influence these forces have on individuals across the size spectrum reveals how foolish we’d be if we were to continue seeing weight anxiety strictly as a problem of personal irresponsibility; doing so would make us the biggest losers of all.

---

**What Do You Know Now?**

1. What does it mean to see weight as a social construction? How might recognizing this concept enable people who experience weight anxiety to feel better about their bodies?

2. How does the individual perspective toward body size legitimize size discrimination?

3. Why is it harder for low-income people to make healthy choices when it comes to eating and fitness than it is for people from higher-income families and communities? In what sense, then, is obesity a social problem for which all of us, regardless of our weight, bear responsibility?
4. Why are people of average weight, and even those who are underweight, at risk of feeling anxious about being fat?

5. How successful do you believe fat acceptance activists can be at removing stigma from the word fat? To what degree do you think it’s possible for our society to address the health problems associated with being overweight without casting a negative judgment on fat people?

---

**Key Terms**

- Fat shaming 81
- Stigma 82
- Weight anxiety 82
- Body mass index 83
- Social construction of weight 84
- Size discrimination 85
- American Dream 88
- Self-fulfilling prophecy 89
- Obesity 89
- Epidemic 90
- Food deserts 90
- Elephant in the room 94
- Disordered eating 97
- Size acceptance activists 98

---

Visit [edge.sagepub.com/silver](http://edge.sagepub.com/silver) to help you accomplish your coursework goals in an easy-to-use learning environment.

---

**Notes**

3. Ibid.
4. For a list of celebrities who’ve been targets of fat shaming, see [http://www.nickiswift.com/2061/stars-fat-shamed/](http://www.nickiswift.com/2061/stars-fat-shamed/).
Chapter 5: Slim Chances


tonpost.com/greta-gleissner/body-image_b_2238291.html.


44. The handbook for this activism is Linda Bacon, Health at Every Size: The Surprising Truth about Your Weight (Dallas: Benbella Books, 2010).