



Understanding ‘fat shaming’ in a neoliberal era: Performativity, healthism and the UK’s ‘obesity epidemic’

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Abstract

This article explores how ‘fat shaming’ as a practice that encourages open disdain for those living in larger bodies operates as a moralising tool to regulate and manage those who are viewed as ‘bad citizens’. It begins by outlining the problematic use of fat shaming language that is often used as a tool to promote ‘healthy’ lifestyle choices by those who view it as not only an *acceptable* way of communicating the health risks associated with obesity, but also a *productive* way of motivating people with overweight and obesity to lose weight. I then go on to discuss how shame as it relates to body image and excess weight is culturally produced through both objective conceptualisations of deviance and subjective judgements about the moral character of those who are living with excess weight. Adopting a feminist theoretical perspective, this article further considers the reciprocal nature of fat shaming by calling attention to how shame as a felt emotion is dependent on understandings of oneself in relation to others, as well as the relationships that one forms with others. In this way, I argue that shame in general, and fat shaming in particular, is performative to the extent that it exists as a relational construct that is iteratively produced through the language and actions that give it meaning.

Keywords

Fat shaming, healthism, neoliberalism, obesity, personal responsibility

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Introduction

In their study of the effects of neoliberalism on health, policy and society, B.J. Brown and Sally Baker argue that '[w]hilst once neoliberalism might have been about economics, and premised on an ethos of "small government" and liberalised opportunities for entrepreneurs and investors, it has more recently come to embrace desired modes of conduct in enterprising, self-responsible citizens' (2013: 26). By describing the onset and implementation of neoliberal policies in this way, both authors show how Western countries that have adopted this mode of governance have also adopted new ways of thinking about body image, self-regulation and self-control. In the UK, the National Health Service (NHS) currently ensures that health care is free at point of access for all residents regardless of their social influence or economic capital (*BMJ*, 1998). Prior to its establishment in 1948, those residing in the UK were responsible for funding their own health care through private means, which meant that those who could not afford it often fell ill and, in many cases, died prematurely (Nottingham, 2019).

The UK's shift away from a private health care system towards a public one signalled a move towards reframing individual health as a public health concern, thus shifting the onus of responsibility away from the individual and towards the state (Welch, 2018). This shift was then reversed with the introduction and implementation of neoliberal policies in the 1980s, which placed the onus of responsibility back on the individual by emphasising the importance of self-reliance and self-control when it comes to lifestyle, behaviour and health. Moreover, because of the subsequent reduction in financial support for public assistance programmes that were formerly designed to help the most socially and economically disadvantaged, the pressure to become self-sufficient and financially independent became even greater for those who could no longer rely on state support (Schrecker and Bambra, 2015). The term 'ideal neoliberal citizen' originated from the ideological underpinnings of this new form of government, and is currently used to describe a person who is a 'rational, self-determined agent' and whose 'identity is secured by autonomy and choice' (Shugart, 2016: 11). This autonomy and choice is facilitated through their consumption of goods that are regulated by a free-market economy, which, many argue, actively encourages overconsumption and waste (Schrecker and Bambra, 2015). In this way, the subject's status as an 'ideal neoliberal citizen' is dependent on their ability not only to self-regulate and demonstrate self-control but also to support an economic system that encourages them to consume more goods than they need (Pirie, 2016). This economic system has, in turn, made it easier to obtain foods that are high in saturated fat and sugar at an affordable price and in larger quantities, particularly in socio-economically disadvantaged communities with limited access to fresh produce that are largely populated by people of colour (often referred to as 'food deserts') (Ernsberger, 2009). Whilst research on 'food deserts' tends to focus on this issue within a US context, studies show that this is also an issue in the UK, with many racial and ethnic minority groups disproportionately exposed to foods that are low in nutritional value and prevented from accessing healthier options in their immediate environments (Shaw, 2006, 2017).

In this article, I explore how fat shaming as a practice that encourages open disdain for people living in larger bodies¹ operates as a moralising tool to regulate and manage those who are viewed as ‘bad neoliberal citizens’ (LeBesco, 2004). I begin by outlining the problematic use of fat shaming language that is often used as a tool to promote ‘healthy’ lifestyle choices by those who view it as not only an *acceptable* way of communicating the health risks associated with obesity, but also a *productive* way of motivating people with overweight and obesity to lose weight (Brown and Baker, 2013: 24).² I then go on to discuss how shame as it relates to body image and excess weight is culturally produced through both objective conceptualisations of deviance and subjective judgements about the moral character of those who are living with excess weight. Adopting a feminist theoretical perspective, I explore the reciprocal nature of fat shaming by calling attention to how shame as a felt emotion is dependent on understandings of oneself in relation to others, as well as the relationships that one forms with others. In this way, I argue that shame in general, and fat shaming in particular, is performative to the extent that it exists as a relational construct that is iteratively produced through the language and actions that give it meaning. I frame this argument within the context of Judith Butler’s theory of gender performativity, wherein Butler argues that gender is performative because of its dependence on constructed ideas of what it means to be male or female (Butler, 2006).

I further consider how the neoliberal expectation of self-regulation and personal responsibility when it comes to food consumption and exercise regimes often operates within contexts that overlook the limited control that many have over their ability to do both (Marmot, 2015). This, I argue, presents an additional problem when attempting to encourage weight loss through fat shaming as, by targeting the individual rather than addressing the systemic inequalities that make it more likely for some people to develop overweight and obesity than others, people who fat shame make losing weight through diet and exercise seem a simple matter of changing one’s behaviour when, for many, that behaviour is formed through a lack of choice, which is ultimately caused by conditions that are beyond their control (Greenhalgh, 2015: 242). This sentiment, I argue, has been exacerbated by social media, where repeated exposure to images of one’s peers achieving certain goals and expectations can result in feelings of personal failure and underachievement that lead to self-criticism.

Finally, this article considers how healthism (a form of medicalisation that places the onus of ‘good health’ on the individual) necessitates a performance of ‘good citizenship’ that corresponds with local, and thus subjective, definitions of overweight and obesity. Modern interpretations of healthism have emerged from neoliberal discourse that emphasises the need for self-management and personal responsibility in discussions about bodily appearance, obesity and weight management. As a form of neoliberal governmentality, healthism and its emphasis on personal responsibility fails to practically consider the disempowering circumstances that many from disadvantaged backgrounds face when trying to lose weight. In this way, it risks reproducing feelings of shame in those who are living with obesity by simultaneously

encouraging action whilst disavowing circumstances that make weight loss harder for some than others. Drawing attention to the ways in which health status is directly correlated with weight status in healthism discourse, I discuss how, for many, any health-related discussions of excess weight constitute a form of fat shaming because they involve ‘medicalising’ a ‘non-medical’ issue (Cooper, 2016; Hagen, 2019). By attempting to reconcile the medical and political models of obesity, researchers are presented with the challenge of uncovering a model that simultaneously recognises the need for lifestyle alterations that decrease obesity rates and its associated health risks, whilst also recognising how bodily autonomy and self-acceptance are crucial in promoting overall good health.

Conceptualising ‘fat shaming language’ within a neoliberal framework

Fat shaming is a practice wherein people living with overweight or obesity are purposefully stigmatised and made to feel ashamed because of their body size (Rinaldi et al., 2019). In Western neoliberal societies such as the UK, people living with overweight and obesity are often blamed for their condition and any medical issues that might come from it because they are believed to have directly caused those conditions through their ‘poor lifestyle choices’ (Garthwaite and Bambra, 2017).³ In the case of children who are living with overweight or obesity, parents are often blamed for seemingly failing to regulate their child’s food consumption and exercise habits, thus putting their child’s health at risk (Greenhalgh, 2015). Embedded within this claim is an assumption of control, whereby all individuals are assumed to be able to choose which foods they can eat and the amount of exercise that they can undergo on a daily basis. Moreover, proponents of fat shaming commonly refer to freedom of choice as a way to justify their disparaging comments, arguing that consumers have a choice about which food items to purchase at supermarkets and whether or not they exercise and are simply ‘choosing wrong’ (Lee and Pausé, 2016). This argument is used to support claims that people living with overweight and obesity are directly responsible for their excess weight, and is often utilised to support the argument that fat shaming is beneficial for people living with excess weight because it could prompt them to change their ‘poor behaviours’ (Friedman et al., 2020). As noted by US television host Bill Maher in 2019, ‘some amount of shame is good. We shamed people out of smoking and into wearing seatbelts. We shamed them out of littering and most of them out of racism. Shame is the first step in reform’ (cited in Lee, 2019). Whilst Maher’s comments were widely criticised by television personalities, patient advocate groups and various media outlets (Breen, 2019), his viewpoint is commonly shared by those who reduce excess weight to an issue of poor self-discipline and self-control when it comes to diet and exercise (Shugart, 2016).

Using the biomedical model of obesity to position excess weight as a matter of *health* rather than a matter of *appearance*, proponents of fat shaming typically dismiss claims about the adverse effects that this practice often has on the mental health of recipients by citing the relative importance of ‘facts over feelings’ when it comes to concerns

about health (Brown and Baker, 2013). By using the word ‘fat’ to shame people into losing weight, proponents aim to improve overall health by calling attention to the various ways in which excess weight presents as a risk factor for certain diseases. The understanding that fat shaming can be used as an effective tool to encourage weight loss is flawed for three key reasons. Firstly, not all consumers have the same degree of choice when it comes to the food that they can consume and/or the exercise that they take. Consumers with a low income and/or limited time to prepare healthy meals because of job-related time constraints often opt for relatively inexpensive, ready-made meals with low nutritional value because these are best suited to their financial budgets and time constraints (Smith Maguire, 2017). For single parents, this often means their children will also consume foods that increase the likelihood of them developing obesity because of their relatively poor nutritional value (Hill, 2016). In addition, when consumers have restricted financial budgets expensive gym memberships are often inaccessible, which means that many have to rely on free and local forms of exercise such as walking and running in order to stay active. For those who live in unsafe neighbourhoods with high crime rates this is not always possible or advisable, which consequently limits the amount of physical activity that they and their children are able to undergo (Schmidt, 2009).

Secondly, rather than leading to positive behavioural changes, fat shaming often encourages individuals to develop self-destructive behaviours that increase the likelihood of them gaining additional weight (Meulman, 2019). Research shows that negatively commenting on a person’s excess weight is often counter-productive, as the feelings of shame that come from those comments often lead to an increase in behaviours such as comfort eating that promote further weight gain (Greenhalgh, 2015). Critics who argue against the use of fat shaming to encourage weight loss often note that what is needed is an increase in self-esteem in order to first prompt that person to want to ‘look after’ their bodies by decreasing behaviours that lead to weight gain (LeBesco, 2004). This change, they argue, can only be achieved if that person feels supported by, and embedded within, their local communities and social networks, both of which are diminished when fat shaming tactics are used to exclude them.

Thirdly, messages that people who use fat shaming language and tactics promote regarding the negative health effects of obesity often fail to resonate with the ideological underpinnings of body positive and fat activist groups, both of which are gaining increasing online support through various social media platforms including Twitter and Instagram (Afful and Ricciardelli, 2015; Dickins et al., 2016; Williams, 2017). Both view excess weight as a largely aesthetic concern that is, at best, tangentially linked to health (Cooper, 2016).⁴ Additionally, both claim that the medical focus on the physiological implications of excess weight largely ignores the negative mental health effects of excess weight and weight-related shaming (Cooper, 2016; Hagen, 2019). By prioritising physical health over mental health, they argue, those who subscribe to the medical model not only overlook the gravity of fat shaming in relation to mental illness and everyday life, but also ignore how mental ill health causes physical ill health in a way that is counter-productive to their overall goal. For those who hold this view, fat shaming comments

are unanimously interpreted as a form of bullying that purposefully seeks to shame people into feeling badly about their appearance because they fail to meet the slender body ideal (Cooper, 2016).

Because the 'ideal neoliberal citizen' is simultaneously required to exercise self-restraint whilst spending excessively in order to support the economy, they are often faced with the dilemma of consuming more whilst seeming to consume less, a phenomenon Deborah Lupton (2018) refers to as the 'neoliberal paradox'. In relation to food consumption, the individual's ability to maintain a slender body type whilst being simultaneously encouraged to consume excessive amounts of food is widely understood to convey their ability to exercise self-restraint. As noted by Lupton in her study of the socio-cultural meanings of 'fat', 'the ideal consumers/citizens ... are able to continue to consume in a context of an abundance of tempting food but also limit their consumption enough to demonstrate their capacity for self-discipline' (2018: 34). As a result, the 'ideal neoliberal citizen' is viewed as visibly thin, and the 'bad neoliberal citizen' is viewed as visibly overweight or obese, with their excess weight seen as an external marker and/or signifier of their presumed lack of self-control and self-discipline when it comes to food intake and exercise (Fahs, 2017: 85; Tyler, 2020).

As well as being expected to regulate their weight in order to benefit their own health, the 'ideal neoliberal citizen' often feels pressured to regulate their weight in order to minimise any 'burden' that they might pose to their local and/or national health care systems (Brown and Baker, 2013). In the UK, a common criticism that people who subscribe to the personal responsibility model have of adults who are living with overweight and obesity is that their 'irresponsible' lifestyles not only negatively affect them and their individual health, but also negatively affect the NHS because of the additional financial burden that their excess weight will presumably incur (Brown and Baker, 2013). The financial costs involved in obesity management and treatment lead many within this category to bemoan the use of tax-payer's money to fund the negative outcomes of 'personal choices' that they perceive as wholly avoidable. Moreover, those who hold this view often convey concern about the fact that this money is being used to support 'self-inflicted' conditions such as obesity and not conditions that are the result of unavoidable health conditions such as cancer (Lee and Pausé, 2016: 5). In this way, people living with overweight and obesity are viewed as not only self-destructive and gluttonous but also selfish for seemingly prioritising themselves and their pleasures above others who are dealing with conditions that they did not cause (Greenhalgh, 2015).

This assumption not only overlooks the many ways in which some are prevented from maintaining a 'healthy' weight due to social, financial and environmental factors that are largely beyond their control, but also fails to account for the ways in which numerous choices, lifestyles and behaviours that are not inherently viewed as 'irresponsible' often warrant medical attention and are not subject to the same moralistic scrutiny. Sky-divers, skiers, motorcycle drivers and horseback riders are amongst those who are particularly likely to require medical attention at some point over the course of their lives because of an injury that is the result of something that they have chosen to do, yet they are rarely thought of as being a financial drain on the NHS when they are admitted to hospital or when they undergo treatment for their injuries. Many fat activists utilise

this point in order to support their claim that outward concerns about their health merely mask negative feelings about people living with excess weight that are rooted in an appreciation of 'thinness' and a dislike of 'fatness' (Cooper, 2016).

In response to what they view as the pathologisation of excess weight, numerous fat and body positive activists reject medicalised terms such as 'overweight' and 'obesity' in favour of the word 'fat', which they view as a neutral descriptor of a visible marker of difference that is akin to bodily features such as eye colour, hair colour or skin colour. Moreover, by using the word 'fat' as a neutral descriptor, they demonstrate their attempt to reclaim a word that has historically been used pejoratively in order to redefine it as one that is inherently inoffensive. This attempt has received a great deal of criticism and backlash from people living with obesity who do not identify with the political model of excess weight and who continue to take offence when referred to as 'fat'. By viewing the term 'fat' as inherently offensive, those who hold this opinion argue that it constitutes a form of shaming that hinders their ability to either accept their bodies as they are without feeling the need to lose weight, or develop an appreciation for their bodies that will spur them to lose weight in order to improve their overall health. In this way, the attempted reclamation of the word 'fat' by fat activists and body positive groups is contested by the very people that this reclamation is supposed to liberate by arguing for an acceptance of their bodies as they are without a need for change.

However, despite the ways in which attempts to reclaim the word 'fat' fail to meet the needs and appreciation of segments of its intended audience, the positive ways in which this reclamation facilitates body acceptance amongst body positive and fat activist groups should not be discounted. For many body positive and fat activists, embracing the word 'fat' as a neutral descriptor of one's body type serves as a way to emotionally recover from the damaging effects of weight-related stigma, shame and social exclusion, and is therefore inherently valuable, and in many cases crucial, to building self-acceptance and self-esteem. In many cases, the reclamation of this word is directly responsible for the formation of a number of social and political groups that have utilised the word 'fat' in order to recruit members. For these groups, reclaiming and using the word 'fat' is a key strategy in their political aim of challenging what they perceive to be the medicalisation of excess weight by centring it as an aesthetic difference that is not, by itself, indicative of poor health. In this way, transforming the word 'fat' from a pejorative term to a neutral descriptor serves as a necessary way to highlight the ongoing struggle to recognise and correct discriminatory practices that target individuals based on their body size. It also serves as a way to reject feelings of weight-related shame by presenting excess weight as normative, thus contributing to the de-stigmatisation of excess weight by encouraging social acceptance of people living in larger bodies.

Excess weight and the cultural production of shame

According to feminist scholar Sara Ahmed, shame is a reciprocal process that is entirely dependent on the judgement of others. In outlining this point, she states:

Shame as an emotion requires a witness: even if a subject feels shame when she or he is alone, it is the imagined view of the other that is taken on by a subject in relation to herself or himself ... In shame, I am the object as we; as the subject of the feeling. Such an argument crucially suggests that shame requires an identification with the other who, as witness, returns the subject to itself. The view of this other is the view that I have taken on in relation to myself; I see myself as if I were this other. My failure before this other hence is profoundly a failure of myself to myself. In shame, I expose myself that I am a failure through the gaze of an ideal other. (Ahmed, 2014: 105–106)

Ahmed's claim that shame is a feeling that is produced by the observer suggests that one only feels shame when one recognises in oneself what others perceive to be a source of shame. This perception is informed by socially constructed ideas of what types of behaviours are socially acceptable and unacceptable. Moreover, because they are socially constructed, these ideas often change in accordance with social ideas that are produced at different moments in time (Wolf, 1991; Dolezal, 2015b). Whilst excess weight was once revered as a sign of extreme wealth and prosperity (van Amsterdam, 2013), in the UK it is now typically viewed as a sign of lack of control, greed and laziness (Williams and Annandale, 2018). In this way, shame is transient, and its meaning shifts in accordance with local ideas about who should feel shame in different contexts.

As a feeling that is predicated on one's relationship with others, in order to feel shame one must recognise another's understanding of what shame is. In this way, if one was alone one would only feel shame to the extent that one recognises how they would be perceived as shameful by another person (Charmaz et al., 2019). Seeing oneself as one is seen necessitates a reconceptualisation of oneself as both object and subject. One is an object to the extent that one is positioned as a body that is being seen by another, and a subject to the extent that one is aware of a subjective self that might remain unseen to the person who is looking (Du Bois, [1903] 2018). That self often becomes hidden beneath the assumptions and expectations of others, who recognise one's body and immediately assign it to pre-existing social categories. These pre-existing categories are, in turn, often predicated on a visual recognition of difference or conformity, and are typically conceptualised in relation to a number of identity markers, including race, gender, class and sexual orientation (Garland-Thomson, 2009).

In her study of the relationship between neoliberalism, obesity, race and racism, Rachel Sanders argues that media portrayals of obesity as 'endemic' to poor communities of colour have disproportionately disadvantaged Black women by perpetuating stereotypes of them as 'indulgent, undisciplined bad mothers who exploit state funds and deplete the economy' (2019: 290). In addition, she notes that the social signification of the cumulative effect of their excess weight coupled with their skin colour means that Black women are 'more likely than white women to be classified as heavy by police officers' and 'recursive associations of black and Latina women with obesity may further mark them as targets for punitive measures' (Sanders, 2019: 299). In this way, Black women experience a double burden of obesity and race-related stigma and are more likely to experience discrimination as a result of neoliberal expectations of self-reliance and self-control that accompany perceptions of these identity markers (Sanders, 2019:

298). This, in turn, means that any experiences of fat shaming are also understood within the context of race-related shaming, and that the reciprocal process that underlies any occurrence of shame involves an examination of weight-related, gender-related and race-related discrimination.

With the advent of social media, the feeling that one is not doing enough to meet the goals and expectations of one's peers often results in feelings of personal failure that lead to self-criticism, which increases the chances of developing mental health conditions such as depression or anxiety. This is largely due to repeated exposure to filtered images that present an unrealistic and, in many cases, unachievable depiction of idealised lifestyles and beauty aesthetics (Tiggemann and Anderberg, 2020). When it comes to weight, the social pressure to remain 'thin' is often met with the understanding that weight is entirely within the remit of individual control. Hard work and perseverance are viewed as qualities that, if applied, will yield positive results, which places the onus of weight loss squarely on the individual who, if unsuccessful, is presumed to not be trying hard enough (LeBesco, 2011; Warin, 2011). This is particularly the case for women, who, as noted by Breane Fahs, are disproportionately subjected to the 'powerful regulatory politics of disgust and dread' that accompany obesity discourse, and are more likely than men to shape their image to emulate ideals of youth and thinness (2017: 94). Whilst men are increasingly becoming targets of fat shaming language that promotes a 'lean' body type as a masculine ideal, women are disproportionately subjected to weight-related forms of shaming that present their bodies as a 'problem' that needs to be 'fixed' (Orbach, 1998; Bordo, 2003).

In her research on phenomenology and shame, Luna Dolezal refers to body shame as 'shame that is centred on the body, where the subject believes their body to be undesirable or unattractive, falling short of social depictions of the "normal," the ideal or the socially acceptable body' (2015a: 7). For people living with excess weight in the UK, this form of shame comes from the understanding that their appearance does not correspond with the idealised 'thin' body that is socially recognised as a sign of beauty, health and self-restraint. For a number of fat activists, social media provides a safe space to challenge socially prescribed ideas that equate 'thinness' with beauty by presenting depictions of people living with excess weight as both beautiful and self-accepting. The transition from in-person to online community activism has not only led to increased participation and visibility for these groups, but has also enabled and facilitated a transnational formation of activists that address weight-related shaming from multicultural and interdisciplinary perspectives.

In 2013, plus-sized model Tess Holliday created the Instagram hashtag #effyourbeautystandards to promote alternative representations of beauty that include people living in marginalised bodies, particularly women living with excess weight. At the time of writing, this hashtag has over 7000 posts, with users posting a range of photographs that show them proudly displaying visible disabilities, skin conditions and excess weight in bikinis and tight-fitting clothing. The premise of the #effyourbeautystandards hashtag engenders a political attempt to challenge normative beauty standards by focusing on bodies that are deemed medically unhealthy and/or in need of treatment in order to suggest that beauty exists in a diverse range of bodies and body sizes regardless of how

far they deviate from normative expectations. The #effyourbeautystandards hashtag provides a space for marginalised groups to collectively resist feelings of body shame that are commonly felt amongst those who are living in ‘non-normative’ bodies, and as such promotes an inclusive antidote to shame through a collective identification with others who have been made to feel ashamed of themselves and their bodies because of their inability to subscribe to idealised beauty norms.

However, users living with excess weight frequently receive comments on their photographs that criticise them for seemingly ‘glorifying’ or ‘promoting’ obesity by presenting their bodies in ways that suggest they accept them as they are and do not feel the need to change them through weight loss. By demonstrating body acceptance, users are accused of overlooking the health costs associated with living with excess weight by celebrating a body that would be medically deemed unhealthy. Moreover, by actively resisting shame they are accused of both *denying* the harmful effects of their behaviours and/or lifestyles that lead to excess weight and *promoting* those behaviours and/or lifestyles to followers who might feel encouraged to copy their example. In this way, shaming language that is employed by critics to highlight how excess weight causes ill health is utilised to counter positive attempts to challenge internalised feelings of shame. This shaming language is rooted in healthist discourse that promotes a ‘facts over feelings’ approach to excess weight, whereby any attempt to positively recognise bodies that are deemed medically unhealthy is deemed both morally wrong and potentially harmful (Brown and Baker, 2013).

The role of healthism and performativity in discussions of excess weight

In 1980, Robert Crawford coined the term healthism to describe ‘a form of medicalisation that models popular beliefs, which causes a non-political conception of health promotion by situating the problem of health and disease, and its solutions, at the level of the individual’ (Jiménez-Loaisa and Beltrán-Carrillo, 2020: 412). In this way, good health as it is locally defined becomes a goal that should be achieved through personal investment and commitment, and is an ongoing process that requires constant vigilance and self-restraint. Moreover, the self-monitoring that is required to achieve optimal health operates at a coercive level, whereby individuals are subtly (and sometimes unsubtly) ‘nudged’ in a direction that corresponds with medically and/or socially approved modes of behaviour. As noted by Zoë Meleo-Erwin, ‘rather than through techniques of overt coercion, in contemporary Western societies people are primarily disciplined and regulated through their active engagement and recommended practices and techniques designed to normalise their behaviour, selves and bodies’ (2012: 391). This move towards self-regulation is the product of an ideological shift towards a neoliberal approach to self-reliance and self-management, which stresses the need for personal responsibility when it comes to matters that concern individual lifestyles and behaviours (Harjunen, 2017). As previously noted, those carrying excess weight are often viewed as ‘failures’ within a system that supports this mode of thinking and that consequently fails to account for the numerous ways that people vary in the degree to which they can engage in behaviours that may lead to weight loss.

Healthism, I argue, necessitates a performance of health-oriented lifestyles and behaviours that present the person engaging with them as a ‘good citizen’ by revealing their compliance with, and support of, neoliberal ways of thinking about individualism and personal responsibility. This performance has been amplified by social media platforms such as Facebook, Instagram and Twitter that provide a space for those engaging in this performance to demonstrate their compliance and gain support and approval from followers. This support and approval, in turn, often serves as a driver for attitudes and behaviours that are rooted in healthism, and acts as a way to boost self-esteem and self-worth in those who appreciate and/or require encouragement from others in their efforts to adopt and display a ‘healthist’ attitude. In this way, social media support could be seen as a useful way to encourage weight loss in those who are actively striving towards it. The desire to perform behaviours that demonstrate one’s conformity to healthist attitudes often fails to account for variations in how different people envision optimal health, and the different approaches they view as necessary in order to achieve it. Whilst healthism is typically understood as the purposeful engagement in behaviours that primarily improve physical health (i.e. regular exercise and having a calorie-controlled diet), for many it involves a prioritisation of practices that are intended to improve *mental* health (i.e. mindfulness and meditation) (Hagen, 2019).⁵ Moreover, because the practical application of healthism varies in accordance with individual priorities, it exists as an ideological concept that cannot be objectively measured because it is socially, culturally and politically constructed. In this way, healthism is performative to the extent that it is constituted through the subjective practices that give it meaning.

In her influential and much cited book *Gender Trouble*, Judith Butler describes performativity in relation to gender, arguing that gender is performative to the extent that it is enacted by iterations that are socially and culturally assigned to the gendered categories of male and female. According to Butler, visual signifiers of gender difference are produced in accordance with internalised understandings of what constitutes gender performance. In this way, gender is not an innate category that exists independent of cultural norms and social values, but is rather constituted *through* those norms and values by the enactment of certain performances that correspond with what is locally or nationally understood as ‘male’ and ‘female’. These performances are, in many ways, loosely defined and fluid. Whilst it was once thought ‘masculine’ for women in the UK to wear trousers, it is now commonly accepted as a standard mode of dress. Yet gender binaries continue to exist in ways that reveal the consistency of traditional conceptualisations of gender difference. Just as gender is constituted through cultural understandings of a gender binary, I contend that ‘fatness’ and ‘thinness’ are constituted through local conceptualisations of what both terms mean as well as what they supposedly suggest about the person who inhabits them (Kyrölä and Harjunen, 2017: 113). In this way, neither terms allow for a universal understanding of the ways in which they correspond with physical health, unless they are experienced by those who are at the far ends of the weight spectrum. As noted by Lesleigh Owen in her study of spatial discrimination and fat bodies, ‘[i]f fatness is a category constructed, lived, and reworked in the cultural sphere, its very existence owes to its articulation through media, between persons, and in individual, group, and social acts’ (2012: 292).

As well as being subject to cultural and social recognitions of what both terms mean in different contexts, the labels ‘thin’ and ‘fat’ are further determined by shifts in historical interpretations of how these body types are conceptualised. Both terms are often contested *within* different countries in accordance with different cultural recognitions of body types that are idealised or viewed as preferable. In the US, for example, studies have shown that African-Americans are more likely to view larger bodies positively and thinner bodies negatively, despite broader social influences that suggest the contrary is true for most people residing in the US (Ulijaszek, 2012). Social and cultural understandings of ‘thinness’ and ‘fatness’ do not solely reflect an objective recognition of visible difference, but also infer a recognition of what those visible differences supposedly *mean* about the person who inhabits them. In accordance with neoliberal conceptualisations of what it means to be a ‘good’ and ‘bad’ citizen, the ‘thin’ woman is able to exercise self-control and self-restraint, whilst the ‘fat’ woman is greedy, self-serving and irresponsible (Bordo, 2003).

Because of the arbitrary nature of social definitions of overweight and obesity, no one is safe from being labelled overweight or obese at some point in their lives. This, in turn, makes way for an increase in self-surveillance and self-monitoring so that people might prevent themselves from becoming ‘fat’ (Couch et al., 2016). This is particularly the case for women who are disproportionately subjected to weight-related shaming due to idealised beauty norms that centre ‘thin’ bodies as both aspirational and achievable (Wolf, 1991; Bordo, 2003). As noted by Hannele Harjunen and Katariina Kyrölä in their discussion of ‘phantom fat’, a term that they use to describe the fear of becoming fat, ‘[f]or those who do not currently live as fat, phantom fat still becomes a part of their body images as potentiality: threatening abstract flesh which can grab onto them materially anytime without continuous rejection and management’ (2017: 101). For those who successfully engage in practices of self-surveillance and self-monitoring, their ability to maintain a healthy weight is often viewed as ‘proof’ of the feasibility of a ‘move more and eat less’ approach to weight loss. In this way, arguments that centre their success contribute to a neoliberal framework that emphasises the need for individual responsibility and self-control without acknowledging the numerous barriers and obstacles that many from socially and economically disadvantaged groups face when attempting to lose weight.

Conclusion

This article has outlined the primary ways in which neoliberalism as an ideological practice that stresses a need for personal responsibility and self-sufficiency legitimises fat shaming by placing blame for excess weight on people who are living in larger bodies. In doing so, neoliberalism overlooks the numerous social, environmental and political factors that often drive excess weight (Greenhalgh, 2015). I have shown how, as a form of neoliberal governmentality, healthism and its emphasis on personal responsibility contributes to this legitimisation by emphasising the role of individual action and perseverance in achieving and maintaining weight loss. Additionally, I have discussed how fat shaming is often counter-productive when used by those who view it as a positive way to encourage behavioural changes that lead to weight loss, as it often leads to an increase in


behaviours that cause additional weight gain by driving people living with excess weight to ‘comfort eat’ in response to their internalised feelings of shame. In this way, fat shaming functions as a form of bullying that reinforces the neoliberal drive to regulate and manage body weight in order to become and/or be seen as an ‘ideal neoliberal citizen’. This, in turn, involves a performance of healthism, which is a term that shifts in accordance with local conceptualisations of what constitutes optimal health, revealing how it is both socially and culturally constructed.

Because optimal health is largely subjective, those who adhere to the biomedical model of obesity by drawing explicit links between overweight and/or obesity and poor health should be mindful of the different ways in which health is locally defined and socially understood. I have also shown how the popular narrative of ‘eat less and move more’ is typically used to simplify a complex issue that is often rooted in systemic inequalities. Because those who are socially and economically disadvantaged are often prevented from having the same access to healthy foods and exercise opportunities as those who are socially and economically privileged, they should not be held to the same standards and then vilified for developing obesity. To do so is to ignore the fundamental ways in which they are prevented from exercising full control over their everyday lives and choices, and does little to address the root causes of rising levels of obesity in countries such as the UK.

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Notes

1. Throughout this article, I use the terms ‘overweight’, ‘excess weight’, ‘obesity’, ‘fat’ and ‘living in larger bodies’ to reflect the diverse terminology that is currently used by health practitioners, patient advocates, fat activists and body positive activists. I use each term interchangeably depending on the viewpoint that I am examining, and fully acknowledge the difficulty in finding a conclusive term that represents and respects all viewpoints.
2. These health risks include conditions such as heart disease, type 2 diabetes, cancer and hypertension.
3. These medical conditions include type 2 diabetes, mobility issues and heart disease.
4. Note that not all fat / body positive activists dismiss the widely held association between excess weight and negative health outcomes.
5. It is important to note here that some also prioritise mental and physical health equally.

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